| | | 3 | | Evte | nded to Nov | romb | or 15 | 2019 | | | |
|---------|----------|---|------------|--|--|--------------|--|-------------|------------------------|-------|--|
| | Form | 990-T | i F | xempt Orga | | | | | ax Return | ۱ ۱ | OMB No 1545-0687 |
| | €-Orm | 330-1 | - | ar (ar | nd proxy tax und | der se | ction 603 | 3(e)) | ax rictari | • | 0040 |
| | | - | For cal | endar year 2018 or other tax ye | | | , and e | | • | - 1 | 2018 |
| | Donort | ment of the Treasury | | ► Go to www. | .irs.gov/Form990T for i | instructi | | | ation. | - 1 | |
| | Interna | Revenue Service | • | Do not enter SSN numbe | rs on this form as it ma | y be ma | de public if y | our organiz | ation is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only |
| | A | Check box if | | Name of organization (| Check box if name | changed | and see instr | uctions.) | | (Emp | loyer identification number ployees' trust, see |
| | | address changed | Į | | | | | | | | uctions) |
| | | empt under section | | Gerry Found | | | | | | | . 4 - 1798234 lated business activity code |
| | X | 501(c <u>) 3</u>) | or Type | Number, street, and room | | ox, see ir | structions. | | | | instructions) |
| | <u> </u> | 408(e) 220(e) | '' | P.O. Box 31 | | | | | | ł | |
| | H | 408A 530(a) 529(a) | | City or town, state or prov Liberty, NY | | or toreig | n postal code | | | 525 | 990 |
| | | k value of all assets | | E Croup everyntian numb | or (Con instructions) | • | | • | - | 723 | 1330 |
| | at e | nd of year 1111.503.1 | 63. | G Check organization type | E X 501(c) cor | rporation | 1 50 | 1(c) trust | 401(a) | trust | Other trust |
| | H Ent | er the number of the | organiza | tion's unrelated trades or t | ousinesses. | 1 | · <u> </u> | | the only (or first) un | | |
| | | | - | e Statement | · · · · · · · · · · · · · · · · · · · | | | • | complete Parts I-V. | | |
| | | | _ | ce at the end of the previou | | Parts I an | | | - | | |
| | bus | iness, then complete | Parts III | -V | | | | | _ | | |
| | | | | oration a subsidiary in an a | | ent-subs | diary controll | ed group? | ▶ [| Y, | es X No |
| | | | | ifying number of the paren | t corporation. | | | | | | |
| | | | | ric Frances | <u> </u> | | 77. | | one number > 8 | | |
| | | | | le or Business Inc | ome | _ | (A) Inc | ome | (B) Expenses | 5 | (C) Net |
| | | Gross receipts or sale | | | | | | 1 | | | 1 |
| 2 | | Less returns and allov | | | c Balance | 1c | | | | | |
| 3 | | Cost of goods sold (S | | | | 2 | | | | | |
| - | | Gross profit, Subtract | | * | | 3 | | 133. | | | 133. |
| > | | Capital gain net incom | • | • | 4707) | 4a 4b | 12 | ,595. | | | 12,595. |
| í | | Net gain (loss) (Form Capital loss deduction | | art II, line 17) (attach Form | 4797) | 40 4c | | , 393. | | | 12,333. |
| ָב ל | | | | hip or an S corporation (at | Itaamateta daet | 5 | -57 | ,287. | Stmt 1 | 7 | -57,287. |
| _ | | Rent income (Schedu | | amp or an 3 corporation (at | lacii statement) | 6 | 5, | , 207. | D C III C I | | 37,207. |
| ו | | Unrelated debt-finance | | ne (Schedule F) | | 7 | | | | | |
| Ž | | | | nd rents from a controlled | organization (Schedule F) | — | | | | | |
| Ŧ | - | | | n 501(c)(7), (9), or (17) or | - | \vdash | | | | | <u> </u> |
| 3 | | Exploited exempt activ | | | gameanon (constant a | 10 | " | | | | |
| 9 | | Advertising income (S | • | • | | 11 | | | | | |
| | | Other income (See ins | | • | | 12 | | | | | |
| | | Total. Combine lines | | • | | 13 | -44 | ,559. | | | -44,559. |
| | Par | | | t Taken Elsewher | e (See instructions f | | | | | | |
| | | (Except for o | ontribu | itions, deductions must | be directly connecte | ed with | the unrelate | d business | s income) | | |
| | 14 | Compensation of offi | icers, dir | ectors, and trustees (Sche | dule K) | | | | - - | 14 | |
| | 15 | Salaries and wages | | | | | • | | | 15 | |
| | 16 | Repairs and mainten | ance | | | | | | | 16 | |
| | 17 | Bad debts | | | | | | | | 17 | |
| | 18 | Interest (attach sche | dule) (se | ee instructions) | | | See | State | ement 18 | 18 | 74. |
| | 19 | Taxes and licenses | | | | | _ | | | 19 | 11,569. |
| | | | - | instructions for limitation | rules) | | See | | ement 19 | 20 | 0. |
| | | Depreciation (attach | | | | | | 21 | | ļ | |
| | | | umed or | Schedule A and elsewhere | | \ /== | | 22a | | 22b | |
| | 23 | Depletion ≥ | | | RECE | VE Ł | } | | | 23 | |
| | | Contributions to defe | | npensation plans | ဖု | | ျှ | | | 24 | - |
| | | Employee benefit pro | | rhadula IV | % NOV 25 | ኃስናር | RS-OSC | | | 25 | |
| | | Excess exempt exper | | | 1 100 40 | £013 | Š | | | 26 | |
| | | Excess readership co | | | | | , J.E. | | | 27 | - |
| | 20 29 | Total deductions. Ac | | • | OGDEN | 1, U | 1 | | | 29 | 11,643. |
| | | | | ncome before net operating | The state of the s | | rax7*rral 9 from line 13 | l | | 30 | -56,202. |
| | | - | | oss arising in tax years beg | | | | | | 31 | 1 30,202. |
| | 32 | () | _ | ncome. Subtract line 31 fro | - | , ., | (500 11501 | | | 32 | -56,202. |
| | | | - | work Reduction Act Notice | | | | | 012 | | Form 990 -1 (2018 |
| | | | | | | | | | 1114 | | |

| Form 990- | (2018) Gerry Foundation, Inc. | 14-179 | 8234 | Page 2 |
|---------------|--|---------------------|--|--------------------------|
| Part I | | _ | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | -56,202. |
| 34 | Amounts paid for disallowed fringes | | 34 | |
| 35 | | tmt 20 | 35 | 0. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | |
| - | lines 33 and 34 | İ | 36 | -56,202. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | | | |
| | enter the smaller of zero or line 36 | | 38 | -56,202. |
| Part I | | · | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | 39 | . 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from | : | | |
| | Tax rate schedule or Schedule D (Form 1041) | | 40 | |
| 41 | Proxy tax. See instructions | | 41 | - |
| 42 | Alternative minimum tax (trusts only) | | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 44 | 0. |
| Part \ | | | 44 | |
| $\overline{}$ | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | | | |
| b | Other credits (see instructions) 45b | | | |
| c | General business credit, Attach Form 3800 45c | | | |
| - | Credit for prior year minimum tax (attach Form 8801 or 8827) 45d | |] | |
| | Total credits. Add lines 45a through 45d | - | 45e | |
| 46 | Subtract line 45e from line 44 | • | 46 | 0. |
| 47 | | (attach schedule) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | (attach schools) | 48 | .0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | 49 | 0. |
| | Payments: A 2017 overpayment credited to 2018 | 3,050. | | |
| | 2018 estimated tax payments 50b | <u> </u> | | |
| | Tax deposited with Form 8868 50c | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | | |
| | Backup withholding (see instructions) 50e | - | | |
| | Credit for small employer health insurance premiums (attach Form 8941) 50f | | l i | |
| | Other credits, adjustments, and payments: Form 2439 | | | |
| , | ☐ Form 4136 ☐ Other Total ► 50g | | ì | |
| - 51 | Total payments. Add lines 50a through 50g | | 51 | 3,050. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 52 | |
| | Tax due. If Jine 51 is less than the total of Jines 48, 49, and 52, enter amount owed | ▶ ' | 53 | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | 54 | 3,050. |
| 55 | and the second s | efunded 🕨 | 55 | 0. |
| Part V | | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author | rity | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi | le | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | 1 | | |
| | here ▶ | | | <u> </u> |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo | reign trust? | | |
| | If "Yes," see instructions for other forms the organization may have to file. | - | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ | | | <u> </u> |
| | Under penalities of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to correct, and complete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowle | the best of my know | vledge and | belief, it is true, |
| Sign | | | v the IRS d | iscuss this return with |
| Here | 11/3/19 Treasurer | | • | hown below (see |
| | Signature of officer Date Title | ins | tructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date . | Check ıf | PTIN | |
| Paid | | self- employed | | |
| Prepa | rer | | | |
| Use C | Firmle name N | Firm's EIN | | |
| | • | <u></u> | | |
| | Firm's address | Phone no. | | |
| 823711 01 | -09-19 | | | Form 990-T (2018) |

| Schedule A - Cost of Good | s Sold. Enter r | nethod of inver | tory valuation N/A | | | |
|---|--|-----------------|--|-----------|--|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | ır | | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. Se | ubtract I | ine 6 | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in F | Part I, | |
| 4a Additional section 263A costs | | | line 2 | | | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (1 | with respect to | Yes No |
| Other costs (attach schedule) | 4b_ | | property produced or a | acquired | I for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | |
| Schedule C - Rent Income (see instructions) | (From Real I | Property an | d Personal Property | Leas | ed With Real Pro | perty) |
| 1. Description of property | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| | | | | | | |
| | 2. Rent received | | | | 3/3\Daductions directly | connected with the income in |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | of rent for p | and personal property (if the percent personal property exceeds 50% or if it is based on profit or income) | age | columns 2(a) an | d 2(b) (attach schedule) |
| (1) | | | | | | |
| (2) | | | | _ | | |
| (3) | | | | | | |
| (4) | | | | | | |
| T-4-1 | | | | | | |
| Total | | Total | | 0. | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). Ente 1 (A) | er • | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | ▶ 0. |
| (c) Total income. Add totals of columns | 2(a) and 2(b). Ente 1 (A) | er • | instructions) | | Enter here and on page 1. | <u>0.</u> |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). Ente 1 (A) | er • | 2. Gross income from | | Enter here and on page 1. | nected with or allocable |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). Ente n (A) ot-Financed | er • | | 0. | Enter here and on page 1, Part I, line 6, column (B) | nected with or allocable |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Debt. 1. Description of debt-fire | 2(a) and 2(b). Ente n (A) ot-Financed | er • | Gross income from or allocable to debt- | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-financ | nected with or allocable ed property (b) Other deductions |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Debt. 1. Description of debt-fire (1) | 2(a) and 2(b). Ente n (A) ot-Financed | er • | Gross income from or allocable to debt- | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-financ | nected with or allocable ed property (b) Other deductions |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fir | 2(a) and 2(b). Ente n (A) ot-Financed | er • | Gross income from or allocable to debt- | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-financ | nected with or allocable ed property (b) Other deductions |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fir (1) (2) (3) | 2(a) and 2(b). Ente n (A) ot-Financed | er • | Gross income from or allocable to debt- | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-financ | nected with or allocable ed property (b) Other deductions |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fir | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | er • | Gross income from or allocable to debt- | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-financ | nected with or allocable ed property (b) Other deductions |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | Gross income from or allocable to debt-financed property 6. Column 4 divided | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column | mected with or allocable ed property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | Gross income from or allocable to debt-financed property Column 4 divided by column 5 | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column | mected with or allocable ed property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fir (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | Gross income from or allocable to debt-financed property Column 4 divided by column 5 | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column | mected with or allocable ed property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % | 0. | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column | mected with or allocable ed property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | (a) | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column | mected with or allocable ed property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or alledebt-financed debt-financed debt-fi | Income (see | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | (a) | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B) |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det 1. Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) | 2(a) and 2(b). Enter (A) ot-Financed nanced property 5. Average a of or all debt-financ (attach s | Income (see | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | (a) | Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance to debt-finance. Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B) |

| (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | ons | rganızatıc | Controlled O | Exempt | | | | | |
|--|--|---|---------------------|--|--|-----------------------------------|--|---|--|-----------------------------|------------------------------|--|------------------------|---|
| (2) (3) (4) (4) (4) (5) (6) (7) (9) (7) | with income | trolling (connected with | | led in the contr | includ | al of specified nents made | 4. Tota paym | | | entification | ıdent | ation | of controlled organiza | 1. Nam |
| 23 30 30 30 30 30 30 30 | | | | | | | | | - | · · | | | - | (1) |
| (4) donoxempt Controlled Organizations 7. Tavable income 8. Net unrelated income (lose) (see instructions) 9. Total of specified payments in the controlling organization's green income in the controlling organization in the controlling organization's green income in the controlling organization's green income in the controlling organization in the controlling organization's green income in the controlling organization's green income in the controlling organization's green income in the controlling organization's green income in the controlling organization's green in the c | | | | | | | i – | | | | | | | |
| Add columns S and 10 Center here and on page 1, Part 1, Inter Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income (see instructions) 2. Amount of income and on page 1, Part 1, Inter Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income applications of exploited Exempt Activity Income, Other Than Advertising Income 1. Description of income (see instructions) 2. Amount of income (see instructions) 3. Deductions district schedule) (1) (2) (3) (4) (5) (7) (9) (7) (7) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | | | | | | | | | , | ., | | | | |
| Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated mome (6se) See instructions) See instructions (6se) See instructions | | | | | | | | | | | | - | • | |
| (dee instructions) (dee instructions) (dee instructions) (dee instructions) (deep inst | | | | | <u>. </u> | - | | | | | | izations | Controlled Organi | |
| (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) 1. Description of income 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) (b) (c) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (A) Part 1, line 9, column (A) Part 1, line 9, column (B) Column 5 Column 6 Enter here and on page 1, Part 1, line 9, column (B) Part 1, line 9, column (B) Column 5 Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 5 Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Enter here and on page 1, Part 1, line 9, column (B) Column 6 Column 7 Column 6 Column 7 Column 6 Column 6 Column 7 Column 7 Column 7 Column 8 Col | ctly connected | uctions directly ncome in colum | 11. Dedu with in | nization's | ng organ | in the controlli | ments | | 9. Total | | | | able Income | 7. Tax |
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| Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) Column 5 | | | | 1 | | | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unlested business income from trade or business income from trade or business income (1) (2) (3) 4. Net income (6ss) from unrelated trade or business income from trade or business income from trade or business income 4. Net income (6ss) from unrelated trade or business income from trade or business income 4. Net income (6ss) from unrelated trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Enter here and on page 1, Part 1, line 10, col (B) D | age 1, Part I, | d columns 6 and re and on page ine 8, column (B | Enter her | e 1, Part I, | on page | Enter here and | | | | | | • | | |
| (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Sat-asides (attach schedule) 5. To and directly connected (attach schedule) (attach schedule) (col (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) from unrelated trade or exploited activity and or business income from trade or business income for trade or business income from trade or business income from page 1, Part I, line 10, cot (A) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) 4. Net income (loss) from unrelated trade or transcolumn 3) If a gain, conjuncted is not unrelated business income from page 1, Part I, line 10, cot (B) (A) Enter here and on page 1, Part I, line 10, cot (B) (A) Enter here and on page 1, Part I, line 10, cot (B) (B) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Exemples directly connected directly connected directly connected in the page 1, Part I, line 10, cot (B) (Col (A) 5. Cross income from page 1, Part I, line 10, cot (B) (B) (Col (Col (A) 4. Advertising gain page 1, Part I, line 10, cot (B) (Col | 0 | | | 0. | | | ▶ | | | | | | | otals |
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| (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited activity income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) 2. Gross unrelated business income income from trade or business income business income income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (B) Fortil Ine 10, col (B) O . Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis | 3 plus cor 4) | (cor s pr | | | 1010) | (attach sched | | | | | | | | (1) |
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| Column C | | | | | | | | | | | | | | |
| Compute the computation of exploited activity Compute the computation of the computat | | | | | _ | . | | | | | | | | |
| Part I, line 9, column (A) Part I, line 9. Column (A) Part I, line 10. Column (A) | and on page | Enter here and | | | | | on page 1 | Enter here and | | - | | | · | (4) |
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| (see instructions) 2. Gross unrelated business income from trade or business income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income from trade or business income from trade or business income from activity that is not unrelated business income from trade or business income from activity that is not unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7 [4. Net income (loss) [5. Gross income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated trade business (column 2 minus column 3) if a gain activity that is not unrelated trade business (column 2 minus column 3 is not unrelated business (column 2 minus column 3 is not unrelated trade business (column 2 minus column 3 is not unrelated business (column 2 minus column 3 is not unrelated trade business (column 2 minus column 3 is not unrelated trade business (column 2 minus column 3 is not unrelated trade business (column 5 is no | 0 | . | | | | na Income | | r Than Ac | me Othe | ity Incon | nt Activit | Evemn | I - Exploited | |
| 1. Description of exploited activity 1. Description of exploited business unrelated business income with production of unrelated business income with a gain, compute colts 5 through 7 [1] [1] [1] [2] [3] [4] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6 | | | | | • | | | man Ac | , • | y oo | prince | _ | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross stylespage 3. Direct or (loss) (col 2 minus or (loss) (col 2 minus or (loss)) 7. Exces costs (col 2 minus or (loss)) 7. Exces costs (col 2 minus or (loss)) | cess exempt ses (column us column 5, ot more than olumn 4) | expenses 6 minus co but not me | able to | attributa | hat ed | from activity t is not unrelat | trade or olumn 2 n 3) If a e cols 5 | from unrelated business (co minus colum gain, comput | ly connected production unrelated | directly with p of ur | ted business come from | unrelate incoi | scription of | 1. p. explo |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising 3. Direct or (loss) (col 2 minus or (loss) (col 2 minus or (loss)) 7. Excess costs (col 2 minus or (loss)) | | | | | | | | - | | | | | | (1) |
| (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising 9 an or (loss) (col 2 minus 5. Circulation 6. Readership 7. Excess costs (col 2 minus 5. Circulation 6. Readership 7. Excess costs (col 2 minus 7. Excess costs | | <u> </u> | | <u> </u> | | | | | | | | 1 | _ | `` |
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| Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross 3. Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (col 2 minus 6. Readership costs (col 2 min | r here and page 1, II, line 26 | on pag | | <u>. </u> | | | | | ge 1, Part I, 10, col (B) | page line 10 | je 1, Part I, 10, col (A) | page | | |
| Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross 3. Direct or (loss) (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Readership costs (col 2 minus of 1. Circulation of 1. Circula | | | | | | | | | | | | ng Inco | J - Advertisi | |
| 3. Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (col | · | | | | | | Basis | solidated | on a Con | eported o | licals Re | Periodi | come From | Part I I |
| | umn 6 minus but not more | 7. Excess recosts (column 5, but than column | | 6. Reade costs | | | ol 2 minus ain, compute | or (loss) (co | 3. Direct dvertising costs | ng ad | advertising | | Name of periodical | · 1. |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | (2) |
| (3) | | | | | | | | · | | | | | | |
| (4) | | | | | | | | 7 | | | | | | |
| | | | | | | 1 | | | | | | | | |
| Totals (carry to Part II, line (5)) ► 0. 0. | 0 | Form 990- | | | | | | | 0 | 0. | | ▶ | Part II, line (5)) | otals (carry t |

| _ | | | | | | | | | | | |
|---|---------|-----------|--------------|------------------|-----------|------------|--------------|----------------------|-----------|---------|----|
| | Part II | Income | From Per | iodicals Re | ported on | a Separate | Basis (For e | ach periodical liste | d in Part | I, fill | ın |
| _ | | columns 2 | through 7 or | a line.hv.line l | hacie / | | | | | | |

| 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) | | | | 1 | | | 1 |
| (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. | ľ | | | 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 (2018)

A.

| Form 990-T | Description | of Org | anization's | Primary | Unrelated | Statement | 16 |
|------------|-------------|--------|--------------|---------|-----------|-----------|----|
| | | Busi | ness Activit | ty | | | |

Investment in pass-through partnerships

To Form 990-T, Page 1

| Form 990-T Income (Loss) from Partnerships | Statement 17 |
|---|-------------------------|
| Description | Net Income or (Loss) |
| HarbourVest Structured Solutions II, LP - Ordinary Business Income (loss) HarbourVest Structured Solutions II, LP - Net Rental Real | -132. |
| Estate Income | 21. |
| HarbourVest Structured Solutions II, LP - Interest Income | 73. |
| HarbourVest Structured Solutions II, LP - Dividend Income HarbourVest Structured Solutions II, LP - Other Portfolio | 81. |
| income (loss) HarbourVest Structured Solutions II, LP - Other income | -1. |
| (loss) | 904. |
| Abrams Capital Partners II, LP - Ordinary Business Income (loss) | -5,182. |
| Abrams Capital Partners II, LP - Net Rental Real Estate Income | -29,378. |
| Abrams Capital Partners II, LP - Interest Income Abrams Capital Partners II, LP - Other Portfolio income | 1. |
| (loss) | 102. |
| Abrams Capital Partners II, LP - Other income (loss) Stonehill Institutional Partners, LP - Ordinary Business | 2,347. |
| Income (loss) | -20,360. |
| Stonehill Institutional Partners, LP - Net Rental Real Estate Income | 108. |
| Charlesbank Credit Opportunities Fund, LP - Interest Income | 33,609. |
| Charlesbank Credit Opportunities Fund, LP - Other income (loss) | -39,480. |
| Total Included on Form 990-T, Page 1, line 5 | -57,287. |

| Form 990-T | Interest Paid | Statement | 18 |
|--------------------------------|---------------|-----------|-----|
| Description | | Amount | |
| Interest Expense | | | 74. |
| Total to Form 990-T, Page 1, 1 | ine 18 | | 74. |

| Form 990-T | Contributions Summary | | Statement | 19 |
|---|--|-------------|-----------|----|
| Qualified Contr | ibutions Subject to 100% Limit | | | |
| Carryover of Pr For Tax Year For Tax Year For Tax Year | 2014 | | | |
| For Tax Year For Tax Year | | | | |
| Total Carryover Total Current Y | ear 10% Contributions | 1 | | |
| Total Contribut Taxable Income | ions Available Limitation as Adjusted | 1 0 | | |
| Excess 10% Cont Excess 100% Con Total Excess Co | tributions | 1 0 1 | | |
| Allowable Contr | ibutions Deduction | | | 0 |
| Total Contribut | ion Deduction | | | 0 |

| Form 990-T | Net | Net Operating Loss Deduction | | | | | |
|-------------------------------------|--------------------|-------------------------------|-------------------|------------------------|------|--|--|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year | | | |
| 12/31/15 8,361. 12/31/17 23,616. | | 8,361. | 23,616. | 23,61 | 0.6. | | |
| NOL Carryov | ver Available This | Year | 23,616. | 23,61 | .6. | | |

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

2018

Name

Employer identification number

Gerry Foundation, Inc. 14-1798234 Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (d) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 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 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 89. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 89 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (sales price) 8a Totals for all long-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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 44. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 44. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 89. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 44. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 133. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

821051 01-03-19

JWA

Note: If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Department of the Treasure Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

14-1798234

Gerry Foundation, Inc. Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis. See the (Example: 100 sh XYZ Co) (Mo, day, yr.) disposed of from column (d) & Note below and (Mo, day, yr) combine the result see Column (e) ın Amount of Code(s) with column (g) the instructions adjustment Charlesbank Credit Opportunities Fund, L 89. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)

89.

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

Gerry Foundation, Inc.

14-1798234

| Before you check Box D, E, or F below, s | see whether you | received any Form | (s) 1099-B or substi | tute statement(s) f | rom your broker A | substitute |
|--|------------------|----------------------|----------------------|---------------------|---------------------|---------------|
| statement will have the same information | n as Form 1099-E | B Either will show v | vhether your basis (| usually your cost) | was reported to the | e IRS by your |
| broker and may even tell you which box | | | · | •• | • | |
| Double Lang Torm | | | | | | |

Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box lifyou have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| (a) Description of property (Example: 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed of (Mo , day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & |
|--|-----------------------------------|--|---------------------------------------|---|--|---------------------------------------|--|
| | | | | | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| HarbourVest | | | | | | | |
| tructured | | | | | | | |
| Solutions II, LP | | | | | | | 82 |
| Abrams Capital | | | | | | | |
| Partners II, LP | | | | | | | <38 |
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| Totals. Add the amounts in colu | umns (d), (e), (g), a | nd (h) (subtract | | | | | |
| negative amounts) Enter each t | total here and incli | ude on your | | 1 | | | |
| Schedule D, line 8b (if Box D at | oove is checked), l | line 9 (ıf Box E | | | | | |
| above is checked), or line 10 (if | | | | | | | 44 |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment