Form 990-1					ER 15, 2018			OMB No 1545-0687		
Form 99U-1	╽	xempt Orgai	' -	0047						
(and proxy tax under section 6 For calendar year 2017 or other tax year beginning, ar							_	. 201/		
Department of the Treasury		Go to www.	<u>Op</u>	pen to Public Inspection fo 1(c)(3) Organizations Only						
A Check box if		▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3 Name of organization (Check box if name changed and see instructions.)						er identification number		
address changed		Walle of organization () officer box if halle shanged and see instructions.					(Employees' trust, see instructions)			
B Exempt under section	Print	FAGUS FOUNDATION					26-1812101			
X 501(c (B))	or Type	Number, street, and room		E Unrelated business activity codes (See instructions)						
408(e) 220(e)	' }	P.O. BOX 13								
408A		City or town, state or prov		531390						
C Book value of all assets at end of year	_1	F Group exemption numl								
3,695,9	945.	G Check organization typ	e ▶ 🗶 501(c) cor	rporation	501(c) trust	401(a)	trust	Other trust		
		ary unrelated business acti			STATEMENT 1					
During the tax year, was				ent-subs	diary controlled group?	► L	Yes	X No		
J The books are in care of		tifying number of the parer		P.C	. Telenh	none number 🕨 5	40-6	87-6381		
		de or Business Inc		1.0	(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sal	les							*****		
b Less returns and allo	b Less returns and allowances c Balance									
2 Cost of goods sold (•		2	<u>-</u>					
•	3 Gross profit. Subtract line 2 from line 1c 3									
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b								-		
c Capital loss deduction			,	4c						
5 Income (loss) from partnerships and S corporations (attach statement) 5										
6 Rent income (Sched	•			6						
7 Unrelated debt-finan		• •		8						
	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)									
 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 										
11 Advertising income (Schedule J)										
12 Other income (See in	nstruction	ns; attach schedule)								
13 Total. Combine line			10	13	0.	<u> </u>				
		ot Taken Elsewhei utions, deductions mus					·			
•	•	rectors, and trustees (Sche	edule K)	MEC	TIVED		14			
15 Salaries and wages			[<u>KEU</u>	EIVED		15 16			
	Repairs and maintenance									
NOV 2 0 2010										
19 Taxes and licenses										
20 Charitable contributions (See instructions for limitation rules)							20			
21 Depreciation (attach Form 4562)										
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22a							22b			
23 Depletion 24 Contributions to deferred compensation plans							23			
25 Employee benefit programs							25			
26 Excess exempt expenses (Schedule I)							26			
•										
•	,									
Total deductions. Add lines 14 through 28							29			
 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) 							30	0.		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30							32	0.		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)								1,000.		
34 Unrelated business		income. Subtract line 33			than line 32, enter the sr	maller of zero or				
line 32		nuark Doduction Act Notice					34	0.		

Form 990	2017)	FAGUS FOUNDATION		26-	181	2101			Page 2
Part I	II T	ax Computation		_					
35		izations Taxable as Corporations. See instructions for tax computation.		-		1			
		olled group members (sections 1561 and 1563) check here See instructions and	i:						
2		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order							
-	(1)	\$ (2) \$ (3) \$							
h		organization's share of: (1) Additional 5% tax (not more than \$11,750)		7					
U		diditional 3% tax (not more than \$100,000)		_{ ·					
_		ne tax on the amount on line 34				35c			0.
			an lina 2/	l from:		330			
36	$\overline{}$	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of) 34	ritoiti.		26			
		Tax rate schedule or Schedule D (Form 1041)				36			
37	_	tax. See instructions				37			
38		ative minimum tax				38			
39		n Non-Compliant Facility Income. See instructions				39			
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40			0.
Part I		ax and Payments							
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
b	Other	credits (see instructions)	41b						
C	Gener	al business credit. Attach Form 3800	41c						
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	41d	· · · · ·		_			
е	Total	credits. Add lines 41a through 41d				41e			
42	Subtra	act line 41e from line 40				42			0.
43	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 📖	Other (attach sche	dule)	43			
44	Total	tax. Add lines 42 and 43	, ,			44			<u>0.</u>
45 a	Paym	ents: A 2016 overpayment credited to 2017	45a						
b	2017	estimated tax payments	45b						
С	Tax d	eposited with Form 8868	45c						
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)	45d						
е	Backu	ip withholding (see instructions)	45e						
f		for small employer health insurance premiums (Attach Form 8941)	45f			}			
g		credits and payments. Form 2439							
•		Form 4136 · Other Total	45g						
46		payments. Add lines 45a through 45g				46			
47		ated tax penalty (see instructions). Check if Form 2220 is attached				47		_	
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			\triangleright	48			0.
49	the contract of the contract o								0.
50		the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	•	50			
Part		Statements Regarding Certain Activities and Other Information	on (see	instructions)		-			
51		y time during the 2017 calendar year, did the organization have an interest in or a signature						Yes	No
•		a financial account (bank, securities, or other) in a foreign country? If YES, the organization		=			ľ		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country								1
	here		-	· · · · · · · ·					x
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor :	to, a foreign trust	?		h		X
V.		5, see instructions for other forms the organization may have to file.		,g	•		Ī	_	 ,
53		the amount of tax-exempt interest received or accrued during the tax year							,
	Un	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements	and to the best of r	ny knov	vledge and	belief, it is	true,	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar	er has any	knowledge	_				
Here	PRESIDENT					•	discuss this shown below		with
		Signature of officer Date Title		tructions)		`-	No		
				Check				_	1.10
_			ıc	I . –					
Paid			/17/	self- emp	ioyea		0541	E70	
i icpuici —			<u>/17/</u>		IN .		0541		
Use Only Firm's name ➤ YOUNT, HYDE & BARBOUR, P.C. Firm's EIN ▶					IN P	54	-114	<u> </u>	<u> </u>
P.O. BOX 467 Firm's address ► MIDDLEBURG, VA 20118 Phone no. (540) 687-6							<i>c</i> >	01	
		Firm's address ► MIDDLEBURG, VA 20118		Phone n	υ. (<u> 540)</u>			
							Form 99	7U- I ((2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 11
BUSINESS ACTIVITY

INVESTMENT IN DIGITAL BRIDGE U.S. TOWER HOLDINGS, LLC
TO FORM 990-T, PAGE 1