	٠. ٠.٠	l							۷.	, 0 0		OMB No 1545-0687
(and proxy				nd proxy tax un	n Business Income Tax Return ax under section 6033(e))							2018
Dep	artment of the Treasury	For cale	endar year 2018 or other tax ►Go to www	year beginning <i>irs.gov/Form990T</i> for i	instruc		and ending and the lat		n,		TO:	en to Public Inspection (o)
Inter	nal Revenue Service	▶ [Oo not enter SSN number							01(c)(3).		1(c)(3) Organizations Only
<u>A</u>	Check box if address changed		Name of organization	(Check box if name	change	d and se	e instruction	s)	,			ation number
	Exempt under section									(Employees	trust, se	e Instructions)
	X 501(C)(Q3)	Print		RUCE FOUNDA					4	00 0		
	408(e) 220(e)	or	I ' '	suite no If a P O box, see in			200		⊢	20-6		
	408A 530(a)	Туре		HILLS BLVI			300		_	Unrelated b (See instruct		activity code
!	529(a)		City or town, state or provin	ce, country, and ZIP or fores	ign post		3721	E		1100		1
	Book value of all assets	F G	· 	r (Con instructions)		114	3/21	<u> </u>	—	1100	00	
	at end of year 21 - 852 - 000		roup exemption numbe heck organization type			tion	X (501(c) trust		401(a) tru:	c t	Other trust
Н.	Enter the number of the							nly (or first) ur				
••		•	PARTNERSHI			DC301		ny (or mot) ar	ciatea	uade or t		nly one, complete
	Parts I–V if more than or					evious	sentence	e. complete P	arts I ar	nd II. com	_	my one, complete
	Schedule M for each add							-, · ,				
ī	During the tax year, was	the corpo	oration a subsidiary in a	an affiliated group or	a pare	nt-sub:	sidiary co	ntrolled group)?			Yes X No
	If "Yes," enter the name a	ind ident	tifying number of the pa	rent corporation								
-	<u> </u>											75 702 744
15,252,2030	The books are in care of		UMBERLAND I							number 🕨		15-783-1446
			or Business Inc	ome			(A) Income	(I	B) Expenses		(C) Net
1a	Gross receipts or sales			Balance		}			2000000 2000000 2000000	- are e e e e e e e e e e e e e e e e e e		ෑ සුලුලේ ගෙන සහ අදහසන සහ අය සම්බන්ධ අතර මේ අතු සුල් සුල් වේ සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල් සුල්
ь 2	Less returns and allows			c Balance		1c 2			202000		Cocces Caston	
3	Cost of goods sold (Sci Gross profit Subtract II		•			3			200000		erecer Arecer	
3 4a	Capital gain net income					4a		3,196			GCSCSS	3,196
b	Net gain (loss) (Form 4797	•	•	\		4b		3,150				3,150
c	Capital loss deduction f		, ,			4c			56655			
5	Income (loss) from partnership a					5				erse ses	ners es	
6	Rent income (Schedule	· ·	(Chican Guiding)			6			** 4.5.1 ***	tere at deat of Vieta.	did m.o. mik	
7	Unrelated debt-finance		(Schedule E)			7						
8	Interest, annuities, royalties	s, and ren	ts from controlled organiza	ition (Schedule F)		8						
9	Investment income of a sec		=			9						
10	Exploited exempt activi	ty incom	e (Schedule I)			10						
≇ 1	Advertising income (Sc	hedule J)			11						
≅₂	Other income (See inst	ructions,	attach schedule)	SEE STMT 1		12			2022554 2022554			-329
√13	Total. Combine lines 3					13		2,867				2,867
\bullet P	Deduction	is Not	Taken Elsewher	e (See instruction	ns fo	r limit	ations o	on deduction	ons.) (Except	for co	ontributions,
(_)	Compensation of office	re direct	be directly connectors and trustees (Sab	Auto K. D I.	- (\/	3 003	111035 11	icome)			14	
□15	Salaries and wages	is, direct	iors, and trustees (Schi	A PLOT	<u>.</u> ".""		72/				15	
□ 16	Repairs and maintenan	ce		18	E 21	n1 Q	181				16	
17	Bad debts	~		MOV 0	9 6	017	12				17	
SCANNED S	Interest (attach schedul	e) (see ı	nstructions)	W			SEE	STATEM	ENT	2	18	35
₹ ₁₉	Taxes and licenses	. ,	•	OGDE	ΞNΞ	\mathbf{U}	الا				19	
\mathcal{O}^{s_0}	Chantable contributions (Se	ee instruci	tions for limitation rules)	1 000							20	
21	Depreciation (attach Fo	rm 4562)					21			188888°	
22	Less depreciation claim	ed on So	chedule A and elsewhe	re on return				22a			22b	0
23	Depletion										23	
24	Contributions to deferre	d compe	ensation plans								24	
25	Employee benefit progr	ams								ļ	25	
26	Excess exempt expense	es (Sche	dule I)								26_	
27	Excess readership cost	•	•				a	am		_	27	
28	Other deductions (attac		-				SEE	STATEM	ENT	3	28	2,374
29	Total deductions. Add		=					40			29_	2,409
30	Unrelated business taxa		•	=						ſ	30	458 ####################################
31	Deduction for net opera	ting loss	ansing in tax years be	ginning on or after Ja	nuary	1, 201	see ins) ی	structions)			31	Control of the contro

DAA For Paperwork Reduction Act Notice, see instructions.

32

Unrelated business taxable income Subtract line 31 from line 30

Form **990-T** (2018)

458

32

<u>Form</u>	orm 990-1 (2018) DAVISON BRUCE FOUNDATIO	<u>N</u>	20-65653	366					Pa	age 2
Pa	Rartille Total Unrelated Business Taxable incom	ne								
33	· · · · · · · · · · · · · · · · · · ·	related trades or busines:	ses (see							
	instructions)		,			33			4	458
34	•					34				
35	·	efore January 1, 2018 (se	ee							
- •	instructions)	(33	-			35				
36	•	tion. Subtract line 35 from	n the sum					· · · · · · · · · · · · · · · · · · ·		
- •	of lines 33 and 34					36			4	158
37		for exceptions)				37			1,0	
38	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •	an line 36			 			<u>-, , , , , , , , , , , , , , , , , , , </u>	
-	enter the smaller of zero or line 36	oo ii iiile or is greater tii	an inte 50,			38				0
E Da	Part IV Tax Computation					1 30 1				<u>_</u>
39		(0 21)			_	39				
40		•				121252				
	the amount on line 38 from Tax rate schedule or	Schedule D (Form 10)41)		•	40				
41			,		•	41				
42	•				•	42				
43						43				
44	•	•				44			_	0
	Part V. Tax and Payments	·	- -							<u>_</u>
45a		form 1116)	45a			建設建				
_		01111 77 10)	45b			125552 135552				
b		ŀ	45c			5363				
C	·	ł	45d			156566				
d		Ĺ	45u			Parabi2dan.				
0 40						45e				
46	Other toyes		L. 1		ı	46				
47 40	Check if from	Form 8866 Other (att. sci	11)			47				0
48	,					48	—			
49 		art II, column (k) line 2	-a. I		0 = 0	49				
50a	•	}	50a		858	107012-01985				
Ь			50b		000	7 27 27 27 4 3.				
С	c Tax deposited with Form 8868		50c	2,0	000					
d	d Foreign organizations Tax paid or withheld at source (see instruc	tions)	50d			552955 556553				
e	e Backup withholding (see instructions)		50e			336036				
f	f Credit for small employer health insurance premiums (attach Form	n 8941)	50f							
g	g Other credits, adjustments, and payments Form 2439				1	56958				
	Form 4136 Other	Total ▶	50g							
51	1 Total payments. Add lines 50a through 50g					51			3,8	<u> 358</u>
52	Estimated tax penalty (see instructions) Check if Form 2220 is at	tached		•		52				
53	3 Tax due. If line 51 is less than the total of lines 48, 49, and 52, er	iter amount owed			•	53				0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and	d 52, enter amount overp	aıd		•	54			3,8	<u> 58</u>
55	5 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	3,8	58 Re	funde	<u>1</u> ▶	55				
Pa	Part VIS Statements Regarding Certain Activities	and Other Informa	tion (see instruct	ions)						
56								Ŀ	res _	No
	over a financial account (bank, secunties, or other) in a foreign co							1		
	FinCEN Form 114, Report of Foreign Bank and Financial Account here ▶	is it "YES," enter the nan	ne or the foreign cou	ntry				7.0	and the last	X
57		n or was it the granter of	or transferor to a fe	oroian t	nuct2			<u> </u>		$\frac{\pi}{x}$
• •	7 During the tax year, did the organization receive a distribution fror if "YES," see instructions for other forms the organization may have		, 01 (18113)5101 (0, 8 1	or e igir l	uol			3.6 3.6	2000 5883	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
<u> 8</u>								18	9503 3663	96666 96666
	Under perfaities of perjury, I declare that have examined this return, including accom	panying schedules and statements	and to the best of my know	ledge and	belief i	it is	_	_		
e:~	true forget, and complete Dedaration of preparer (other than taypayer) is based on	all information of which preparer ha	as any knowledge				May	the IRS discr	iss this i	cetum
							with	the IRS discu the preparer instructions)	shown t	elow
ner		TRUSTEE					,	X Yes	\Box	No
		itte		Det:			<u> </u>		يلـــــــــــــــــــــــــــــــــــــ	Ě
] "''	s signature		Date	_	Check	rf	PTIN		
aid		C. LEE		10/30		self-emplo		P00019		
-	reparer Firm's name DAN LEE & ASSOCIATE	S, P.C.			Firm's E	EIN 🕨		74-31	064	18
ico i	SO ONLY SEE SYCAMORE ST			- 1						

DECATUR, GA

30030

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	ities, Roya	ilties, ar						ns (s	ee instructi	ons)		
•			_	Exem	pt Controlled	Orgar	nizations					
• 1 Name of controlled organization		identification number		Net unrelated income (loss) (see instructions)			4 Total of specified payments made		Part of column 4 that included in the controllinorganization's gross inco		6 Deductions directly connected with income in column 5	
(1) N/A												
(2)						-						
(3)												
(4)												
Nonexempt Controlled Organization	tions											
7 Taxable Income			Net unrelated income loss) (see instructions)		9 Total of specified payments made		ınclude	10 Part of column 9 that is included in the controlling organization's gross income			Deductions directly nected with income in column 10	
(1)				4								
(2)				 			 					
(3)				-								
(4)			· · · · ·				Add	olumns	5 and 10		dd columns 6 and 11	
		•					Enter h	ere and	on page 1, olumn (A)	Enter here and on page 1, Part I, line 8, column (B)		
Totals		04:	E04/-\/7	· (0)	(47) 0	<u> </u>	-41					
Schedule G – Investment In	come of a	Section	501(C)(/), (9),	or (17) Org	janiz.	ation (se	e inst	ructions)			
1 Description of income		2	Amount of inco	3 Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5 Total deductions and set-asides (col: 3 plus col: 4)		
(1) N/A					 							
(2)												
(3)			· · · ·							7		
(4)												
Totals			here and on p , line 9, colum								ter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exer	npt Activity	/ Incom	e. Other	Than	Advertisin	a Inc	ome (see	e instr	uctions)	074,3078.		
			<u>.,</u>				<u> </u>					
Description of exploited activity	2 Gross unrelated business inco from trade business	ome or	3. Expenses directly connected will production of unrelated business incor	th f	4. Net income (lo from unrelated tracer business (colu 2 minus column lif a gain, compucols 5 through)	ade mn 3)	from activi	Gross income from activity that is not unrelated business income G Expenses attributable to column 5		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A												
(2)				[[
(3)											 	
(4)					ورواج ورائد والمراجع والمراجع والمراجع والمراجع	رفينه بالمردود		10.3155613.23		10.210.212.223		
	Enter here and page 1, Part		Enter here and page 1, Part I	1.50							Enter here and on page 1,	
	line 10, col (A)	line 10, col (B	. 12	£62866886866988 \$659968886698		56768667556 56768693656				Part II, line 26	
Totals •							3325255555		96599469944		<u> </u>	
Schedule J – Advertising In					lidated Bas	<u></u> _						
Marian Income From F	eriouicais	Keporte	u on a c	Uliso		<u> </u>			T		7.500.0000	
1 Name of penodical	2 Gross advertising income		3 Direct advertising cos	its	4. Advertising gain or (loss) (cc 2 minus col 3) a gain, compute cols 5 through 7	tf e	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A				\$ \$	roddioddioddiod Noddioddioddiod	55564 5559					enseledheddensessesses Bassessessessesses	
(2)												
(3)		-1										
(4)	<u> </u>			\$		5555 5555						
Totals (carry to Part II, line (5))												

Partill 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.)

z through 7 o	<u>n a line-by-line bas</u>	15.)				
1. Name of penodical	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) N/A						
(2)						
(3)		ļ				
(4)						
Totals from Part I	>					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, (ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				on page 1, Part (f, line 27

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

1. Name	2. Trtle	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14		•	

Form 990-T (2018)



6. SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust **Capital Gains and Losses**

► 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.

OMB No 1545-0092

Employer identification number

D.	AVISON BRUCE FOUNDATION			20~	656	5366	
Note	: Form 5227 filers need to complete only Parts I	and II					
Pa	ittle Short-Term Capital Gains a	nd Losses - General	ly Assets Held One	Year or Less (S	ee ins	structions)	
See in	structions for how to figure the amounts to enter on the	(d)	(e)	(g)		(h) Gain or (loss)	
lines b	elow	Proceeds	Cost	Adjustments		Subtract column (e)	
This fo	rm may be easier to complete if you round off cents to	(sales pnce)	(or other basis)	to gain or loss from Form(s) 8949, Part		from column (d) and combine the result with	
whole	dollars			line 2, column (g)		column (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)	1	1				
	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			ļ		ļ	
3	Totals for all transactions reported on Form(s) 8949 with						
	Box C checked	L <u>-</u>		<u> </u>			
_					ĺ .		
4	Short-term capital gain or (loss) from Forms 468	34, 6252, 6781, and 8824			4_	 	
_	Not all and the second of the	0			_	_	
5	Net short-term gain or (loss) from partnerships,	•			5	5	
6	Short-term capital loss carryover Enter the amo	ount, it any, from line 9 of the	e 2017 Capital Loss		6	},	
7	Carryover Worksheet	a linea 1a through 6 in eali	mn (b) Enter here and en		┝╼╩╌		
7	Net short-term capital gain or (loss). Combin line 17, column (3) on the back	e lines Ta through 6 in colu	mm (n) Enter nere and on		7	5	
e pa	rtill Long-Term Capital Gains ar	nd Losses - Generali	v Assets Held More	Than One Year	<u> </u>		
	structions for how to figure the amounts to enter on the	(d)	(e)	(g)	1000	(h) Gain or (loss)	
lines be	· ·	Proceeds	Cost	Adjustments		Subtract column (e)	
	m may be easier to complete if you round off cents to	(sales pnce)	(or other basis)	to gain or loss from		from column (d) and	
whole o		(-0.00 p)	(4 1 1 1 1 1 1 1	Form(s) 8949, Part I	'.	combine the result with column (g)	
	Totals for all long-term transactions reported on Form					327	
-	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 8b						
8b	Totals for all transactions reported on Form(s) 8949 with			<u> </u>			
	Box D checked			L			
9	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			<u> </u>			
11	Long-term capital gain or (loss) from Forms 243	9, 4684, 6252, 6781, and 8	824		11	·	
12	Net long-term gain or (loss) from partnerships, S	corporations, and other es	states or trusts		12	1,689	
13	Capital gain distributions				13		
14	Gain from Form 4797, Part I	14	1,502				
15	Long-term capital loss carryover Enter the amount	unt, if any, from line 14 of th	ie 2017 Capital Loss				
	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine	lines 8a through 15 in colu	mn (h) Enter here and on				
	line 18a, column (3) on the back			•	16	3,191	

Sch	edule D (Form 1041) 2018 DAVISON BRUCE FOUND	TIC	N		20-656536	6	Page 2
	artilli Summary of Parts I and II		(1) Bene	ficianes'	(2) Estate's		
	Caution: Read the instructions before completing this par	rt	(see i	nstr)	or trust's	_	(3) Total
17	Net short-term gain or (loss)	17				5	5
18	Net long-term gain or (loss):						
а	Total for year	18a			3,	191	3,191
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b					
С	28% rate gain	18c					
19	Total net gain or (loss). Combine lines 17 and 18a	19			3,	196	3,196
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line	4 (or I	Form 990-T, P	art I, line 4a	a) If lines 18a and 19, o	column	(2), are net
gains	s, go to Part V, and don't complete Part IV If line 19, column (3), is a r	et loss	s, complete Pa	rt IV and th	e Capital Loss Carry	over W	/orksheet, as
	ssary						_
题P.	artive Capital Loss Limitation					,	
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-1	, Part	I, line 4c, if a t	rust), the s	maller of	j j	
а	The loss on line 19, column (3) or b \$3,000					20	(
Note	e: If the loss on line 19, column (3), is more than \$3,000, or if Form 104	11, pag	ie 1, line 22 (oi	r Form 990	-T, line 38), is a loss, c	omplet	e the Capital
	S Carryover Worksheet in the instructions to figure your capital loss of						
	Tax Computation Using Maximum Capital C						
	n 1041 filers. Complete this part only if both lines 18a and 19 in colum	ın (2) a	are gains, or ai	n amount is	entered in Part I or Pa	ırt II an	d there is an
•	on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero						
	tion: Skip this part and complete the Schedule D Tax Worksheet in the	he ınst	ructions if				
	ither line 18b, col. (2) or line 18c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	n 990-T trusts. Complete this part only if both lines 18a and 19 are ga		•				•
	Form 990-T, line 38, is more than zero. Skip this part and complete the	Sche	dule D Tax W	orksheet i	n the instructions if eith	er line	18b, col (2) or
	18c, col (2) is more than zero		 .			166666	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3)	В)		21			
22	Enter the smaller of line 18a or 19 in column (2)			25355 25355			
	but not less than zero 22						
23	Enter the estate's or trust's qualified dividends from			SE 22			
	Form 1041, line 2b(2) (or enter the qualified dividends						
24	included in income in Part I of Form 990-T)				•		
24 25	Add lines 22 and 23			196960t 186966t			
23	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-		0				
26	amount from line 4g, otherwise, enter -0- Subtract line 25 from line 24 If zero or less, enter -0-			26	0		
27	Subtract line 25 from line 21 If zero or less, enter -0-			27			
28	Enter the smaller of the amount on line 21 or \$2,600			28			
29	Enter the smaller of the amount on line 27 or line 28			29		55666 156666	
30	Subtract line 29 from line 28 If zero or less, enter -0 This amount is	tavad	at 0%			30	
31	Enter the smaller of line 21 or line 26	laxeu	at 0 70	31			
32	Subtract line 30 from line 26			32	0		
33	Enter the smaller of line 21 or \$12,700			33			
34	Add lines 27 and 30			34			
35	Subtract line 34 from line 33 If zero or less, enter -0-			35			
36	Enter the smaller of line 32 or line 35			36		156565 156665	
37	Multiply line 36 by 15% (0 15)				•	37	
38	Enter the amount from line 31			38		**********************	
39	Add lines 30 and 36			39			
40	Subtract line 39 from line 38 If zero or less, enter -0-			40			
41	Multiply line 40 by 20% (0 20)		1		>	41	
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate Sche	dule f	or Estates			14068666 1406856	
-	and Trusts (see the Schedule G instructions in the instructions for Foi			42	İ	1867CC	
43	Add lines 37, 41, and 42		<i>'</i>	43	· · · · · · · · · · · · · · · · · · ·		
44	Figure the tax on the amount on line 21 Use the 2018 Tax Rate Sche	dule fo	or Estates				
	and Trusts (see the Schedule G instructions in the instructions for Foi			44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 he		•		e	-cu-dracelar	
-	C. line to /ar Form 000 T. line 40)			,	<u> </u>		

10/30/2019 4:04 PM

· 20-6565366

Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amou	ınt
PERENNIAL RE FD - UBTI	\$	113
PERENNIAL REAL ESTATE FD LP		207
PERENNIAL REAL ESTATE FUND		-274
PERENNIAL REAL ESTATE FUND		<u>-375</u>
TOTAL	\$	-329

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	 Amount
PERENNIAL FD UBTI	\$ 35
TOTAL	\$ 35

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
PERENNIAL REAL ESTATE FUND PASSTHRU	\$ 1
PERENNIAL REAL ESTATE FUND PASSTHRU	2,373
TOTAL	\$ 2,374