MGF	•	ı				2	939333	442	2.2.9.0.2. 9
Forn	.990-T		Exempt Org (a)	anization Bus	iness Ir er sectio	ncome Tax Re			2018
Dena	artment of the Treasury	For cal	endar year 2018 or other tax	vyear beginning <i>rs gov/Form990T</i> for ins		ind ending	nn.	Oper	to Public Inspection for
	nal Revenue Service	▶ Do	not enter SSN number						c)(3) Organizations Only
A	Check box if address changed		Name of organization	(Check box if name ch	-		D Employer ider		
-	Exempt under section]		S GOLDSEKER	FOUND	ATION	(Employees' trus	st, see ıı	istructions)
ŀ	X 501(C)(03)	Print	OF MARYLAN				52-09	835	502
}	408(e) 220(e)	Tuno	Number, street, and room or 7 CHURCH I	r suite no. If a P.O. box, see inst	ructions		E Unrelated bus		
}	408A 530(a)	Type		nce, country, and ZIP or foreig	n nostal code		(See instruction		Clivity code
C 1	Book value of all assets	1	BALTIMORE	rice, country, and 211 or forcig		21208	90000	3	
-	at end of year	F G	roup exemption number	er (See instructions)	·				_
	84,548,119	G C	heck organization type	X 501(c) co	poration	501(c) trust	401(a) trust		Other trust
l	Enter the number of the SEE STATEN Date to be a few at the second and the second area.	ÆNT	1					If onl	y one, complete
	Parts I–V If more than of Schedule M for each ad				t the previo	us sentence, complet	e Paπs i and ii, co	mpie	æ
	During the tax year, was				a narent-su	hsidiary controlled ar	nun?		Yes X No
	If "Yes," enter the name				a parent-se	ibsidiary controlled give	oup		
	-						_		
	The books are in care o		HEILA PURKI				phone number	41	<u> 10-653-4100</u>
Pa			e or Business Inc	come T		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale			0.1					
b	Less returns and allow		Λ Juno 7)	c Balance	1c 2				
2 3	Cost of goods sold (S Gross profit Subtract				3				
4a	Capital gain net incom				4a				
b	. •	•	line 17) (attach Form 479	7)	4b				
С	Capital loss deduction			,	4c				
5	Income (loss) from partnership	and S corpo	oration (attach statement)		5				
6	Rent income (Schedu	le C)			6				
7	Unrelated debt-finance		•		7				
8	· ·		ents from controlled organi		8				
9			1(c)(7), (9), or (17) organiz	ation (Schedule G)	9				
10	Exploited exempt activ				10		<u> </u>		
11 12	Advertising income (S Other income (See in:			SEE STMT 2	12	47,705			47,705
13	Total. Combine lines		· · · · · · · · · · · · · · · · · · ·	SEE SIMI 2	13	47,705			47,705
			t Taken Elsewhei	re (See instruction			ons) (Except f	or co	
	deduction	s mus	t be directly conne	cted with the unre	lated bus	iness income)			
14		ers, dire	ctors, and trustees (So	chedule K)			<u> </u>	14	
15	Salaries and wages						-	15 16	
16 17	Repairs and maintena Bad debts	ince					-	17	
18	Interest (attach sched	ule) (see	instructions)					18	·····
19	Taxes and licenses	4.07 (550	, mondonomo,					19	
20		See instru	ictions for limitation rules)					20	
21					IVED	21			
22	Less depreciation clai	med on	52) Schedule A and elsew	here on return		70 22a		22b	0
23	Depletion Z			lal way 1	5 2019	Ϊ́Ϋ́Ι	<u> </u>	23	
24	Contributions to defer		pensation plans	Nov 1	ש ביוט	22a 280 22a	_	24	
25	Employee benefit prog	-	had to D	1 1	CN1 117		}-	25	
26 27	Excess exempt expen			OGU	EN, UT		-	26	
27 28	Excess readership co Other deductions (atta							27 28	
20 29	Total deductions (and						 	29	
30			come before net opera	iting loss deduction. Si	ubtract line :	29 from line 13	-	30	47,705
31	٠		ss arising in tax years l				<u> </u>	31	<u> </u>
32		-	come Subtract line 31		• •		Γ	32	47,705

DAA For Paperwork Reduction Act Notice, see instructions

3

Form **990-T** (2018)

Pa	art III Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		47,	705
34	Amounts paid for disallowed fringes	34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35		47,	<u> 705</u>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			0
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			0
	rrt IV Tax Computation				
39	Organizations Taxable as Corporations. Mulliply line 38 by 21% (0 21)	39			
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			0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Int V Tax and Payments	44	.		
	Int V Tax and Payments Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	T			
45a b	Other credits (see instructions) 45b	1 1			
	General business credit Attach Form 3800 (see instructions) 45c	1			
c d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	1			
e	Total credits Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes	47			
48	Total tax Add lines 46 and 47 (see instructions)	48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49			
50a	Payments A 2017 overpayment credited to 2018				
b	2018 estimated tax payments 50b	7			
С	Tax deposited with Form 8868 50c]			
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 50e]			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g	」			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶	55			
Pa	rt VI Statements Regarding Certain Activities and Other Information (see instructions)			Т.,	١
56	At any time during the 2018 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			Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country				
	here ▶				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign t	rust?			X
58	If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$\$\$				
					L
٠.	Under perallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bel true, confect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ier, it is	May the IDC a	leaves the	e solves
Sig	$n \cap (V_{\alpha} V_{\alpha} V_{\alpha} $		May the IRS of with the preparation (see instruction)	rer showr	below
Hei	- Constitution		(see instruction		No
	Agnature of officer Date Title	To:			
De: 1		Check	□ "		-
Paid		· .	26-C	89836 7 / 1 1	
•		s EIN 🕨	20-0	,, 41	932
ose	1 01001 01001	20.00	410-76	30-B	111
	Firm's address	ne no			

1 Description of property
(1) N/A

(2)

ScI	nedule A - Cost of Goods S	old. Enter meth	od of invento	ory valuation ▶		Page	
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold Subtract			
3	Cost of labor	3		line 6 from line 5 Enter here and			
4a	Additional sec 263A costs			ın Part I, line 2	7		
	(attach schedule)	4a	8	Do the rules of section 263A (with respect to		Yes N	N
b	Other costs (attach schedule)	4b		property produced or acquired for resale) ap-	ply		
5	Total. Add lines 1 through 4b	5		to the organization?			
Sci			rty and Pers	conal Property Leased With Real Pr	operty)		

(3)							
(4)							
	2 Rent received or a	ccrued					
(a) From personal property (if the p for personal property is more th more than 50%)	an 10% but not	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	s	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total	Tot	al		(b) Total deductions.			
(c) Total income. Add totals of chere and on page 1, Part I, line 6		ter •		Enter here and on page Part I, line 6, column (B	e 1,		
Schedule E - Unrelated I	Debt-Financed Inco	me (see instructions)					
1 Description of debt-f		2 Gross income from or		3 Deductions directly connected with or allocable to debt-financed property			
i Description of debi-i	manced property	allocable to debt-financed property	(a) S	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) N/A							
(2)							
(0)			Ī	<u> </u>			
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	1	oross income reportable column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%					
(2)		%					
(3)		%					
(4)		%					
				here and on page 1, I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals		•					

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	iities, Roya	ties, and Ren						(see instruc	tions)	
			Exemp	t Controlled	Organ	nization	ns			
1 Name of controlled organization	ıd	2 Employer entification number		related income e instructions)	l	tal of spec ments ma	ade	5 Part of column included in the coorganization's gros	ontrolling	6 Deductions directly connected with income in column 5
(1) N/A						-				
(2)			-							
(3)										
(4)		-								
Nonexempt Controlled Organiza	tions									
7 Taxable Income		Net unrelated income (loss) (see instructions)	I	9 Total of specil payments mad		inc	luded in the	umn 9 that is e controlling gross income		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)						<u> </u>				
						Ent-	dd columns er here and rt I, line 8,	d on page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Totals Schedule G – Investment In		Section FOA/s	1/71 (0)	o= (47) O	<u> </u>		(222 12		_	
Schedule G – Investment in	come of a s	section 501(c)(7), (9)	, or (17) O	rganız	ation	(see in	estructions)	 	
1 Description of income		2 Amount of it	ncome	directly	ductions connected schedule)			Set-asides ach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A										
(2)										
(3)										
(4)										
Totals	•	Enter here and o Part I, line 9, col								nter here and on page 1, Part I, line 9, column (8)
Schedule I – Exploited Exer	npt Activity	Income, Oth	er Than	Advertisi	ing Inc	ome	(see ins	structions)		
1 Description of exploited activity	2 Gross unrelated business incon from trade or business	l productio	ly d with on of ed	4 Net income (from unrelated or business (co 2 minus column if a gain, comp cols 5 through	trade lumn n 3) oute	from a	ss income clivity that unrelated ss income	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A								-		
(2)										
(3)	·									
(4)										
Totals •	Enter here and page 1, Part I line 10, col (A	, page 1, P	art I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see II	nstructions)				-				
Part I Income From P	eriodicals F	Reported on a	Conso	lidated Ba	asis					
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advertisingain or (loss) (2 minus col 3 a gain, compticols 5 through	col) If ute		rculation come	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))]							

Form 990-T (2018) THE MORRIS GOLDSEKER FOUNDATION

Part II 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.)

2 through <u>/ on</u>	a line-by-line bas	<u>ıs) </u>				
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) N/A						
(2)						
(3)					•	
(4)				,		<u> </u>
Totals from Part I						
	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)						

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

1 Name	2 Title	3 Percent of time devoted to business	4 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)

MGF THE MORRIS GOLDSEKER FOUNDATION

52-0983502

Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

INVESTMENTS IN PARTNERSHIPS WITH UNRELATED BUSINESS ACTIVITY

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount
FROM VARIOUS PARTNERSHIPS	\$ 47,705
TOTAL	\$ 47,705