Cand proxy tax under section 6033(e) Parameter of the Tonory new Here 20 to one to view year promos		Form 990-T	E	Exempt Organization Bus			ax Returr	1	OMB No 1545-0687
Do not deer SSN numbers and the latest information Spring States Page 1 Spring States Page 2 Spring State		•	_						2012
Check box of address changed		4	For ca				-	2010	
The CARL M. FREEMAN FORDINATION Time T		Department of the Treasury internal Revenue Service	<u> </u>	<u> </u>					
Storic@3_1 or Numbers steets, and room or suite no if a PD bex see instructions Storic Storic Or No. 1100 Storic Or No. 1100 Storic Or Or Or Or Or Or Or O				Name of organization (Check box if name c	hanged	and see instructions)		(Empl	oyees' trust, see
Additional Content of the Content of Surface In Surfa			Print	THE CARL M. FREEMAN FO	UND	ATION, INC.			
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Comparation of the comparation of the comparation (and the comparation of the comparatio		408A 530(a)		1 *	r foreig	n postal code		525	990
Enter the number of the organization type		C Book value of all assets	<u> </u>	•	>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
trade or business here № PARTNERSHIP INVESTMENTS		62,728,3	372.		oration	501(c) trust	401(a)	trust	Other trust
business, Then complete Parts III-V During the fax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?					1	Describe t	the only (or first) un	related	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ves									
During the tax year, was the corporation is subsidiary in an affiliated group or a parent-subsidiary controlled group? Ves No II Yass, enter the name and identifying number of the parent corporation Ves Telephone number No 2 - 436 - 6241					ırts I an	d II, complete a Schedule	M for each addition	nal trade	e or
If Yes,* enter the name and identifying number of the parent corporation ▶ The books are in case of ▶ BERNADETTE M. DOWLING Telephone number ▶ 302–436–6241 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net									. V No
The books are in care of ■ BERNADETTE N. DOWLING Telephone number N. 302 - 436 - 6241					1t-subs	idiary controlled group?	- [Ye	S A NO
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1 a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1 c 4 a Capital gain net income (attach Schedule D) 4 b Net gain (Isos) (Form 4797, Part III, line 17) (attach Form 4797) 6 c Capital loss deduction for trusts 5 income (Isos) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Inferent, annuties, royeltes, and enter from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Chartable distributions (See instructions) 10 Execution (See instructions) 11 Taxes and licenses 11 Chartable distributions (See instructions) 12 Chertable distributions (See instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Chartable distributions (See instructions) 10 Execution (See instructions) 11 Taxes and licenses 12 Chartable distributions (See instructions) 11 See Septimate (See instructions) 12 Chertable distributions (See instructions) 19 Taxes and licenses 10 Chartable distributions (See instructions) 11 See Septimate (Schedule I) 12 See Septimate (Schedule I) 13 Chertable (Schedule I) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Septimate (Schedule I) 16 Septimate (Schedule I) 17 Contributions (Schedule I) 18 See Strates (Schedule I) 19 Contributions (Schedule I) 10 Chertable (Schedule I) 11 See See Septimate (Schedule I) 12 See Septimate (Schedule I) 12 See Septimate (Schedule I) 13 See Septimate (Schedule I) 14 See Septimate (Schedule I)									
D Less returns and allowances	<u>,</u>					, ,	······································		***************************************
3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 5 Net gain (loss) (Form 4797), Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 5 Income (loss) (Form 4797), Part II, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule E) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule E) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Sea eristicutions, attach schedule) 13 Total: Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wanges 16 Repairs and maintenance 17 Bad debts 18 Interest (atlach schedule) (see instructions) 19 Taxes and leaness 10 Contributions (See instructions) 10 Contributions (See instructions) 11 Depreciation (atlach Form 4562) 12 Less depreciation claimed on Schedule A and elsewhere on return 19 Depreciation (atlach Form 4562) 10 Exploited Explored Contributions (See instructions) 11 Depreciation (atlach Schedule) 12 2a 12 2b 13 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5			c Balance ▶	10				
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32 Unrelated business taxable income Subtract line 31 from line 30 32 2,933.									2,933.
			-		ry 1, 20) 18 (see instructions)			2 033
	-							<u> 32</u>	

Form 990-T	2018) THE CARL M. FREEMAN FOUNDATION, INC.	<u>52-6</u>	<u>047536</u>	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instructions)	33	2,933.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions) STMT 19	35	2,933.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of		
	ines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	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.
Part IV	Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 from:		
1	Tax rate schedule or Schedule D (Form 1041)		▶ 40	
41	Proxy tax See instructions		41	
	Alternative minimum tax (trusts only)	•	42	
	Tax on Noncompliant Facility Income See instructions		43	
	Fotal Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V				
	oreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		
	Other credits (see instructions)	45b		
	General business credit Attach Form 3800	45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
	Fotal credits Add lines 45a through 45d		45e	
	Subtract line 45e from line 44		46	0.
· -	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8	366 Other (attach schedu		
	Fotal tax Add lines 46 and 47 (see instructions)	Other (anabit school	48	0.
	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	50a 5,13		
	2018 estimated tax payments	50b		
	Fax deposited with Form 8868	50c		
	·	50d	 	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50e		
	Backup withholding (see instructions)		 	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total			
E4 :		50g	 ₌,	5,134.
	Fotal payments Add lines 50a through 50g		51	3,134.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	,	53	
	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	5,134.
	, , , ,	134. Refunded		<u> </u>
Part V			<u> 55 </u>	<u> </u>
				Yes No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio			163 140
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•		
		i toreign country		l x
	nere >	rangiarar ta la forcian trust?		$-\frac{x}{x}$
	Ouring the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ansieror to, a toreign trust?		
	f "Yes," see instructions for other forms the organization may have to file inter the amount of tax-exempt interest received or accorded during the tax year > \$			
		statements, and to the best of my	knowledge and be	elief it is true.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other transaxpayer) is based on all information of which preparer	rer has any knowledge		
Here	L CUATOM?	AN/PRESIDENT		cuss this return with
	Sternature of officer Date Title	TALL KENTDEMI	the preparer sho	
		to Chook		43 100110
	Print/Type preparer's name Preparer's signature Da		- I	
Paid	RICHARD J. LOCASTRO,	self- employ		288314
Prepar	CELMAN DOCEMBERO C PREEDMAN	1/7/2019		1392008
Use O	Firm's name FGELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N	Firm's EIN	- 34-	1334000
			/201\	051 0000
00074	Firm's address ► BETHESDA, MD 20814-2930	Phone no		951-9090
823711 01-0	9-19		Fo	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation ► N/A		***************************************		
1 Inventory at beginning of year	1		_ 6	Inventory at end of yea	r		6	_
2 Purchases	2			Cost of goods sold Su	ıbtract I	ine 6		
3 Cost of labor	3			from line 5 Enter here	ànd in f	Part I,		
4 a Additional section 263A costs				line 2		•	7	<u> </u>
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pei	rsonal Property	Lease	ed With Real Pro	pert	·y)
1 Description of property								
(1)		-				-		
(2)				•				
(3)								
(4)								
		ed or accrued				2(a) Dadwatiana directi		stad with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directl columns 2(a) a	nd 2(b)	(attach schedule)
(1)	-							
(2)								
(3)								
(4)					-			
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0
Schedule E - Unrelated Del	<u>bt-Financec</u>	I Income (see	ınstru	ctions)				
			2	Gross income from		3 Deductions directly co to debt-finan		
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)
(1)								
(2)				-				
(3)'				***************************************		*****		
(4)		****		***************************************	·			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				··· %				
(2)		******		<u> </u>				
(3)				%				
(4)				%	**			
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (8)
Totals				▶		0		0
Total dividends-received deductions in	icluded in column	18		,		•		0

Schedule F - Interest,	Annuities, F	loyalties, a					ation	S (see ins	tructions	s)
			Exempt	Controlled C	rganizatio	ons				
1 Name of controlled organiza	ation	2 Employer identification number		related income e instructions)		al of specified nents made	include	of column 4 t ed in the contra ation's gross in	olling	6 Deductions directly connected with income in column 5
(1)								• •		
(2)										
(3)										
(4)	-		-							
Nonexempt Controlled Organ	ızatıons				!					·
7 Taxable Income	8 Net unrelate	d income (loss)	0 Total	of specified pay	mente	10. Part of colu	mn Q that	is included	11 Dec	luctions directly connected
, Taxable III.come		ructions)	3 10tal	made	ments	in the controlli	ing organ s income	ization's		income in column 10
(1)										
(2)	,									
(3)	-									
(4)	·-		-							
_(4)	.]		<u></u>			0 d d a a t u	E ono	110		d columns 6 and 11
						Add colun Enter here and line 8, c		1, Part I,	Enter he	ere and on page 1, Part I, one 8, column (B)
Totals								0.		0.
Schedule G - Investme	ent Income	of a Section	n 501(c)(7). (9) or	(17) Or	ganization	1	1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	tructions)	oi a occiio	11 50 1 (0)(17, (5), 61	(11, 01	guilleation	•			
·	cription of income	1		2 Amount o	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						(attach sched	iule)	<u> </u>	-	(coi 3 pius coi 4)
(1)					+					• • • •
(2)										
(3)										·
(4)				Enter here and	on nage 1		1			Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B)
					_					
Totals				<u> </u>	0.					0.
Schedule I - Exploited (see instr		tivity Incor	ne, Othe	r Inan Ad	ivertisi 	ng Income) 			
1 Description of exploited activity	2 Gross unrelated busing income from trade or busine	ess directly with p	expenses y connected production inrelated ess income	4 Net incor from unrelate business (c minus colun gain, compu through	trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6. Exprattributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			•							
(2)										1
(3)	 									
(4)										
(4)	Enter here and page 1, Part I line 10, col (A	, page	nere and on e 1, Part I, 0, col (B)		I	····	L			Enter here and on page 1, Part II, line 26
Totals	·]	0.	0.							0.
Schedule J - Advertis										
Part I Income From	Periodicals	Reported	on a Con	solidated	l Basis					
1 Name of penodical	adve	Gross rtising ome ac	3 Direct evertising costs	or (loss) (d col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-						
(2)										
(3)										
(4)				\dashv				·-		
(7)										
Totals (carry to Part II, line (5))	>	0.	0							0 . Form 990-T (2018)

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)

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)							
(2)							
(3)				T			
(4)							
Totals from Part I		0.	0.	1	······································		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	4 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)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	16
DESCRIPTION		NET INCOM	
(LOSS)	LLC - ORDINARY BUSINESS INCOME LLC - NET RENTAL REAL ESTATE INCOME	•)81. 48.
TOTAL INCLUDED ON FORM	1 990-T, PAGE 1, LINE 5	2,9	33.
FORM 990-T	CONTRIBUTIONS	STATEMENT	17
DESCRIPTION/KIND OF PR	ROPERTY METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIO	2,200,250		
TOTAL TO FORM 990-T, F	PAGE 1, LINE 20	2,200,2	50.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	18
QUALIFIED CONTRIE	BUTIONS SUBJECT TO 100% LIMIT			
FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20 FOR TAX YEAR 20	2,528,850 015 016 2,528,850 4,651,011 1,178,452			
FOR TAX YEAR 20 TOTAL CARRYOVER TOTAL CURRENT YEA	1,638,365 AR 10% CONTRIBUTIONS	12,345,070 2,200,250		
TOTAL CONTRIBUTION TAXABLE INCOME LI	ONS AVAILABLE MITATION AS ADJUSTED	14,545,320	•	
EXCESS 10% CONTRI EXCESS 100% CONTR TOTAL EXCESS CONT	RIBUTIONS	14,545,320 0 14,545,320		
ALLOWABLE CONTRIE	SUTIONS DEDUCTION			0
TOTAL CONTRIBUTIO	ON DEDUCTION			0

FORM 990-T	NEŢ	OPERATING LOSS D	EDUCTION	STATEMENT	19
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/15 12/31/17 16,569.		4,293.	0. 16,569.	0. 16,569.	
NOL CARRYOV	VER AVAILABLE THIS	YEAR	16,569.	16,56	9.