		EXTE	NDED TO NOV	EMBE	SR 15, 2019			. 0	<del>-</del>
Form 990-T	[	Exempt Orga				ax Re	turn	OME	3 No 1545-0687
		•	nd proxy tax und	er se	ction 6033(e))				010
•	Forca	llendar year 2018 or other tax ye			, and ending			4	<b>2018</b>
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe	Open to 501(c)(3	Public Inspection for ) Organizations Only					
A Check box if address changed		Name of organization (	Check box if name of	hanged	l and see instructions.)		(E	mployer idea mployees' t structions)	
	┨╻								935903
B Exempt under section  X 501(c )(3 )	Print		· · · · · · · · · · · · · · · · · · ·	V 000 II	actructions		ΕU		siness activity code
408(e) 220(e)	Type	Number, street, and room 3100 SANDERS ROA		X, 566 II	isu ucuons.		[¯(S	ee instructio	ins)
408A 530(a)	1	City or town, state or pro	<del></del>	r foreig	n postal code	·	$\overline{}$	•	
529(a)		NORTHBROOK, IL	• • • • • • • • • • • • • • • • • • • •				53:	2000	
C Book value of all assets at end of year		F Group exemption num		<u> </u>					<del></del>
122,734	•			•			401(a) tru:		Other trust
H Enter the number of the		ition's unrelated trades or i N-Through Income f		1		the only (or i			
		ace at the end of the previo				, complete Pa			ne,
business, then complete			us sentence, complete ra	1112 I dil	u II, complete a ocheuul	e IVI IUI Eacil a	iuuriiviiai ii i	iue oi	(
		poration a subsidiary in an	affiliated group or a parei	nt-subsi	idiary controlled group?			Yes [	X No
		tifying number of the parer		110 3003	raidi y controlled group			,00 _	
J The books are in care of	▶ (	CATHY WEREDA	··		Teleph	one number	▶ 847-	559-200	0
Rart Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) E>	penses	>	(C) Net
1a Gross receipts or sale	es			İ		30			
b Less returns and allo			c Balance	1c		in.		STA POST	
2 Cost of goods sold (S			<b>\</b> · · · · ·	2		6345654V.5	SOME THE SECOND SECTION OF THE SECOND	88 86.400 83	· ACUSAMMAN
3 Gross profit. Subtrac		· <b>V</b>		3	503,216.	COSC		38 38	503,216.
4a Capital gain net incor	•	•		4a	303,210.	SANGER AND S	\$\frac{1}{2}\left\frac{1}{2}\l	200 200	303,210.
- ' ',	-	art II, line 17) (attach Forn	14/9/)	4b 4c		200		202 204	<del></del>
c Capital loss deductio		ship or an S corporation (a	ttach ctatomont\	5	-192 660.	STM	r 12	77	-192,660.
5 Income (loss) from a 6 Rent income (Schedi		silip di ali 3 corporation (a	itacii statement)	6	1,000.	2,200,200,700,70	T.SE / T T. \F 19.88333	230	
7 Unrelated debt-finance		ne (Schedule F)	• •	7				+	
		nd rents from a controlled	organization (Schedule F)	8				1	
• • •		on 501(c)(7), (9), or (17) o							
10 Exploited exempt acti			gamzanon (ounous a)	10			-		
11 Advertising income (				11	,			1	
12 Other income (See in		•	· · · · · · · · · · · · · · · · · · ·	12	· <del>-</del>	200	KARATE		
13 Total. Combine lines			-	13	310,556.				310,556.
		t Taken Elsewher							
(Except for	contribi	utions, deductions must	be directly connected	d with t	he unrelated business	income)			
14 Compensation of of	ficers, di	rectors, and trustees (Sche	edule K)				1		
15 Salaries and wages							. 1		
16 Repairs and mainter	nance		F	REC	EIVED		<u>  10</u>		
17 Bad debts							, 1		
18 Interest (attach sche	edule) (se	ee instructions)	138	VOV	1 8 2019	•	10	_	2.065
19 Taxes and licenses			[0]		1 8 2019   O	1.2	19		2,065.
	•	e instructions for limitation				W1 13	20		30,749.
21 Depreciation (attach		•		GD	EN, U 21				
•	aimed or	n Schedule A and elsewher	e on return		22a		22	$\neg$	<del></del>
<ul><li>23 Depletion</li><li>24 Contributions to def</li></ul>	arrad aa	mnoneation plane					2	$\neg$	
		inpensation plans				;	2		
<ul><li>25 Employee benefit pr</li><li>26 Excess exempt expe</li></ul>	-	hedule I)	\		•		20	<del>- 1</del>	
27 Excess readership of		•			-		2		
28 Other deductions (at							21	<del>-                                    </del>	
29 Total deductions. A		•			•		21		32,814.
		ncome before net operating	I loss deduction. Subtrac	t line 29	9 from line 13	•	. 30	_	277,742.
		oss arising in tax years be					3	4920200000	
	-	ncome. Subtract line 31 fro			<u> </u>	<u> </u>	32	********	277,742.
823701 01-09-19 LHA F		• • •						Fori	m <b>990-T</b> (2018)

Form 990-1				/1-09.	35903	
Part I	II Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income complete	ited from all unrelated trades or business	es (see instru	ctions)	33	277,742.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax year	is beginning before January 1, 2018 (see	instructions)		35	
36	Total of unrelated business taxable income before					
	lines 33 and 34	•			36	277,742.
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract lin		ın line 36.			
	enter the smaller of zero or line 36				38	276,742.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)			39	58,116.
40	Trusts Taxable at Trust Rates. See instructions for	· · ·	nount on line 3	8 from:		
	Tax rate schedule or Schedule D (F	•		•	- 40	
41	Proxy tax See instructions			•	- 41	
42	Alternative minimum tax (trusts only)			•	42	
	Tax on Noncompliant Facility Income See instru	ictions	•		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, w				44	58,116.
Part V				. "		
45a	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		7	
đ	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d		7	
	Total credits. Add lines 45a through 45d	•			45e	
46	Subtract line 45e from line 44				46	58,116,
47	Other taxes. Check if from; Form 4255	Form 8611 Form 8697 Fo	rm 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			-	48	58,116.
	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	8,304	·. 🗀	
	2018 estimated tax payments		50b		7	
	Tax deposited with Form 8868		50c	144,000	·.	
	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d		7	
	Backup withholding (see instructions)	,	50e		7	
	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f		7	
	· ·	orm 2439			7	
		ther Total	<b>▶</b> 50g			
51	Total payments. Add lines 50a through 50g				51	152,304.
	Estimated tax penalty (see instructions) Check if F	orm 2220 is attached 🕨 🕱			52	1,916.
	Tax due. If line 51 is less than the total of lines 48,			•	53	
54	Overpayment If line 51 is larger than the total of I	ines 48, 49, and 52, enter amount overpa	ııd		54	92,272.
55	Enter the amount of line 54 you want: Credited to	2019 estimated tax	92,272.	Refunded <b>&gt;</b>	55	0.
Part V	Statements Regarding Certain	Activities and Other Inform	ation (see	instructions)		
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signa	ature or other	authority		Yes No
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organia	zation may hav	e to file		
1	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name o	if the foreign c	ountry		
!	here <b>&gt;</b>					x
57	During the tax year, did the organization receive a	listribution from, or was it the grantor of,	or transferor	to, a foreign trust?		<u> x</u>
I	If "Yes," see instructions for other forms the organi	zation may have to file.				
58	Enter the amount of tax-exempt interest received o					
C:	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than				edge end be	ofief it is true,
Sign Here	Min M. M. Maral				May the IRS	discuss this return with
TICIC	manulu avela	Date Title	1)411			shown below (see
	Signature of officer	T		<del></del>	natructions)	
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid	L	anne Jultan	11/12/1	19 self-employed		1041063
Prepar	er ANNE FULTON	WINE Jum	1			941863
Use Or				Firm's EIN	- 8	6-1065772
	111 SOUTH WACKE				212 405	1000
	Firm's address CHICAGO, IL 606			Phone no.	12-486	
823711 01-0	9-19					Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A			····,	
1 Inventory at beginning of year			_	Inventory at end of yea	г <sub>.</sub>		6	
2 Purchases	2		] 7	Cost of goods sold. St	ıbtract !	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4 a Additional section 263A costs				line 2		L	7	
(attach schedule)	. 4a		8	Do the rules of section	263A (	with respect to	_Y	es No
b Other costs (attach schedule)	4b_			property produced or a	cquired	for resale) apply to	<u> </u>	
5 Total. Add lines 1 through 4b	5			the organization?	_	<u> </u>		
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prope	rty) 	
1. Description of property								
(1)		•		-		-		
(2)				·				
(3)								
(4)								•
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly or columns 2(a) and	onnected with the incor 2(b) (attach schedule)	ne in
(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)	🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det	ot-Financed	income (see	ınstru	ctions)				
			2	. Gross income from		<ol> <li>Deductions directly connected to debt-financed</li> </ol>		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	
(1)			1			<del>-</del>		
(2)	•		†					
(3)			1					
(4)			1					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable de (column 6 x total o 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%			-	
(4)				<u></u> %				
	•					nter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals						0.		0.
Totals  Total dividends-received deductions	ncluded in columi	18						0.

			Exempt	Controlled O	rganızatı	ons			
Name of controlled organiza .	ntion -	2 Employ identification number	on (loss) (se	related income e instructions)	4. Tol payr	tal of specified ments made	5. Part of column 4 included in the cont organization's gross	trolling	6. Deductions directly connected with income in column 5
(1)								,	
(2)				(					
(3)			ť			)			
(4)									•
Nonexempt Controlled Organ	ızatıons								
7. \ Taxable Income		related income (li ee instructions)	oss) 9. Total	l of specified payr made	nents	in the controlli	nn 9 that is included ng organization's s income	11. Dec with	ductions directly connected income in column 10
(1)	1								
(2)									
(3)		-				١			<u> </u>
(4)									·
	-			١ ,	,	Enter here and	ons 5 and 10 on page 1, Part I, column (A)	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B)
otals			-A: F04/-\/	7) (0) (	17) 0	!4!	0.	<u> </u>	0
Schedule G - Investme	ent Incom :ructions)	ie of a Sec	ction 501(c)(	(), (9), or (	1/) Org	janization			
<del></del>	ription of incom	38		2. Amount of	ıncome	3. Deduction directly connect (attach schedu	cted 4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(411251-00100			(ec. opiases, t)
(2)	_								<del> </del>
(3)							<u> </u>		<del>                                     </del>
(4)			· <del></del>				<del> </del>	-	
otals			. •	Enter here and o Part I, line 9, col	umn (A).				Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited (see instri	-	Activity In	come, Other	Than Adv	ertisin	g Income	`1		
1 Description of exploited activity	2. Gr unrelated b income trade or bi	ousiness from	3. Expenses directly connected with production of urrelated business income	4 Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor-	nat attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	_		<del></del>				<del></del>		<u> </u>
(2)	†			<b>1</b>			<del>   </del>		1
(3)	-						<del>   </del> -	_	1
(4)	†	<del></del>					<u> </u>		,
	Enter here page 1, line)10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26
otals -	<u>'</u>	0.	0.	4 410	1111	1.0	1.		0
Schedule J - Advertisi					n : -		<del></del>		
Part Income From	Periodica ,	als Report	ed on a Con	solidated	Basis <sup>,</sup>	-			
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del>-   \</del>			1 11/2	1.0				114(214)
(2)					(3) H				
(3)						<u> </u>		——-(i	
(4)			<del> </del>		4	ì	<del>-,</del>		
\"' <sup>1</sup>			!	\$1100 COS 25 SEC AUTOMOS XX		%.1			STATE OF THE PARTY
otals (carry to Part II, line (5))		0.		) .	\			η .	0

Form 990-T (2018) CAERUS FOUNDATION, INC.

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 periodical  2. Gross advertising all principles advertising costs  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7  5. Circulation income  6. Readership costs (column 6 mir column 5, but not m than column 4)  (1)  (2).	
(2)_	us
/n)	
(3)	
(4)	
Totals from Part I   O. 0. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	0.
Enter here and on page 1, Part I, Inne 11, col (A) Inne 11, col (B) Enter here and on page 1, Part II, Inne 27	
Totals, Part II (lines 1-5)   □ 0. □ 0. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	0.

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

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

Form 990-T (2018)

## SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

**Employer identification number** 

CAERUS FOUNDATION, INC.	71-0935903				
Partile Short-Term Capital Gai	ins and Losses (See I	nstructions)		-,	
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	9, )	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with 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). 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		<del></del> -		86°C-2563	
Form(s) 8949 with Box A checked		<del> </del>			
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked		,			
3 Totals for all transactions reported on		•			
Form(s) 8949 with Box C checked		94,936.			-94,936.
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	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute	ation)			6	( )
7 Net short-term capital gain or (loss). Combin				7	-94,936.
Part II Long-Term Capital Gai	ns and Losses (See II	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	) )	column (a) from column (d) and combine the result with column (g)
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 line 8b					,
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
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	598,152.				598,152.
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	d exchanges from Form 8824	· .		13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine Parts III Summary of Parts I and		<u> </u>		15	598,152.
16 Enter excess of net short-term capital gain (lir	<del></del>	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			7)	17	503,216.
18 Add lines 16 and 17. Enter here and on Form	· · · · · · · · · · · · · · · · · · ·		, ·	18	503,216.
Note: If losses exceed gains, see Capital loss		,			

JWA

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

Name(s) shown on return

Social security number or taxpayer identification no.

CAERUS FOUNDATION, II	NC.					71-0	935903
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	atıon as Form 10	you received any 99-B Either will:	y Form(s) 1099-B o show whether you	or substitute staterr r basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	bstitute SS by your
Partil Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	nstructions	) For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	e totals directly on a	Schedule D, line 1a	a, you aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ictions)
You must check Box A, B, or C below. If you have more short-term transactions than we	Check only one bo	<ol> <li>If more than one be seen more of the boxes</li> </ol>	oox applies for your shores, complete as many for	t-term transactions, comp ns with the same box che	olete a separate oked as you ne	Form 8949, page 1, for led	each applicable box
(A) Short-term transactions re							
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustment	t, if any, to gain or u enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column (	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co.)	(Mo, day, yr)	disposed of (Mo, day, yr)	(,	Note below and		See instructions.	from column (d) &
		(IVIO , day, yr )		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM FLOWTHROUGH							
INVESTMENTS - SHORT TERM	VARIOUS	VARIOUS		94,936.			<94,936.>
<u></u>					<u> </u>		
	<b>.</b>				<u> </u>		<u> </u>
	ļ				<u> </u>		
	<del> </del>						
<del></del>			<u> </u>				<u> </u>
•	<del> </del>		···-				
				-			
· · -	<del> </del>		-				
				1			
	_						_
	ļ						
	<del></del>						
							<u> </u>
							<u> </u>
			-				
	-		·	<del> </del>	-		
							` <u> </u>
<del></del>							<del>-</del>
<del></del>			-	1			·
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 1b (if Box A above is checked) or line 3 (if Box A above is checked).	ital here and incli ove is checked),	ude on your line 2 (If Box B		94,936.			<94,936.>
above is checked). Or line 3 III h	U. L. BLOVE IS CI	ICCVC(I)					

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.

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

Name(s) shown on return Name an	d SSN or taxpaye	er identification r	o. not required if s	shown on page 1			ntification no.
CAERUS FOUNDATION, I	NC.					71-0	935903
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ation as Form 10	you received any 99-B Either will:	Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) from yo r cost) was re	our broker A su ported to the IF	bstitute RS by your
Part II Long-Term. Transact see page 1	ions involving capite	tions reported on F	orm(s) 1099-B show	na basis was reporte	d to the IRS and	d for which no adi	ustments or
codes are required Enter the You must check Box D, E, or F below.	e totals directly on t Check only one bo	Schedule D, line 8s	a, you aren't required ox applies for your long-	to report these trans term transactions, compl	actions on Form ete a separate For	n 8949 (see instru m 8949, page 2, for	each applicable box
If you have more long-term transactions than will	Il fit on this page for one	or more of the boxes	, complete as many form	s with the same box ched	cked as you need		
(D) Long-term transactions re		•			Note above	<del>)</del> )	
(E) Long-term transactions re				ported to the IRS			
X (F) Long-term transactions no				ı ,,	Adjustment i	f any, to gain or	4.5
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount	Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price)	basis. See the Note below and see Column (e) in	column (f). S	ee instructions.	Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
FROM FLOWTHROUGH							
INVESTMENTS - LONG TERM	VARIOUS	VARIOUS	598,152.				598,152.
					i	-	
						· -	
			-				
					<u> </u>		
	<u> </u>				<u> </u>		
	<del> </del>				-	<del>.</del>	
	<del>-</del>						
							<u>-</u>
	<u> </u>		,				
·							
	<u> </u>						
	1						
	<u> </u>		,		ļ		
	` `						
	<del> </del>				<del>                                     </del>		
	-	_					<u> </u>
					<del>                                     </del>		
	1	<u> </u>		<del></del>	<del>                                     </del>		
2 Totals. Add the amounts in colunegative amounts) Enter each to	otal here and incli	ude on your					

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.

598,152.

598,152.

above is checked), or line 10 (if Box F above is checked)

DESCRIPTION	•	INCOME
<del></del>		(LOSS)
FPA GLOBAL OPPORTUNITY FUND, LLC - ORDINARY BUSINESS	ı	
INCOME (LOSS)		-168.
MENDON CAPITAL, LLC - ORDINARY BUSINESS INCOME (LOSS)		-12,399.
METHOD ONE, LLC - ORDINARY BUSINESS INCOME (LOSS)		-51,381.
RMB FIXED INCOME OPPORTUNITIES QP, LLC - ORDINARY BUSINESS		6 650
INCOME (LOSS)		6,652.
TWIN LAKE TOTAL RETURN PARTNERS QP, LP - ORDINARY BUSINESS		0.000
INCOME (LOSS)		-8,998.
Z CAPITAL PARTNERS III, LP - ORDINARY BUSINESS INCOME		107.014
(LOSS)		-127,014.
MENDON GLOBAL LONG/SHORT FINANCIAL QP FUND LP - ORDINARY		C40
BUSINESS INCOME (LO		648.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-192,660.

FORM 990-T	CONTRIBUTIONS	STATEMENT 13
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE DEDUCTIONS	N/A	15,914,003.
TOTAL TO FORM 990-T, PAGE 1, I	INE 20	15,914,003.

FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	14
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100%	LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTED YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	TIONS ,			
TOTAL CAR	RYOVER RENT YEAR 10% CONTRIBUTIONS		15,914,003		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	_	15,914,003 30,749		
EXCESS 10	& CONTRIBUTIONS O& CONTRIBUTIONS ESS CONTRIBUTIONS	_	15,883,254 0 15,883,254	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			30,	749
TOTAL CON	TRIBUTION DEDUCTION			30,	749