C&E	\
983	/
	_

_	990-T	Ex	empt Organi	zation B	usii	ness li	1con	ne Ta	x Retu	<sub>ያ</sub> ለይ	3L	OMB No	1545-0687
. •	orm 330-1	For calendar vea	<b>(and pi</b> ir 2016 or other tax yea	roxy tax u				ss(e)) ending	8/31	$\int_{0.20}^{\infty}$	17	20	16
		-	on about Form 990-								<del>-</del>		
Depar Interna	tment of the Treasury al Revenue Service		enter SSN numbers on								Oper	n to Public c)(3) Orga	Inspection for
A	Check box if address change	4		Check box i	f name (	changed and	see ins	ructions		I	D Employ	er identif	ication number , see
	xempt under section	n Rrint	DUBOW FAMIL	FOUNDA	OITA	N, INC					instruct	ions)	
2	<b></b>	-	or P.O. BOX 57759 5										
-	408(e) 220(	(5)	OACROONVIII.	L, II J	2241	1133						(See instr	ess <b>activity</b> uctions )
-	408A         530( 529(a)	(a)									900	000	
	ook value of all assets at	F Group	exemption number	(See instruct	ions )	•					300	099	
er	nd of year 23,455,357	<u> </u>	k organization type	<u> </u>	<u>_</u>	corpora	ition		(c) trust	П <b>4</b> 01	l(a) trus	t 「	Other trust
H C	escribe the organiz		y unrelated busines		•	<u> </u>			•				
	INVESTMENT During the tax year,	was the corpo	ration a subsidiary	ın an affılıa	ted ar	oup or a	nareni	-subsid	iary control	led arou	n? ▶	Ϋ́e	s X No
	f 'Yes,' enter the na						paren	Jubsiu	iary control	ica gioa	μ.	□''	3 <u>N</u> III
	he books are in care		A J. DUBOW		p or a tr			Т	elephone n	umber►	(904	) 470	-6015
Par	t I Unrelated		usiness Incom	e		(A)	Incon	1e	(B) Ex	<u>pense</u> s		<del></del>	Net
1 a	Gross receipts or	sales				Γ		REC	FIVED				
	Less returns and allowa			Balance►	1c			7-30	7/0				
_	Cost of goods sold	•	•		2		<del>- -</del>	-11 !!	2018	<u> 131</u>			
3	Gross profit Subtr				3			JUL	4 2010	1.1			
	Capital gain net in	•	,		4a					<u> </u>			
	) Net gain (loss) (Form 4 : Capital loss deduc		7) (attach Form 4/9/)		4b 4c		(	$C_{\underline{\underline{}}}$	EN U	<u> </u>	_		
5	Income (loss) from	partnerships	and S corporations	ST 1									
6	(attach statement) Rent income (Scho			31 1	5		8	<u>,567.</u>					
7	Unrelated debt-fina	•	(Schedule F)		7						_		
8			om controlled organization	ins (Schedule F)	8								_
9			. (9), or (17) organizatioi		9				<del> </del>		-		
10	Exploited exempt			· (	10				<del>                                     </del>				
_11_	Advertising income	e (Schedule J)			11								
12	Other income (See	e instructions,	attach schedule)										
12	Tatal Cambina In	2 Abarranah 1			12								
Par	Total. Combine lin		en Elsewhere (S	See instru	13	c for lin	8	, 567.	doductio	nc \ /E	0.	for	<u>8,5</u> 67.
Гаг	contribution	ons, deducti	ions must be di	rectly con	necte	ed with	the u	nrelate	ed busine	iis.) (E	ome.)	101	
14	Compensation of o										14		
15	Salaries and wage	s									15		
16	Repairs and maint	enance									16		
17	Bad debts										17		
18	Interest (attach sc	•									18		
19	Taxes and license	_								<b>⊢</b>	19		
20		-	tructions for limitat	ion rules)			مم ا	1		L	20		
21 22	Depreciation (attach		hedule A and elsev	vhare on ret	hurn		21 22			_	22b		
23	Depletion	ciaimed on oc	ilicadic A alia elsev	VIICIE UITTE	um			<u>a  </u>			23		
24	Contributions to de	eferred compe	nsation plans							—	24		
25	Employee benefit		noutron plant					•		<u> </u>	25		
26	Excess exempt ex		dule I)							\ <u>_</u>	26		
27	Excess readership	•	•								27		<del></del>
28	Other deductions (		=							_	28		
29	Total deductions.										29		
30 31			me before net opera			on. Subtr	act line	e 29 fro	m line 13		30		8,567.
32			nited to the amount me before specific (			ct line 31	from I	IDE 30	•		31 32		8,567.
33			,000, but see line 3								33		1,000.
34			otract line 33 from line 3					he smalle	r of zero or lin		34		7,567.
BAA	For Paperwork Re							205L 09/1				Form 9	90-T (2016)

		(2016) DUBOW FAMILY FOUNDATION, INC.		59	-2981682	Р	age <b>2</b>
	<b>† III</b>	Tax Computation					
	Contr	nizations Taxable as Corporations. See instructions for tax computation. olled group members (sections 1561 and 1563) check here ► ☐ See instructions your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brack.					
	(1) [\$		[\$				
		Iditional 3% tax (not more than \$100,000)	\$		i I		
c		ne tax on the amount on line 34	<u> </u>	▶	35 c	1 1	135.
36	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax	on the amount		-		<u></u>
		e 34 from Tax rate schedule or Schedule D (Form 1041)		▶	36		
37	Prox	/ tax. See instructions		▶	37	_	
38		native minimum tax			38		
39	Tax o	n Non-Compliant Facility Income. See Instructions			39		
		Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	1 1	135.
_	t IV	Tax and Payments			40		133.
					r·		
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	41 a				
		credits (see instructions)	41 b				
		ral business credit. Attach Form 3800 (see instructions)	41 c				
		t for prior year minimum tax (attach Form 8801 or 8827).	41 d				
		credits. Add lines 41a through 41d			41 e		0.
		act line 41e from line 40	2000		42	1,1	<u> 135.</u>
45		taxes. Check if from Form 4255 Form 8611 Form 8697 Form	8866				
44		ther (attach schedule).			43		
		tax. Add lines 42 and 43	lae I		44	1,1	L35 <u>.</u>
		ents A 2015 overpayment credited to 2016.	45 a	<u>2,180.</u>			
		estimated tax payments	45b ·				
		eposited with Form 8868	45 c				
		gn organizations Tax paid or withheld at source (see instructions)	45 d				
		up withholding (see instructions)	45 e				
		t for small employer health insurance premiums (Attach Form 8941)	45 f				
g		credits and payments Form 2439					
		orm 4136 Other Total	45 g				
46		payments. Add lines 45a through 45g			46	2,1	<u> 180.</u>
47		ated tax penalty (see instructions). Check if Form 2220 is attached		►□	47		
_48_	_Tax.d	ue. If line 46 is less than the total of lines 44 and 47, enter amount owed	-,-,,		48		
49	Over	payment. If line 46 is larger than the total of lines 44 and 47, enter amount	overpaid	•	49	1.0	)45.
50	Enter	the amount of line 49 you want Credited to 2017 estimated tax ►	1,045. F	Refunded >	50		0.
Par	tV∏	Statements Regarding Certain Activities and Other Informa		ctions)	· · · · · · · · · · · · · · · · · · ·		<del></del>
51	At any	time during the 2016 calendar year, did the organization have an interest in or a			er a	Yes	No
	financ	cial account (bank, securities, or other) in a foreign country? If YES, the organization	ition may have to	file FinCEN	Form 114.		
		t of Foreign Bank and Financial Accounts. If YES, enter the name of the fo			,		X
52		g the tax year, did the organization receive a distribution from, or was it the				·	
72		5, see instructions for other forms the organization may have to file.	grantor or, or tra	ansieror to,	a loreign trust		<u>X</u> _
53		the amount of tax-exempt interest received or accrued during the tax year	ė	0			•
	Littoi		\$ dules and statements.	0.	f my knowledge and		
Sign	1	Under penalties of perjury I declare that I have examined this return, including accompanying sche- bellet it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all	information of which p	reparer has any			
Here			RESIDENT		May the IRS discuss t the preparer_shown be	his returi slow (see	n with
		Signature of officer Date Tit	le		linstructions)?	es	No
_		Print/Type preparer's name Preparer's signature D	ate	Check I if	PTIN		
Paic		'	7/12/18	· · · · · ·   L · · · · · · · · · · ·			
Pre-		MARK U. SHOKSTEIN		self-employed	P0054286	94	
pare Use		BIONSTEIN & BRONSTEIN, I.A.		Firm's EIN	59-2701990		
Only		Firm's address 8265 BAYBERRY RD.					
	<del>,</del>	JACKSONVILLE, FL 32256		Phone no	(904) 739		
BAA		TEEA0202L 09/19/16			Form 9	90-T (2	016)

Schedule A - Cost of Good	ds Sold. Enter method	of inve	entory valuat	ion •	<u> </u>						
1 Inventory at beginning of year	1 Inventory at beginning of year 1					ry at	end of year	6			
2 Purchases.	2			7	line 6 from line 5. Enter here						
3 Cost of labor	3										
4 a Additional section 263A costs (attack	h schedule)				and in l	Part I,	line 2	7	1 1		
·	.   4a			8					Yes	No	
<b>b</b> Other costs	b Other costs						of section 263A (with Juced or acquired for				
(attach sch)  5 Total. Add lines 1 through 4	5				to the c			resale) apply			
Schedule C - Rent Income		ty and	d Persona	Pro				operty) (see	nstructi	ons)	
1 Description of property					<u> </u>		· · · · · · · · · · · · · · · · ·				
(1)						-				-	
(2)											
(3)						_					
(4)							· · · · · ·	<del>_</del>			
	2 Rent received or accr	ued					24.3 Dadiestes as				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	eal and perso entage of rer ceeds 50% o on profit or	nt for or if t	persona he rent	al	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 col here and on page 1, Part I, line 6		ter ►					(b) Total deductions. E here and on page 1, Par I, line 6, column (B)	Inter t ►			
Schedule E - Unrelated De	bt-Financed Incom	e (see	instructions)								
1 Description of debt	-financed property		2 Gross income from or allocable to debt-financed property			<b>3</b> De	Deductions directly connected with or allocable to debt-financed property				
r bescription or debt	-imanicou property					depr	(a) Straight line eciation (attach sch)		(b) Other deductions (attach schedule)		
(1)											
(2)											
(3)					_			-			
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted ba or allocable to debt-fin property (attach scher	anced	6 Colu divide colui	ed by	/		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total	of	
(1)					%						
(2)					%						
(3)					8						
(4)					- %						
			_			Enter Part	r here and on page I, line 7, column (A)	1, Enter here an Part I, line 7,	d on pa	age 1, 1 (B).	
Totals					<b>&gt;</b>			1			
Total dividends-received deduction	ons included in column 8	3						<u> </u>			
BAA			EA0203L 09/19	9/16			<del> </del>	Form	990-T (	(2016)	

Schedule F – Interest, A	nnuiti				trolled Or			)rgai	nizations	(see ins	structions	5)		
organization identi		Employer ntification number	3 Net unrelated income (loss) (see instructions)			•	4 Total of speci payments mad	fied de	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)		1				1								
(2)														
(3)						Г								
(4)						Τ								
Nonexempt Controlled Organiz	ations				_									
7 Taxable Income	incom		unrelated 9 Total or paymer nstructions)			ents made Included			of column 9 that is in the controlling ion's gross income			11 Deductions directly connected with income in column 10		
(1)			_		-						_			
(2)											_			
(3)			Ī							1	_			
(4)			1			$\exists$				1				
Totals.			•				Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11. Enter page 1, Part I, line lumn (B).		
Schedule G — Investmer	t Inco	mo of a So	ction	501/	c)(7)_(9	-	) (17) Organ	ni-ati	On (222 in					
1 Description of income			2 Amount of income			3 Deductions directly connected (attach schedule)			4 Set-aside: ttach schedu	s <b>5</b> Total ule) set-as		otal deductions and t-asides (column 3 plus column 4)		
(1)		-			(		,				-			
(2)					_	_					_			
(3)														
(4)							-							
Totals Schedule I — Exploited E	xemp	Enter here an Part I, line 9,	colur	nn (A).	ner Tha	n Æ	Advertising I	ncor	ne (see inst	ruction	Part I, I	ere and on page 1 ine 9, column (B).		
1 Description of exploited activity		2 Gross unrelate busines income fro trade of busines	ed conne ss prod rom of u or busine		production of unrelated		Net income (loss) on unrelated trade business (column minus column 3).  a gain, compute umns 5 through 7.	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)						<u> </u>					_			
(3)		1				1						† <del></del>		
(4)	-									-		<del> </del>		
Totals	,	Enter here on page Part I, line column (	1, e 10,	on p Part l	here and page 1, i, line 10, mn (B).						Enter here and on page 1, Part II, line 26.			
Schedule J - Advertisin	a Inco	me (See inst	tructio	ns)	· ·	<u> </u>						·		
Part I Income From Pe					nsolida	tor	d Racic							
Tarti income Homite	TIOUIC.	2 Gross					Advertising gain or	<u> </u>	roulation	6 Dos	dership	7 Evenes renderable		
1 Name of periodical		advertisii	tising adv		3 Direct advertising costs		oss) (col 2 minus col. 3) If a gain, compute cols. 5 through 7.	5 Circulation (			osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).		
(1)				L		_						4		
(2)		<del> </del>				-						4		
(3)		<del>  -</del>	_			-						-{		
(4)		<del>  -</del>	_	ļ		╁		<b> </b>	<del></del> -			<del> </del>		
Totals (carry to Part II, line (5)	) '	<u> </u>										200 7 (2015)		

Page 5

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I COMDITE TON	1110.			<u> </u>	
Part II Income From Periodica 7 on a line-by-line basis )	Is Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	lumns 2 through
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 (col 6 minus col. 5, but not more than col. 4)
(1)						
(2) (3) (4)						
(3)						
(4)						
Totals from Part I ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	•	,				
Schedule K - Compensation o	f Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		
1 Name		2 Tıtle	3 Percent of time devote to business	d to unrela	ation attributable ated business	
					8	
					%	
			<u> </u>		%	
					90	
Total. Enter here and on page 1, Part I	I, line 14				<b>•</b>	
BAA	F	orm <b>990-T</b> (2016)				

2016

## **FEDERAL STATEMENTS**

PAGE 1

DUBOW FAMILY FOUNDATION, INC.

59-2981682

STATEMENT 1 FORM 990-T, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	 GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
EAST SIDE CAPITAL MAGELLAN MIDSTREAM	\$ 420. 8,147.	\$ 0. 0. TOTAL	\$ 420. 8,147. \$ 8,567.