

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

2939325807417 8

OMB No 1545-0087

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue ServiceGo 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 OnlyA Check box if
address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number
(Employees' trust, see
instructions)

B Exempt under section

Print
or
Type

THE LANDES FAMILY FOUNDATION

23-7996168

X 501(c)(3)

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

E Unrelated business activity codes
(See instructions)

408(e) 220(e)

226 W RITTENHOUSE SQ, NO. 2306

212000

408A 530(a)

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

529(a)

PHILADELPHIA, PA 19103

C Book value of all assets
at end of year

F Group exemption number (See instructions.)

2,592,035.

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

H Describe the organization's primary unrelated business activity. PUBLICLY TRADED PARTNERSHIP INVESTMENTS

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

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

J The books are in care of TRUSTEE Telephone number 215-985-1084

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

1,377.

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

1,377.

1,377.

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)

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)

22 Less depreciation claimed on Schedule A and elsewhere on return

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

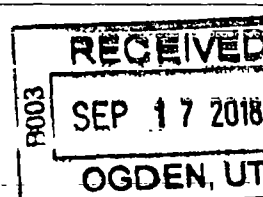
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

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



21

22a

20

22b

23

24

25

26

27

28

29

30

31

32

33

34

0.

1,377.

1,377.

1,000.

377.

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

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

57.

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40

57.

Part IV Tax and Payments**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e **Total credits.** Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42

57.

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

57.

45a Payments: A 2016 overpayment credited to 2017

45a

370.

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:

☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46

370.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

313.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax

313.

Refunded

50

0.

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

Yes

No

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 Enter the amount of tax-exempt interest received or accrued during the tax year \$**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)

9/12/18

Date

TRUSTEE

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

L. MARTIN MILLER, CPA

Preparer's signature

8/30/18

Date

Check ☐ if self-employed

PTIN

P00023394

Firm's name **MORISON COGEN LLP**Firm's EIN **23-1406493**Firm's address **484 NORRISTOWN RD, STE 100**Phone no. **267-440-3000****BLUE BELL, PA 19422**

Form 990-T (2017)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	9
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
MAGELLAN MIDSTREAM PARTNERS LP - K-1	1,610.	0.	1,610.
ENTERPRISE PRODUCTS PARTNERS K1	0.	233.	-233.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,610.	233.	1,377.