

_ (000 T	Exe	empt Organizati			ax Return	Ĺ	OMB No 1545 0687
F	orm 990-T	For calendar yea	and proxy) r 2017 or other tax year begi		r section 6033(e)) 1 , 2017, and ending	1/31 , 20	18	2017
	40		o to www.irs.gov/Form99					
Depar Intern	tment of the Treasury al Revenue Service	l	enter SSN numbers on this f				0 5	pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed		Cr	neck box if name	changed and see instructions		D Emp (Em	loyer identification number ployees' trust, see
	xempt under sectio		THE LEON AND T		PERMAN			uctions)
2 - -	501(c)(0 3) 408(e) 220(408A 530(529(a)	(e) ''	FAMILY FOUNDAT C/O GITTELMAN CLIFTON, NJ 07	& CO PC,		}	F Unr	3-3102941 elated business activity es (See instructions)
C B	ook value of all assets at	F Group	exemption number (See	instructions)	>			
eı	nd of year	C Charl	organization type			1(c) trust 40	1(a) tr	ust Other trust
H E	380, 136, 755	<u>' • </u>	y unrelated business ac		o, corporation <u></u>	.(0)	. (4)	
F .	INCOME FROM	PASSTHROU	SH PARTNERSHIPS	Cuvity				
Ī	During the tax year,	was the corpo	ration a subsidiary in a	n affiliated g	roup or a parent-subsid	liary controlled grou	ηÞ	► Yes XNo
I	f 'Yes,' enter the na	ame and identif	fying number of the par	ent corporat	ion 🟲			
Ji	The books are in care	of F GITTE	ELMAN & COMPANY	, P.C.		Telephone number	(97	3) 778-8885
Par	t I Unrelated	Trade or B	usiness Income		(A) Income	(B) Expenses	;	(C) Net
1 a	Gross receipts or	sales						
ŀ	Less returns and allowa	ances	c Bala	ance► 1 c				
2	Cost of goods sold	Schedule A,	line 7)	2				
3	Gross profit. Subtr	ract line 2 from	line 1c	3	,			
4 a	a Capital gain net in	come (attach S	Schedule D)	4a				
ŀ	Net gain (loss) (Form 4	1797, Part II, line 13	7) (attach Form 4797)	41:	4.50	, •		
C	Capital loss deduc	tion for trusts		40	-3,000.			-3,000.
5	Income (loss) from (attach statement)		and S corporations	5				
6	Rent income (Scho	edule C)		6				
7	Unrelated debt-fina	anced income	(Schedule E)	7				
8	Interest, annuities, roya	ilties, and rents fro	m controlled organizations (Sci	hedule F) 8				
9			(9), or (17) organization (Sch	redule G) 9				
10	Exploited exempt	activity income	(Schedule I)	10				
11	Advertising income	e (Schedule J)		11		<u></u>		
12	Other income (See	e instructions, a	attach schedule)				ŀ	
			See Statemer		321,876.			321,876.
	Total. Combine lin			13	318,876.	. [0.	318,876.
Par	t II Deduction	ns Not Take	n Elsewhere (See ons must be direct	instruction	ns for limitations or	n deductions.) (f	Excer	ot for
14			ors, and trustees (Sched		ed with the different	ica basiness inc	14	<i>)</i>
15	Salaries and wage		irs, and trastees (conet	3410 117		-	15	
16	Repairs and maint					1	16	
17	Bad debts	ond loc				ŀ	17	
18	Interest (attach sci	hedule)				ŀ	18	
19	Taxes and licenses	•				-	19	
20			tructions for limitation r	rulas)		ł	20	
	Depreciation (attac	•	tructions for infintation i	uics	21			
21 22	Les depression (alla	claimed on Sal	hedule A and elsewhere	On rathurst	22a		22b	
	Depletion	Camilled OH 30	icadie A and elsewhere	CEIVE	ו ו בניין		23	
\mathfrak{O}^{23}	Centributions to de	oforrad aamaa	Opposite contract		ပ္ကု	-	24	
SCANNE 26	Contributions to de Employee benefit	ererreu comper	PU.	V Q 5 201	8 -080	}	25	
$\frac{25}{25}$	Employee benefit	programs	<u> </u>	· Q G LUII	ိ ဖြွ	}	26	
	Excess exempt ex Excess readership	penses (Sched	rule I)	DENI	- 	}	27	
27	Other deductions (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEN, L	<i>[</i>]	ł	28	
□ ²⁸ □ 29	Total deductions.			· ····································		}	29	
C 30			ne before net operating	loss deduct	ion Subtract line 29 fro	om line 13	30	318,876.
— 31			ited to the amount on I				31	
∞ ₃₂			ne before specific dedu		act line 31 from line 30	ļ	32	318,876.
			,000, but see line 33 ins			ļ	33	1,000.
20 18			otract line 33 from line 32 If I			er of zero or line 32.	34	317,876.
			otice, see instructions.		TEEA0205L 10/			Form 990-T (2017)

Form	n 990-T (2017) THE LEON AND TOBY COOPERMAN	13-31029	41 Page 2
Par	rt III Tax Computation		
	Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ► ☐ See instructions and Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
b	(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	► 35 c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from X Tax rate schedule or Schedule D (Form 1041)	▶ 36	124,161.
37	Proxy tax. See instructions	▶ 37	
	Alternative minimum tax	38	
	Tax on Non-Compliant Facility Income. See instructions	39	
_		40	124,161.
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	124,101.
	rt IV Tax and Payments		
	a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41 a	_	
	b Other credits (see instructions) 41 b		
	c General business credit Attach Form 3800 (see instructions)		
d	d Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	e Total credits. Add lines 41a through 41d	41 e	0.
42	Subtract line 41e from line 40	42	124,161.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	124,161.
	a Payments A 2016 overpayment credited to 2017 45a 107, 71	n	
	b 2017 estimated tax payments 45b	"	
	c Tax deposited with Form 8868 45c 100,00	. 	
	d Foreign organizations Tax paid or withheld at source (see instructions) 45 d	"	
	, and the second		
	f Credit for small employer health insurance premiums (Attach Form 8941) 45f		
g	g Other credits and payments		
46	Total payments. Add lines 45a through 45g	46	207,710.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		304.
		48	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		02.045
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	83,245.
_50	Enter the amount of line 49 you want Credited to 2018 estimated tax ► 83,245. Refunded	▶ 50	0.
Par			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Find		
	Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here EER	<u>MUDA, SP</u>	AIN X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign	trust? X
	If YES, see instructions for other forms the organization may have to file		
53		·	
	Under penalties of erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has	est of my knowle any knowledge	edge and
Sig	10/2///A/C Manager	May the IRS	discuss this return with
Her	e Signature of officer Date Trustee	instructions	r shown below (see
			X Yes No
Date	Print/Type/precarer's name Preparer's signature Date Check	if PTIN	
Paid		yed P000	59708
Pre	native . See sealing of the leading		
pare Use	er dieceman a company r.o.		
Onl		(030)	770 0005
	CIIICON NO CIVIS 2003	(973)	778-8885
BAA	TEEA0202L 03/26/18		Form 990-T (2017)

Schedule A – Cost of Goods	Sold. Enter me	thod of inve	entory valuat	ion ►					
1 Inventory at beginning of year	1			6 Invent	ory at	end of year	6		
2 Purchases	2			7 Cost	t of goods sold. Subtract				
3 Cost of labor	3					ne 5 Enter here , line 2	7		
4 a Additional section 263A costs (attach s	,			and in	i aiti	, [Yes	No
b Other costs (attach sch) Total. Add lines 1 through 4b	4a 4b 5			proper	ty pro	of section 263A (with duced or acquired for ization?			X
Schedule C – Rent Income (From Real Pro	perty and	d Persona	l Property	Lea	sed With Real Pr	operty) (see	nstruct	ions)
1 Description of property	•						<u> </u>		
(1)									
(2)	••								
(3)									
(4)									
	Rent received or	accrued							
(a) From personal proper (if the percentage of rent for p property is more than 10% b more than 50%)	ersonal	(if the perce property ex-	eal and perse entage of rer ceeds 50% of on profit or	nt for persor or if the rent	ial		s directly conne columns 2(a) a ach schedule)		
(1)									
(2)									
(3)									
(4)						<u> </u>			
Total (c) Total income. Add totals of colur here and on page 1, Part I, line 6, c					•	(b) Total deductions E here and on page 1, Part i, line 6, column (B)			
Schedule E - Unrelated Deb		ome (see	instructions))		<u> </u>			
			2 Gross inc	come from	3 D	eductions directly cor debt-finan	nnected with or ced property	allocab	le to
1 Description of debt-financed property		or allocable to debt- financed property depr		(a) Straight line reciation (attach sch)	(b) Other deduction (attach schedule				
(1)	····			-					
(2)									
(3)									
(4)									
4 Amount of average	5 Average adjuste or allocable to deb property (attach s	t-financed			rep	7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total	of
(1)		_		- -					
(2)				%					
(3)				%			1		
(4)				%					
					Ente Part	r here and on page 1 I, line 7, column (A)	Enter here an Part I, line 7,	d on pa columr	ige 1, า (B)
Totals.				•	-				
Total dividends-received deduction	is included in colu	mn 8				-	-	-	
ВАА			EA0203L 10/04	/ 17			Form	990-T ((2017)

Schedule F - Interest, A	nnuiti	es, Royalti	es, a	nd Re	nts Fro	om C	ontrolled (Orga	nizations	(see in	struction		
			Exer	npt Con	trolled O	rganız	ations			_	- '-		
1 Name of controlled organization	ıde	2 Employer identification number		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		in c		
(1)					<u> </u>	1							
(2)													
(3)													
(4)													
Nonexempt Controlled Organiz	ations												
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specifie nts made		10 Part of included in organization	n the d	controlling		connecte	ctions directly d with income olumn 10	
(1)													
(2)													
(3)													
(4)													
Takela							Add columns ere and on p 8, co		, Part I, line		e and on g	s 6 and 11 Enter page 1, Part I, line lumn (B)	
Totals	+ 1		<u>-+:-</u>	- E01/	-)(7) (0	<u> </u>	/17) Organ	-:+	on (
Schedule G — Investment 1 Description of income	it inco	2 Amount			3 dire	Dedu	ctions onnected hedule)		4 Set-aside ttach sched	S	5 Tota set-a	I deductions and sides (column 3 us column 4)	
(1)					(#					-	- -		
(2)													
(3)		<u> </u>											
(4)		· <u>-</u>	· -									<u> </u>	
Totals Schedule I — Exploited E	-	Enter here an Part I, line 9,	colui	mn (A)	or The	n Ad	vorticina	ncor	mo (ass :==		Part I, I	ere and on page 1 ne 9, column (B)	
Schedule I – Exploited E	xemp					1						75	
1 Description of exploited a	ctivity	2 Gross unrelate busines income fro trade o busines	ed s om r	conne prod of u	ses directly ected with duction nrelated ess income	from or bus 2 min	income (loss) unrelated trade siness (column us column 3) gain, compute ns 5 through 7	activ	s income from ity that is not ated business income	attrıbü	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-	 				<u> </u>							
(2)	-												
(3)				_									
(4)						1							
Totals		Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26	
		1		<u> </u>									
Schedule J – Advertising													
Part I Income From Per	riodica												
1 Name of periodical		2 Gross advertisii income		adve	Direct ertising osts	col col	rertising gain or) (col 2 minus 3). If a gain, mpute cols. 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						_							
(2)						4						4	
(3)	·· ·	 			-	-						-	
(4)												ļ - · · · · · ·	
Totals (carry to Part II, line (5))	, ,	-		ı									

BAA

Page 5

Form **990-T** (2017)

Part II Income From Periodi 7 on a line-by-line basis)	cals Reported or	ı a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 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)						
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	of Officers, Dire	ctors, and Tr	ustees (see instri	uctions)		
1 Name			2 Tıtle	3 Percent time devote to busines	ed to unrela	ation attributable ated business
					%	
			•		%	
					%	
					%	
Total. Enter here and on page 1, Par	t II, line 14	1		-	>	

TEEA0204 L 10/04/17

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545 0092

2017

Department of the Treasury Internal Revenue Service

Name of estate or trust

► Attach to Form 1041, Form 5227, or Form 990-T. ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

Employer identification number

13-3102941

FAMILY FOUNDATION

THE LEON AND TOBY COOPERMAN

Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain or (h) Gain or (loss) (d) Proceeds (e) Cost See instructions for how to figure the amounts to enter on the Subtract col (e) from col lines below (or other basis) (d) & combine the result with col (a) This form may be easier to complete if you round off cents to (sales price) loss from Form(s) 8949, whole dollars Part I, line 2, col (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 21,117. 21,117 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 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 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts. Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2016 6 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and 21 117

	OH III I	e 17, column (3) on the back					21,111.
Part	: 11	Long-Term Capital Gains and Losses -	Assets Held Mo	ore Than One Y	ear		
lines This	belov	nay be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to g loss from Form(s) Part II, line 2, co	8949,	(h) Gain or (loss) Subtract col (e) from col (d) and combine the result with col (g)
	1099-l which Howe	for all long-term transactions reported on Form 3 for which basis was reported to the IRS and for you have no adjustments (see instructions) ver, if you choose to report all these transactions rm 8949, leave this line blank and go to line 8b		11,352.			-11,352.
		for all transactions reported on Form(s) 8949 with checked		<u>-</u> -			
		for all transactions reported on Form(s) 8949 with checked					
		for all transactions reported on Form(s) 8949 with checked					
11	Long-	term capital gain or (loss) from Forms 2439, 4684, 6	5252, 6781, and 882	24		11	
12	Net Io	ng-term gain or (loss) from partnerships, S corporat	tions, and other est	ates or trusts		12	
13	Capita	al gain distributions				13	
14	Gain f	rom Form 4797, Part I				14_	
15	Long- Carry	term capital loss carryover. Enter the amount, if any over Worksheet	, from line 14 of the	e 2016 Capital Loss	5	15	26,603.
		ng-term capital gain or (loss). Combine lines 8a thr n (3) on the back	ough 15 in column	(h) Enter here and	<u> </u>	16	-37,955.
RΛΛ	For D	ananyork Reduction Act Notice see the Instruction	s for Form 1041.	FIFA1512L 08/21	/17 S	chedu	ile D (Form 1041) 2017

Part II Summary of Parts and II	Sche	edule D (Form 1041) 2017 THE LEON ANI	O TOI	BY COOP	ERMAN		13-	3102	941	Page 2
18 Net Jong-term galin or (loss): a Total for year b Unrecaptured section 1250 gain (see line 18 of the worksheet) b Unrecaptured section 1250 gain (see line 18 of the worksheet) c 28% rate gain 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 18 and 19 and 18 and 18 and 19 and 18 an	Pà		etıng t	hıs part					(3)	Total .
a Total for year b Unrecaptured section 1250 gain (see line 18 of the worksheet) 188				17			21,	117.		21,117.
b Unrecaptured section 1250 gam (see line 18 of the worksheet) c 28% rate gam 19 Total net gain or (osss), Combine lines 17 and 18a 19 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 11 Total net gain or (osss), Combine lines 17 and 18a 12 Combine (18 oss), Combine (18 oss), Combine lines 17 and 18a 18 Combine (18 oss), Combine (18 oss), Combine lines 17 and 18a 19 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines 17 and 18a 10 Total net gain or (osss), Combine lines (18 oss), Combine lines (18 oss), Institute or										
Total net gain or (loss). Combine lines 17 and 18a Note: If line 19, column (3), is a net gain, enter the gain or Form 1041, line 4 (or Form 990-T, Part I, line 4), line 3 (or Form 990-T, Part I, line 4), line 3 (or Form 990-T, line 4), line 4 (or Form 990-T, line 4, if a trust), the smaller of a The loss con line 19, column (3), or b \$3,000 Note: If the sea end ortice as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4, if a trust), the smaller of a The loss on line 19, column (3), or b \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea on line 19, column (3), is more inhan \$3,000 or h \$3,000 Note: If the sea or line 19, column (2) is more than zero Note: Sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (2) is more than zero. If the sea or line 19, column (3) is the sea of 19, column (2) is more than zero. If the sea or line 19, column (3) is the sea of 19, column (3) is the s	a	l Total for year		18 a	· · · · · · · · · · · · · · · · · · ·			955.		<u>37,955.</u>
19 Total net gain or (loss). Combine lines 17 and 18a Note: If line 19, column (3), so a net gain, enter the gain or Form 1941, line 4 (or Form 990 T, Part I, line 49). If lines 18d 15, column (3), so a net gain, expert line 19, column (3), so a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part IV Capital Loss Limitation 2	t	Unrecaptured section 1250 gain (see line 18 of the	worksh	neet) 18b						
Note: If the 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Fart I, line 4). If lines 18a and 19, column (2), are net gains, so to Part V, and don't complete Part IV If the 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part IV Capital Loss Carryover Worksheet, as necessary. Part IV Capital Loss Carryover Worksheet in the instructions of figure your capital loss carryover worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of figure your capital loss carryover Worksheet in the instructions of the first including the special part of the instructions of the special part of the special part of the special part of the instructions of the special part of the spe	c	: 28% rate gain		18 c						
are net gans, go to Part V, and don't complete Part IV if line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as macessary Part VI Capital Loss Limitation 2 Enter the and enter as a (loss) on Form 1041, line 4 (or Ferm 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 19, column (3) a more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Part VI Tax Computation Using Maximum Capital Gains Rates Form 1041 filers, Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there so the part of the part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there so the part of the pa										
20 3,000.	are r	1et gains, go to Part V, and $oldsymbol{don't}$ complete Part IV $$ I	on For If line	m 1041, lın 19, column	e 4 (or For (3), is a ne	m 990- et loss,	T, Part I, line 4a) If Iii complete Part IV and	nes 18a the Ca	a and 19, co pital Loss (olumn (2), C arryover
a The loss on line 19, column (3) or b 53,000 Note: If the loss on line 19, column (3) is more than \$3,000 or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filters. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 26/2, and Form 1041, line 20, is more than zero. Eather line 18b, column (2) or line 18c, column (2) is more than zero. Eather line 18b, column (2) or line 18c, column (2) is more than zero. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Part I of Form 990-T, and Part I of Form 990-T, and Form 990-T, and Form 990-T, and Form 990-T, and Part I of Form 990-T, and Part I o										
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45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) 45 0.	44		hedule fo	or Estates and	Trusts (see	44				
3. The state of th	45	Tax on all taxable income. Enter the smaller of line		line 44 here	e and on			 <u> </u>		^
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017	Federal Statements THE LEON AND TOBY COOPERMAN	Page
lient 5005E	FAMILY FOUNDATION	13-31029
O/26/18 Statement 1 Form 990-T, Part I, Line 12 Other Income		08 24
CAPITAL SPRING DIRECT CHATHAM EJF INVESTMENTS ELLINGTON OFF ROAD OMEGA CHARITABLE PARTNERS		\$ 3,209. 15,497. 16,500. 23,135. 205,617. 100,289.
PRIME STORAGE FUND II		Total $\frac{-42,371}{\$}$.
		,