

Form **990-T**

EXTENDED TO NOVEMBER 15, 2018

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		THE CRAIL-JOHNSON FOUNDATION	33-0247161
		Number, street, and room or suite no. If a P.O. box, see instructions 461 WEST 6TH STREET, NO. 300	E Unrelated business activity codes (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code SAN PEDRO, CA 90731	900099
C Book value of all assets at end of year 18,553,329.		F Group exemption number (See instructions) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity ▶ PARTNERSHIP - BUSINESS INCOME**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 ▶ **ALAN C. JOHNSON**Telephone number ▶ **310-519-9500****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		
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	6,285.	
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch 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	6,285.	6,285.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	6,285.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	6,285.
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	5,285.

JA

70

SCANNED FEB 04 2019

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**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)**37 Proxy tax** See instructions**38 Alternative minimum tax****39 Tax on Non-Compliant Facility Income** See instructions**40 Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

35c	793.
36	
37	
38	
39	
40	793.

Part IV Tax and Payments**41a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)**b** Other credits (see instructions)**c** General business credit. Attach Form 3800**d** Credit for prior year minimum tax (attach Form 8801 or 8827)**e** Total credits. Add lines 41a through 41d**42** Subtract line 41e from line 40**43** Other taxes Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☒ Other (attach schedule)**44** Total tax Add lines 42 and 43

SEE STATEMENT 17

45a Payments A 2016 overpayment credited to 2017**b** 2017 estimated tax payments**c** Tax deposited with Form 8868**d** Foreign organizations: Tax paid or withheld at source (see instructions)**e** Backup withholding (see instructions)**f** Credit for small employer health insurance premiums (Attach Form 8941)**g** Other credits and payments:☐ Form 2439☐ Form 4136☐ Other

Total

46 Total payments. Add lines 45a through 45g**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed**49** Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax

886.

Refunded

51 At any time during the 2017 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**52** 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.**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

41a

41b

41c

41d

41e

42

43

44

45a

45b

45c

45d

45e

45f

45g

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

Sign Here

Under penalties of perjury, I 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.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DANIEL J. ROBERTS

Daniel J. Roberts

11/13/18

P01489269

Firm's name ANDERSEN TAX LLC

Firm's EIN 33-1197384

Firm's address 3200 PARK CENTER DRIVE, STE #1200

COSTA MESA, CA 92626

Phone no. 949-885-4550

Form 990-T (2017)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
------------	---------------------------------	--------------

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
THE BLACKSTONE GROUP L.P.	6,575.	518.	6,057.
OAKTREE CAPITAL GROUP	228.	0.	228.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	6,803.	518.	6,285.

FORM 990-T	OTHER TAXES	STATEMENT 17
------------	-------------	--------------

DESCRIPTION	AMOUNT
SECTION 965 TAX	128.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 43	128.