

Form **990-T**

AMENDED

Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0067

2015Open to Public Inspection for
501(c)(3) Organizations Only

For calendar year 2015 or other tax year beginning _____, 2015, and ending _____, 20____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)C Book value of all assets
at end of year

22,219,646

Print
or
TypeName of organization (☐ Check box if name changed and see instructions)THE MICHAEL AND KAREN STONE FAMILY FOUNDATION
INC.

Number street and room or suite no. If a P.O. box see instructions

FOUNDATION SOURCE 501 SILVERSIDE RD

City or town state or province country and ZIP or foreign postal code

WILMINGTON, DE 19809-1377

D Employer identification number
(Employees must see instructions)

05-0544633

E Unrelated business activity codes
(See instructions)

525990

F Group exemption number (See instructions) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity ▶ INVESTMENT IN PARTNERSHIPS

I During the tax year was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ FOUNDATION SOURCE

Telephone number ▶ 800-839-1754

Part I Unrelated Trade or Business Income

(A) Income

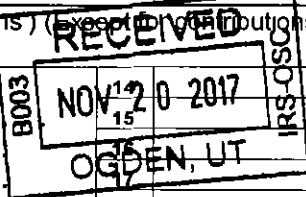
(B) Expenses

(C) Net

1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a	1,300,926	1,300,926
b	Net gain (loss) (Form 4797 Part II line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-29,939	ATCH 1
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	2,649	2,083.
8	Interest annuities royalties and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions attach schedule)	12		
13	Total Combine lines 3 through 12	13	1,273,636	2,083. 1,271,553

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Excess of contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions Add lines 14 through 28	29		161,758
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		1,109,795
31	Net operating loss deduction (limited to the amount on line 30)	31		42,953
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32		1,066,842
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		1,065,842



G/11

6

ENVELOPE NOV 15 2017 POSTMARK DATE

SCANNED NOV 22 2017

Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ☐ See instructions and	
a Enter your share of the \$50 000 \$25 000 and \$9 925 000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$	
b Enter organization's share of (1) Additional 5% tax (not more than \$11 750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c Income tax on the amount on line 34	35c 362,386
36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	36
37 Proxy tax See instructions	37
38 Alternative minimum tax	38
39 Total Add lines 37 and 38 to line 35c or 36 whichever applies	39 362,386

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	362,386
42 Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)	42	
43 Total tax Add lines 41 and 42	43	362,386
44 a Payments A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	385,000
d Foreign organizations Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total	44g	
45 Total payments Add lines 44a through 44g	45	385,000
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached ☒	46	2,131
47 Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment If line 45 is larger than the total of lines 43 and 46 enter amount overpaid	48	20,483
49 Enter the amount of line 48 you want Credited to 2016 estimated tax Credit W/OR 5,879. Refunded	49	14,604

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year did the organization have an interest in or a signature or other authority over a financial account (bank securities, or other) in a foreign country? If YES the organization may have to file FinCEN Form 114 Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here	Yes	No
2 During the tax year did the organization receive a distribution from or was it the grantor of or transferor to, a foreign trust? If YES see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5				

Under penalties of perjury, declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>[Signature]</i>	Date <i>11/14/2017</i>	Title <i>President</i>	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name JEFFREY D HASKELL	Preparer's signature JEFFREY D HASKELL	Date 11/09/2017	Check ☐ if self-employed PTIN P01345770
	Firm's name FOUNDATION SOURCE	Firm's EIN 510398347		
	Firm's address ONE HOLLOW LN, STE 212	Phone no 800-839-1754		
	LAKE SUCCESS, NY 11042			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I line 6, column (A) . . . ▶(b) **Total deductions**
Enter here and on page 1, Part I line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) ATTACHMENT 2				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 2,649	Enter here and on page 1, Part I, line 7, column (B) 2,083

Totals . . . ▶

Total dividends-received deductions included in column 8 . . . ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I line 8, column (B)

Totals . . . ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1 Part I line 9 column (A)			Enter here and on page 1 Part I line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1 Part I line 10, col (A)	Enter here and on page 1 Part I line 10 col (B)				Enter here and on page 1 Part II, line 26

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1 Part I line 11 col (A)	Enter here and on page 1 Part I line 11 col (B)				Enter here and on page 1 Part II line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total	Enter here and on page 1, Part II, line 14		

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

- ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T
- ▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120

OMB No 1545-0123

2015Name **THE MICHAEL AND KAREN STONE FAMILY FOUNDATION
INC**Employer identification number
05-0544633**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part I line 2 column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	-8			-8
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				
6 Unused capital loss carryover (attach computation)				()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				-8

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II line 2 column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	1,300,934			1,300,934
11 Enter gain from Form 4797, line 7 or 9				
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				
14 Capital gain distributions (see instructions)				
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				1,300,934

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)		
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	1,300,926	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note. If losses exceed gains, see Capital losses in the instructions.	1,300,926	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) (2015)

Sales and Other Dispositions of Capital Assets► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949► **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D**Name(s) shown on return **THE MICHAEL AND KAREN STONE FAMILY FOUN
INC.**Social security number or taxpayer identification number
05-0544633

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo day yr)	(c) Date sold or disposed of (Mo day yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM SCH K-1 (1065) TOP EQUITY II			-8				-8
2 Totals	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			-8				-8

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

THE MICHAEL AND KAPEN STONE FAMILY FOUNDATION

05-0544633

Before you check Box D, E or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM SCH F-1 (1065) REV. HOMES 3,			12,344				12,344
	FROM SCH F-1 (1065) TOP EQUITY II			5,651				5,651
	ALLOCATED TO UBTI ACQUISITION IND	07/29/2014	08/20/2015	1,282,939				1,282,939
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			1,300,934				1,300,934

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Part I, Line 5 (990-T) - Income/(Loss) from Partnerships and S Corporations

<u>Name</u>	<u>Gross Income/(Loss)</u>	<u>Deductions</u>	<u>Income/(Loss)</u>
FS INVESTMENT MANAGEMENT, LP	\$ (65,994)	\$ (88,664)	\$ (154,658)
LAUDERDALE ESTATES HLDG COMP LLC	\$ 89,906	\$ (49,381)	\$ 40,525
MIT PRIVATE EQUITY FUND IV LP	\$ (337)	\$ (60)	\$ (397)
REO HOMES 3, LLC	\$ 57,482		\$ 57,482
TOP EQUITY II-A, L P	\$ (1,575)	\$ 75	\$ (1,500)
TSL EQUITY PARTNERS, LP	\$ 28,609		\$ 28,609
Total			<u>\$ (29,939)</u>

Part I, Line 31 (990-T) - Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available	Loss Claimed on Amended FYE 2015 return	Loss Carried to Future Years
December 31, 2016	\$ (500,593)	457,640	(42,953)	42,953	\$ -

Form 990-T Supplementary Information

The December 31, 2015 Form 990-T has been amended to carry back a net operating loss from December 31, 2016