line 32

| ` |) | Q 6. | | | | . 2 | 293933 | 21 | 01605 | 8 |
|--------|------------|-------------------------------|-----------|---|---------------|----------------------------|--|----------------------|--|----------------|
| / | / -Form | 990-T | E | Exempt Organization Bus | | | Γax Return | ı L | OMB No 1545-0687 | |
| | | | | (and proxy tax und | | | | | 0047 | |
| • | | | For cal | lendar year 2017 or other tax year beginning $OCT\ 1$, | 20 | 17 , and ending SE | P 30, 201 | .8, | ∩2U1/ | |
| • | Danar | tment of the Treasury | | ► Go to www.irs.gov/Form990T for ir | structi | ons and the latest inform | nation. | ₹//L | \mathcal{M}^{-} | |
| • | | al Revenue Service | ▶ | Do not enter SSN numbers on this form as it may | / be ma | de public if your organiz | zation is a 501(c)(3) | N OF | Open to Public Inspecti 501(c)(3) Organizations | on for Only |
| | ΑL | - Check box if | | Name of organization (Check box if name c | hanged | and see instructions.) | | | oyer identification numb | er |
| | | address changed | | | | | | | oyees' trust, see ctions) | |
| | R F | xempt under section | Print | THE CELEBRITY FOUNDATI | ON. | INC. | | 8 | 1-0587000 | |
| | | 501(c)(3()) | or | Number, street, and room or suite no. If a P.O. box | | | | E Unrela | ated business activity c | |
| | | 408(e) 220(e) | Туре | 19667 TURNBERRY WAY, N | , | | | (See in | nstructions) | |
| | H | ¬ ' ' — ¬ | | | | | | 1 | | |
| | | | | City or town, state or province, country, and ZIP o | r toreig | n postal code | • | ٨٨٨ | 000 | |
| | | 529(a) ok value of all assets | | AVENTURA, FL 33180 | | | | 900 | 099 | |
| | C at 6 | end of year | | F Group exemption number (See instructions.) | <u> </u> | 1 -1 | | | 1 100 - | |
| | | 1,418,1 | | G Check organization type X 501(c) corp | | | 401(a) | trust | Other tru | st |
| | | | | ary unrelated business activity. INVESTM | | | SHIPS | | 11 | |
| | | | | oration a subsidiary in an affiliated group or a parei | nt-subs | idiary controlled group? | ▶ t | Ye | s X No | |
| | | | | tifying number of the parent corporation. | • | | | | | |
| | | | - | MORRIS D. MATALON | | | one number 🕨 2 | | <u> 279-1616</u> | |
| | Ŗà | rtil Unrelated | d Trac | de or Business Income | | (A) Income | (B) Expense: | S | (C) Net | |
| | 1a | Gross receipts or sale | s | | | | | | | |
| | b | Less returns and allow | vances | c Balance | 1c | | | | | |
| | 2 | Cost of goods sold (S | chedule | A, line 7) | 2 | | ****** | | | *** |
| | 3 | Gross profit. Subtract | | - | 3 | | 300000000000000000000000000000000000000 | 222 | | |
| | 4 a | Capital gain net incom | | | 4a | | | *** | | |
| | | | • | art II, line 17) (attach Form 4797) | 4b | | 424 | | | |
| | | Capital loss deduction | | | 4c | | | **** | | |
| | | • | | ips and S corporations (attach statement) | 5 | ´-4,335. | STMT 8 | 22300 | -4,33 | 5 . |
| | 6 | Rent income (Schedu | | po una o obsporationo (atauon statomorn) | 6 | | | NOS ISMECIO | | |
| | 7 | Unrelated debt-finance | • | na (Schadula E) | 7 | | | | | |
| | 8 | | | and rents from controlled organizations (Sch. F) | 8 | | | | | |
| | | | | • , | $\overline{}$ | | } | - | | |
| | 9 | | | on 501(c)(7), (9), or (17) organization (Schedule G) | | | | | | |
| | 10 | Exploited exempt activ | - | · , , | 10 | , - | | | | |
| | 11 | Advertising income (S | | · | 11 | | 29590-6627-6805-690000-911-000 28 076 | x806596 2 005 | | |
| | 12 | Other income (See ins | | • | 12 | 4 225 | V/AXX | | 4 22 | _ |
| | | Total. Combine lines | | | 13 | -4,335. | L | | -4,33 | <u> </u> |
| | ijχa | | | ot Taken Elsewhere (See instructions for | | | | | | |
| | | <u>`</u> | | utions, deductions must be directly connecte | a with | the unrelated busines | s income.) | Υ Ι | | |
| • | 14 | | ıcers, dı | rectors, and trustees (Schedule K) | | | | 14 | | |
| | 15 | Salaries and wages | | | | | | 15 | | |
| | 16 | Repairs and mainten | ance : | • | | | | 16 | | |
| | 17 | Bad debts | | | | | | 17 | | |
| | 18 | Interest (attach sche | dule) | | | | | 18 | | |
| | 19 | Taxes and licenses | | | | | | 19 | | |
| | 20 | Charitable contribution | ons (Se | e instructions for limitation rules) | 1 | • | | 20 | | |
| | 21 | Depreciation (attach | Form 45 | 562) | | ¹ 21 | | | | |
| | 22 | Less depreciation cla | aimed oi | n Schedule A and elsewhere on return | | 22a | | 22b | | |
| | 23 | Depletion | | امًا | | <u></u> | | 23 | | |
| | 24 | Contributions to defe | erred co | mpensation plans OV 1 3 2018 | | | | 24 | | |
| | 25 | Employee benefit pro | | (i) | | | | 25 | | |
| | 26 | Excess exempt expe | - | chedule!) | | • | | 26 | | |
| 1 | 27 | Excess readership co | • | H K HK H Ph Exh H H H H | | | | 27 | | |
| | 28 | Other deductions (at | | | | | | 28 | | |
| , ! | 20 29 | • | | • | | | | | | 0. |
| ì | | Total deductions. A | | • | C | 0 from line 12 | | 29 | -4,33 | |
| 1 | 30 | | | ncome before net operating loss deduction. Subtract | ot line 2 | | IEMENIA O | 30 | -4,33 | ٠ د |
| į | 31 | . • | | (limited to the amount on line 30) | | | EMENT 9 | 31 | 4 22 | _ |
| ; | 32 | | | ncome before specific deduction. Subtract line 31 fr | | 30 | | 32 | -4,33 | |
| • | 33 | • | | y \$1,000, but see line 33 instructions for exceptions | • | | | 33 | 1,00 | υ. |
| Š | 34 | Unrelated business | taxable | income. Subtract line 33 from line 32. If line 33 is | greater | than line 32, enter the sn | naller of zero or | 1 | | |

| Form 990- | T(2017) THE CELEBRITY FOUNDATION, INC. | | <u>81-058700</u> |) () Page 2 |
|-------------------|---|---|--|--|
| Pärt | III Tax Computation | | | |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | · · · · · · · · · · · · · · · · · · · | | { |
| | Controlled group members (sections 1561 and 1563) check here ▶ ☐ See | nstructions and; | | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracke | ts (in that order); | | 7 |
| | (1) \$ (2) \$ (3) | | | |
| b | | \$ | | |
| | | \$. | | |
| c | Income tax on the amount on line 34 | | ▶ 35c | 0. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of | on the amount on line 34 from: | 1462.14.14 | i e |
| | Tax rate schedule or Schedule D (Form 1041) | | ▶ 36 | 4 |
| . 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 | 0. |
| | V₃ Tax and Payments | | 1,10 | 1 0, |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | Tww. | |
| | Other credits (see instructions) | 416 | | أغ |
| C | 0 11 12 15 0000 | 410 | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | 410 | | |
| | Total credits. Add lines 41a through 41d | 410 | 41e | 4 |
| 42 | Subtract line 41e from line 40 | | 42 | 0. |
| 43 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 | Corm open Cothor | (attach schedule) 43 | |
| 44 | Total tax. Add lines 42 and 43 | FUIII 0000 UIIRI | (attach schedule) 43 | 0. |
| | Payments: A 2016 overpayment credited to 2017 | 45a | 3330 | |
| | | 45a 45b | | { } |
| | 2017 estimated tax payments | | —————————————————————————————————————— | |
| | Tax deposited with Form 8868 | 45c | | Š. |
| | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | —————————————————————————————————————— | |
| | Backup withholding (see instructions) | 45e | | ž. |
| | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | |
| g | Other credits and payments: Form 2439 | | | |
| 40 | Form 4136 Other | Total ► 45g | | ĝ. |
| 46 | Total payments. Add lines 45a through 45g | 1 | 46 | |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | J | 47 | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | | 48 | 0. |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount or | · 1 | 49 | 0. |
| 50 | Enter the amount of line 49 you want Credited to 2018 estimated tax | | efunded > 50 | |
| Part. | | | | Iv Tu |
| 51 | At any time during the 2017 calendar year, did the organization have an interest in | - | • | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the | • | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the | e name of the foreign country | | |
| | here > | | | . X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the g | rantor of, or transferor to, a fo | oreign trust? | X |
| 50 | If YES, see instructions for other forms the organization may have to file. | • | | |
| 53 | Enter the amount of tax-exempt saterest received or accrued during the tax year Under penalties of perent, i declare that I have examined this return, including accompanyin | · · | | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information | g schedules and statements, and to in of which preparer has any knowle | i the best of my knowleage edge | and belief, it is true, |
| Here | Lublic > | TREGEOR | May the I | RS discuss this return with |
| TICIC | Signature of officer Date | DIRECTOR | | rer shown below (see |
| | | | | ns)? X Yes No |
| | Print/Type preparer's name Preparer's signature | Date / / | | ΓIN |
| Paid _⊿ | / LIMOURI GORVIN //// - | - 11/5/18 | self- employed | 00100000 |
| Prepa | arer MITCHELL SORKIN | 1//" | , | 201327877 |
| Use (| Only Firm's name ► RAICH ENDE MALTER & CO., | LLP | Firm's EIN | 11-2336434 |
| | 1375 BROADWAY | | | 044 4465 |
| | Firm's address ► NEW YORK, NY 10018 | | Phone no. 212- | -944-4433 |

· Form **990-T** (2017)

| n- | | |
|----|------|-----|
| ra | nne. | - 1 |

| Schedule A - Cost of Goods | Sold Enter | method of inven | tory valuation N/A | <u> </u> | | | | |
|--|---|--|--|-----------|--|----------|--|--|
| 1 Inventory at beginning of year | 1 | Theulod of lifter | 6 Inventory at end of ye | | | 6 | T | |
| 2 Purchases | 2 | | 7 Cost of goods sold. S | | ne 6 | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | | | | | |
| 4a Additional section 263A costs | | | line 2 | and mi | ωιτι, | 7 | 4 | |
| (attach schedule) | 4a | | 8 Do the rules of section | n 263A (v | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or | • | • | | 100 | |
| • | 5 | | the organization? | acquireu | ioi resale) apply to | | | |
| 5 Total. Add lines 1 through 4b Schedule C - Rent Income (| | Property and | | Lase | ad With Real Pro | nerl | | |
| (see instructions) | (i ioiii neai | rioperty and | a reisoliai riopeity | Least | sa with near Fro | peri | · y / | |
| | | | | | | | | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | 2/2) D. d. d. d. d. d. d. d. d. | | -1-1 1 1 | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | of rent for p | ind personal property (if the percen personal property exceeds 50% or i it is based on profit or income) | tage f | 3(a) Deductions directly columns 2(a) ar | | cted with the income (attach schedule) | ın |
| (1) | | | | - | | | | |
| (2) | | | | | | | | |
| (3) | | | • | | | | | |
| (4) | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Total | 0. | Total | | 0. | | | | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | | ter - | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | | 0. |
| Schedule E - Unrelated Deb | t-Financed | I Income (see | instructions) | | | | | |
| | | • | 2. Gross income from | | 3. Deductions directly control to debt-finance | | | |
| 1. Description of debt-fir | annod propody | | or allocable to debt- | (a) | Straight line depreciation | T | (b) Other deduction | 18 |
| 1. Description of debt-in | lanced property | | financed property | | (attach schedule) | | (attach schedule) | |
| | | | | | | _ | | |
| (1) | | | | | | | | |
| (2) | | | | | | ┸ | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property n schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deduct (column 6 x total of co 3(a) and 3(b)) | |
| (1) | | | % | | | | | |
| (2) | | | % | | | | - " | |
| (3) | | | % | | | | | |
| (4) | | | % | | | | | |
| | | | | | nter here and on page 1, art I, line 7, column (A) | | Enter here and on pag Part I, line 7, column | |
| Totals | | | • | . | 0 | | | 0. |
| Total dividends-received deductions in | cluded in columi | ı 8 | | | • | - | | 0. |
| | | | | | | | Form 990-T | (2017) |

| Schedule F - Interest, A | nnuitie | s, Roya | ties, ar | nd Rents | s From C | ontroll | ed Organiz | atio | ns (see in: | struction | s) |
|--------------------------------------|--------------------|---|-----------------|--|---|---|---|-------------|--|----------------------------|--|
| , | | | | Exempt (| Controlled O | rganızatı | ons | | • | | |
| Name of controlled organizati | on | 2. Em identifi num | cation | | elated income instructions) | 4. Tot payi | al of specified ments made | ınçlud | t of column 4 ed in the cont ation's gross | trolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | <u> </u> | | <u> </u> | | | - - |
| (2) | | | | | •• | - | • | | | | |
| (3) | | | | | | h | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organiz | ations | | | L | | <u> </u> | | <u> </u> | • | | |
| 7. Taxable Income | | nrelated incon | ne (loss) | O Total | of specified pay | ments | 10. Part of colu | mn Q tha | t is included | 11 De | ductions directly connected |
| 7. Taxable bleesing | | ee instructions | | 9, 10,221 | made | * | in the controlli | ing organ | nization's | | income in column 10 |
| (1) | | • | | | | | - | | | | |
| (2) | | | | | - | | | | - | | |
| (3) | | | - | | | | | | • | | - |
| (4) | | - | | | | | | | | | |
| | | | | • | | | Add colun Enter here and line 8, c | | e 1, Part I, | Enter h | id columns 6 and 11 ere and on page 1, Part I, line 8, column (8). |
| Totals | | | | • | • | • | | | 0. | | 0. |
| Schedule G - Investme (see instr | | me of a | Section | 501(c)(| 7), (9), or | (17) Oı | ganization |) | | • | |
| 1. Descr | iption of inco | me | | • | 2. Amount of | ıncome | Deduction directly connective (attach scheol | ected | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | • | | | • | | | |
| (3) | • | | | | | | | | , | - | |
| (4) | · | 4 | | | | | | | | | |
| - | | | | | Enter here and Part I, line 9, co | olumn (A) | | | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | | | | | 0. | | | | | <u> </u> |
| Schedule I - Exploited | | Activity | Incom | e, Othe | r Than Ac | lvertis | ing Income | €. | | | |
| (see instru | ctions) | | | | | | | | | | |
| 1. Description of exploited activity | unrelated incom | iross business e from business | directly of uni | penses connected oduction related s income | 4. Net inconfrom unrelated business (cominus colum gain, comput through | trade or olumn 2 in 3) If a e cots 5 | 5. Gross inco from activity is not unrelat business inco | that ted | attribu | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | , | | | | | | | | | | |
| (2) | | | | | | | | | i e | | |
| (3) | | | | | t | | | | - | | |
| (4) | | | | | | - | | | | | |
| | | re and on , Part I, col (A). | page 1 | re and on I, Part I, col (B). | | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals | | 0. | | <u> </u> | | | | | | | 0. |
| Schedule J - Advertision | | | | | | | | | | | |
| Part I Income From I | Periodic | als Rep | orted o | n a Con | solidated | l Basis | · | + | _ | | · · · · · · · · · · · · · · · · · · · |
| 1. Name of periodical | , . | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (c col 3) If a g | tising gain ol 2 minus ain, compu hrough 7 | | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | 1 | | | | | |] | | |
| (4) | | | | | \neg | | * | | · · | | |
| Totals (carry to Part II, line (5)) | • | | 0. | · 0 | | | | | | | . 0. |

Form 990-T (2017) THE CELEBRITY FOUNDATION, INC. 81-05870
| Part | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 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 (column 6 minus column 5, but not more than column 4). |
|-----------------------------|---|---|---|---|-----------------------|---------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | • | | · |
| Totals from Part I | ▶ | 0. | 0. | | | | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2017)

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

2017

Employer identification number

| THE CELEBRITY FOUNDATION, INC. | | 81-0587000 |
|---|----|------------|
| 1 Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626 | 1 | |
| 2 Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827 | 2 | 185. |
| 3 Enter any 2016 unallowed qualified electric vehicle credit (see instructions) | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 185. |
| 5 Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions) | 5 | 0. |
| 6 Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- | | |
| No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12 | 6 | 0. |
| 7a Subtract line 6 from line 5. If zero or less, enter -0- | 7a | 0. |
| b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation | | |
| amount attributable to the minimum tax credit (see instructions) | 7b | |
| c Add lines 7a and 7b | 7c | |
| 8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change | | |
| or has pre-acquisition excess credits, see instructions | 8a | |
| b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d | | |
| (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition | | |
| excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c | 8b | 0. |
| c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate | | |
| the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of | | 1 |
| your return) | 8c | |
| 9 Minimum tax credit carryforward to 2018. Subtract line 8a from line 4. Keep a record of this | | 105 |
| amount to carry forward and use in future years | 9 | 185. |

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS | STATEMENT 8 |
|---|--------------------|
| DESCRIPTION | AMOUNT |
| ENTERPRISE PRODUCTS PARTNERS LP MAGELLAN MIDSTREAM PARTNERS | -2,412. -1,923. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | -4,335. |