Forr	_m 990-T	Ex	empt Organization		siness Income ler section 6033		rn Ĺ	OMB No	1545-0687
		For caler	ndar year 2018 or other tax year begin				20	20	18
	rtment of the Treasury		►Go to www.irs gov/Form990					Doen to Publ	ic Inspection for 12
A	Check box if	Do	Name of organization (Check be		ay be made public if your o ne changed and see instruct			†.≊501(c)(3) Ord yer identifica	ic Inspection for particular and a company in the c
~ L	address changed		Thems of organization (JA 11 1101	ne changes and see histract	10113 /		yees' trust, see i	
B Ex	empt under section	1	ks family foundation	ON					٠
X	501(C Q 3)	Print	Number, street, and room or suite no		box, see instructions		81-4	1952607	
. C	408(e) 220(e)	Type							activity code
C Bo	408A530(a)		PO BOX 0634				(See Ins	structions)	
5 ⊥	529(a)		City or town, state or province, country	, and Z	P or foreign postal code				
C Bo	ook value of all assets end of year		<u> MILWAUKEE, WI 53201</u>	L-06	34			4930	00
	•		up exemption number (See instructi						<u> </u>
			ck organization type X 501			(c) trust	401(a) t		Other trust
		•	nization's unrelated trades or busine	esses			•	(or first) unre	
	\		5 YANKEE DOODLE LLC	.1		e, complete Parts I			scribe the
			end of the previous sentence, comp	olete P	arts I and II, complete a :	Schedule M for ea	ch addition	aı	
	rade or business, the		ete Parts III-v. orporation a subsidiary in an affilia	• od a za	un or a parent subardian	antrolled group	 _		Yes X No
			dentifying number of the parent cor			controlled group	• • • • •		TES A INO
	he books are in care		dentifying number of the parent cor	porație		one number ►			
			or Business Income		(A) Income	(B) Expe	nses	(0) Net
1a						2-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-			STATE OF THE
b	·		c Balance ▶	1c			到使活制的		
2	Cost of goods sol	d (Schedu	ule A, line 7)	2		汽幣 北海山			tentrijasi.
3 -	Gross profit Subt	ract line 2	2 from line 1c	3		"然為。自動物		1	
_4a	Capital gain net ii	ncome (at	ttach Schedule D)	4a		المنازيد وسياطه كا	Carrier		
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C	Capital loss deduc	ction for t	rusts	4c		Sample March			
5	Income (loss) from a pa	artnership or	an S corporation (attach statement)	5		क्षेत्रपार भिष्टिक	المالوا الأواكون		
6				6	129,363	•			129,36
7			come (Schedule E)	7					
8	,		nts from a controlled organization (Schedule F)			-	-		
9			(1(c)(7), (9), or (17) organization (Schedule G)			-			
10 11		•	ncome (Schedule I)	11					
12	ŭ	-	ions, attach schedule)	12	25,300	. KARAFSTMT	112727 743	i	25,300
13			ough 12		154,663		X.T · · · · · · ·		154,663
	1 Deduction	ns Not	Taken Elsewhere (See instr	uctio			Except fo	r contribu	
			be directly connected with					`	,
14	Compensation of	officers, o	directors, and trustees (Schedule K)	HL			14	<u> </u>	
15	Salaries and wage	es			0		15		
16	Repairs and main	tenance		. ND	V. 2 1. 2019		16		12,486
17					LA		17	·	
18	Interest (attach so	chedule) (see instructions)		√ (~) (~) (~) (~) (~) (~) (~)		18		
19	Taxes and license	s		<u> </u>	THEM, UI		19		27,52
20			ee instructions for limitation rules)						29,978
21			4562)			7,5		1	
22			on Schedule A and elsewhere on re				22b		7,593
23	. 111								
24			ompensation plans					ļ	
25			S ,					 	
26	6 7 1		Schedule I),					 	
27			chedule J)					-	15,554
28 29			es 14 through 28						93,132
30			le income before net operating						61,53
31			g loss arising in tax years beginning					KARTAN.	
32			income Subtract line 31 from line						61,531
For	Paperwork Reducti	on Act N	otice, see instructions.					Førm	990-T (2018
8X27	⁴° HDV628 ^J \$A27	7Y 11/	14/2019 14:50:16		r		(PUF	54

Form !	990-T (2018)			Page 2
Part	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	33	271	,553.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions),	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36	271	,553.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		,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	270	<u>,553</u> .
Part	IV Tax Computation	<u>'</u>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	56	,816.
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			
42	Alternative minimum tax (trusts only).			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		56	,816.
Part		1 1		, , , , , .
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)	7		
	General business credit Attach Form 3800 (see instructions)	7		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7		
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44 · · · · · · · · · · · · · · · · · ·		56	,816.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		
48	Total tax. Add lines 46 and 47 (see instructions)		56	,816.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
50 a	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·],		
C	Tax deposited with Form 8868 · · · · · · · · · · · · · · · · ·]		
d	Foreign organizations Tax paid or withheld at source (see instructions)]		
е	Backup withholding (see instructions)	<u></u>		
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	56	<u>,816</u> .
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		NONE
55	Enter the amount of line 54 you want Credited to 2019 estimated tax			<u>NON</u> E
Part	VI Statements Regarding Certain Activities and Other Information (see instruction			TALE
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		· -	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		I]
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ioreign co	Jilly	X
	here >		$-\vdash$	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trustr	• • • -	 ^
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 ▶ \$			
<u></u>	Under penalties of perjury, I declare that I have exemined this return, including accompanying schedules and statements, and to the	best of my kno	wledge and be	lief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nu the IDC	diamina Abir	rotura
Here		ay the IRS ith the prepared		
	Signature of officer Date Title (See	ee instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Date Chec	V	PTIN	
Paid	JOSEPH J. CASTRIANO 11-1/14/2019 self-		P012516	03
Prep	arer Firm's name DRICEWATERHOUSECOGERS LIP		13-4008	
Use	Only Firm's address ► 600 GRANT STREET Phon		412-355	
JSA	PITTSBURGH, PA 15219		orm 990-T	

%

% %

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)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F—Interest, Anni				ntrolled Org						
1 Name of controlled organization	2 Employer identification numb	ן ישנ		ated income nstructions)	4 Total o	of specifi ints made	ed included	f column 4 th in the contro on's gross in	lling	6 Deductions directly connected with income in column 5
1)										1
2)										
3)										
4)		j			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Nonexempt Controlled Organiz	ations									
, 7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifi payments made		incl	Part of column uded in the coi nization's gros	ntrolling		Deductions directly lected with income in column 10
1)			,							
2)		. -	+			,	. + +	~ -	-	
3)	•		`				·			•
4)	<u> </u>									· -
otals	come of a Sec		 (c)(7),	(9), or (17		Par	er here and on t I, line 8, colu on (see inst	mn (A)		r here and on page 1, I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly core (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
1)										
2)					- 1	•				
3)				-			 			
4) -			, (cm.)	y a politicon agric	.42:115: *	200.00.00	nise liebi (rece	er was done a f		nter here and on page
「otals ▶	Enter here and Part I, line 9, co	olumn (A)								Part I, line 9, column (B
Schedule I – Exploited Exer	npt Activity Inc	ome, Ot	her Th	an Advert	ising In	come	(see instru	ctions)		1
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp direction connection production unrel business	ctly ed with tion of ated	4. Net incorfrom unrelator business 2 minus colff a gain, cocols 5 three	ted trade (column umn 3) ompute	from is no	ross income activity that it unrelated ness income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1) .		``						-		
2)								•		
3)	,									
4)				,					1	
· · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,			銀製				Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	come (see instri	uctions)	,	11 4/- 13-1	((W) M)		7 7 7 60			ч
Part I Income From Per			Consol	idated Ba	sis					1
	2 Gross	. 3 Dı		\ 4 Adver	tising ss) (col	5 (Circulation	6 Reade	ership +	7. Excess readershi costs (column 6
1. Name of periodical	advertising income	advertisi	ng costs	2 minus co a gain, co cols 5 thre	mpute ough 7		ncome,	cost	ts	not more than column 4)
1)					選集は				_	产增强的资
2)										
3)										
4)				《編集》						With all with
otals (carry to Part II, line (5)) >	<u> </u>							<u>L</u>		Form 990-T (201

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 7 on a	line-by-line basi	<u>5:1</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)						
(2)						
(3)			-			
(4)						
Totals from Part I ▶						
(Totals, Part II (lines 1-5) ▶	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

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)		%	
'		%	
otal Enter here and on page 1, Part II, line 14.			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning ______, 2018, and ending ______

• Go to www irs gov/Form990Tfor instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for

Name	e of organization		····	- · · ·	Employer iden	tification number
KS	FAMILY FOUNDATION				81-4	1952607
	Unrelated business activity code (see instructions) ▶ 4930	00				ı
	Describe the unrelated trade or business ► 3380 DODD	ROA	D LLC			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) E:	rpenses	(C) Net
1a	Gross receipts or sales			至達成		
b	Less returns and allowances c Balance >	1c		10 10 10 10 10 10 10 10 10 10 10 10 10 1	产组织。由此	美国中央工事和企业企业
2	Cost of goods sold (Schedule A, line 7)	2		(27) White	(i-dist) his but	走车的编门。这种6克met.2ml
3	Gross profit Subtract line 2 from line 1c	3		Salvania Ericka		
4a	Capital gain net income (attach Schedule D)	4a			14-2413541	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			工作的 经营业	
C	Capital loss deduction for trusts	4c			进行布款。	
5	Income (loss) from a partnership or an S corporation (attach			M.E.E.		
	statement)	5			計算に関いる。	
6	Rent income (Schedule C)	6	131,220			131,220
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	5,000	は記述: STA	(T, *4 [#] -) #%k#	5,000
13	Total Combine lines 3 through 12	13	136,220			136,220
Par	deductions must be directly connected with the ur	relate	ed business income)			tions,
14	Compensation of officers, directors, and trustees (Schedule K)				· · · ·	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts					
18	Interest (attach schedule) (see instructions)				<u>18</u>	
19	Taxes and licenses					32,268
20	Charitable contributions (See instructions for limitation rules)		1 1			
21	Depreciation (attach Form 4562)		l l), 958 <u>: 🔭</u>	1
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	9,958
23	Depletion				<u>23</u>	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs					
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)					
28	Other deductions (attach schedule)			STMT.5	28	7,507
29	Total deductions. Add lines 14 through 28				29	49,733
30	Unrelated business taxable income before net operating					86,487
31	Deduction for net operating loss arising in tax years	begin	ning on or after Janua	ry 1, 2018	(see	
	instructions)				<u>31</u>	
32	Unrelated business taxable income Subtract line 31 from line	30 .	<u> </u>		32	86,487

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

4 divided

by column 5

%

% %

%

debt-financed property

(attach schedule)

7 Gross income reportable

(column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A).

Form 990-T (2018)

(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)

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

Schedule F Interest, Anni	aities, Royalties	·		ntrolled Org			atio	113 /566	mstructio)115)	
1 Name of controlled organization	2 Employer identification numb	ו ופי		ated income nstructions)	4 Total o	of speci		ıncluded			6 Deductions directly connected with income in column 5
(1) 4	-				`						
(2)											•
(3)								•	·		
(4)					·						
Nonexempt Controlled Organiz		-				- 10		of column	0 +6	1 11	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		Total of specifi payments made		inc	luded	in the con on's gross	trolling		nected with income in column 10
(1)	<u> </u>	,							_	ļ ,	
			_			<u> </u>	*	<u> </u>		-/-	, ,,
(3)								· · ·		ļ. —	
(4)								umns 5 aı			d salumas C and 11
Totals	•		,			En	ter hei	re and on present the second of the second o	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G-Investment In					Orga	nizati	on (see inst	ructions)	L	
, 1 Description of income	2 Amount of		(C)(7),	3 Deduction directly core (attach sch	tions		011 (.	4 Set	t-asides schedule)		5 Total deductions and set-asides (col. 3 * plus col. 4)
(1)			+	(attach Sci	iedule)					-	pius coi 4)
(2)			+								
(3)			_								
(4)	,								-		
• •	Enter here and Part I, line 9, co		47.24							ANE E	Enter here and on page 1 Part I, line 9, column (B)
Totals			î, îu Î	4 12 7 1 1							
Schedule I – Exploited Exer	inpt Activity inc	ome, Oti	ier in	an Auveru	ising in	COME	(se	e instruc	ctions)		·
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connected producti unrela businessii	d with on of ted	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ted trade (column umn 3) ompute	from	activ ot unr	ncome ity that elated ncome	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)			•						+		·
(4)					,				_	_	1
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, co	Part I,								Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	come (see instru	uctions)		· · · · · · · · · · · · · · · · · · ·							·
Part I Income From Per			onsol	idated Ba	sis				•		
, 1 Name of periodical	2 Gross advertising income	3 Dire advertisin	ect	4 Adver gain or (los 2 minus co a gain, co cols 5 thro	tising 'ss) (col	5	Circul	-	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 			Signalia is1	TAUET?						The same of the same of the same of
(1)		<u> </u>									
(3)											
(4)								,			
1 11				Timanarranga est acet	· C. S. British						The Late of the Late Country of the Late of
Totals (carry to Part II, line (5))				,							Form 990-T (2018)

81-4952607

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 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)						
(4)						
Totals from Part I ▶ Totals, Part II (lines 1-5) ▶	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

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)	,	%	
otal. Enter here and on page 1, Part II, line 14			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of organization For calendar year 2018 or other tax year beginning _______, 2018, and ending _______

• Go to www.irs.gov/Form990Tfor instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for

<u>(S</u>	<u>FAMILY</u>	FOUNDATION	
	11		

Employer identification number 81-4952607

Unrelated business activity code (see instructions) ► 493000

Describe the unrelated trade or business ► BURR ONE LLC

Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances A CONTRACTOR OF THE PARTY OF TH 13/4 Cost of goods sold (Schedule A, line 7) 2 图片,数像生力争争企业 Gross profit Subtract line 2 from line 1c 3 点的F25G中华城村的75局 4a Capital gain net income (attach Schedule D) 4a 经进行工作股票 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4ь Income (loss) from a partnership or an S corporation (attach 226,424 226,424 6 7 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 斯·克里斯 机叶温炉设置 Other income (See instructions, attach schedule) 226,424 226,424 Total. Combine lines 3 through 12

Part II 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)	14	
15	Salaries and wages	15	.~
16	Repairs and maintenance	l	9,820.
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	49,071.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	ا مامارات	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	<u>16,264</u> .
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	27,734.
29	Total deductions. Add lines 14 through 28	29	102,889.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	123,53 <u>5</u> .
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	aka edikapat Zulangan	
	instructions)	l .	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<u>123,535</u> .

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

Page	

Form 990-T (2018)	e a da Cald re								Page 3
Schedule A - Cost of G		ter method	ofinvent						
1 Inventory at beginning of	' 					ar			
2 Purchases					-	ld. Subtract line			
3 Cost of labor						ter here and in	4-4-1111111		
4a Additional section 263A c	1 1			•					
(attach schedule)				8 Do the		section 263A (•	Yes	No
b Other costs (attach schedu	· · ·			property	•	or acquired fo			
5 Total Add lines 1 through							 		L
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal Property	Leased W	Vith Real Prope	erty)		
(see instructions)				 					
1. Description of property									
(1) RENTAL INCOME									
(2)	* * *			1					
(3)							<u>-</u>		
(4)									
	2. Rent receiv	ed or accrue	ed .						
(a) From personal property (if the for personal property is more the				personal property			firectly connected with (a) and 2(b) (attach sch		ıme
more than 50%				based on profit or		00.2	(0, 0.10 2(0, (0.100)) 00.1	000.0,	
(1)				2	226,424.				
(2)									
(3)									
(4)									
Total		Total	 	2	226,424.	(b) Total deducti	0.00		
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				Enter here and or			
here and on page 1, Part I, line 6					<u> 226,424.</u>	Part I, line 6, colu	ımn (B) 🕨		
Schedule E - Unrelated D	ebt-Financed In	ncome (se	e instructi	ons)					
				income from or	3 0		nnected with or allocab ced property	le to	
1 Description of del	ot-financed property			to debt-financed property		t line depreciation	(b) Other dedu		
			,	лоренту	(atta	ch schedule)	(attach sched	lule)	
(1)									
(2)									
(3)							•		
(4)	···								
4 Amount of average acquisition debt on or	5 Average adju- of or allocal		, 6	Column	7 6		8 Allocable ded	uctions	
allocable to debt-financed	debt-financed			divided		ncome reportable n 2 x column 6)	(column 6 x total o		ins
property (attach schedule)	(attach sche	dule)	by	column 5		,	3(a) and 3(b)}	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
				•		e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, col		
-				_					
Totals									

Schedule rInterest, Ann	artico, rio yartici			ontrolled Org			10110 (00	o monden		
1 Name of controlled organization	2 Employer identification number	וסכו ן		lated income instructions}	1	of specifi ents made	ed include	of column 4 t d in the contro ition's gross in	olling	6 Deductions directly connected with income in column 5
(1)							•			
(2)	_									
(3)										
, (4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		incli	art of colum ided in the ci nization's gro	ontrolling		Deductions directly nected with income in column 10
										·-
(2)			1			-		-	<u> </u>	
(3)										
4)										
, Fotals				 (9) or (17	>	Ente Par	t columns 5 r here and or t, line 8, col	n page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of		<u> </u>	3 Deduc directly con	tions	IIIZatic	4 9	et-asides		5. Total deductions and set-asides (col. 3
<u> </u>			-	(attach sch				n schedule)		plus col 4)
1)										
2)		.								··
<u>3)</u> 4)			+							
(4)	Enter here and	on page 1.	10 m	Last 1 Table 1 Table 1	9394.56	.: <u>.</u> !!::	*7-72-81 d* +3+	3 777 5×5	547,5,5	Enter here and on page
Totals ▶	Part I, line 9, c	,	2		性性失				DIATE A	Part I, line 9, column (B
Schedule I – Exploited Exer	mpt Activity Inc	ome, Oth	er Th	an Adverti	sing In	come	(see instr	uctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper directl connected productio unrelat business in	ly I with on of ed	4 Net inconfrom unrelated or business 2 minus collected if a gain, collected 5 through the second second in the second sec	ed trade (column umn 3) ompute	from is no	oss income activity that unrelated ess income	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)					-		<u> </u>	 		
2)		-				-		 		
3)							 -	-		
4)										
rotals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 26
Schedule J-Advertising Ir	come (see instri	uctions)		.1				11.34		%
Part I Income From Per			onsol	idated Bas	sis		-			
1. Name of periodical	2 Gross advertising income	3 Dire advertising	ct	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	tising is) (col il 3) If mpute		irculation ncome	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
41				Constitute of a second	١٣٠٠ - ١٣٠٠					To Bright (Naisan and)
1)				一定的社会						
2)	-									
3) 4) -										
Totals (carry to Part II, line (5))					`					
										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.)

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)				,		
(3)		•				
(4)						
Totals from Part I			The state of the s	· 建铁铁体设置设置。		
Totals, Part II (lines 1-5) ▶	Fater here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)		Annual Company of the		Finter here and on page 1, Part II, line 27

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)		%	1
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury

For calendar year 2018 or other tax year beginning ___ ____ , 2018, and ending

► Go to www irs.gov/Form990Tfor instructions and the latest information.

Intern	al Revenue Service Do not enter SSN numbers on this form a	s it ma	y be made public if your orga	ınızatıon is a 5	01(c)(3)	Seson to Public Inspection for a residence of the seson to Public Inspection for a residence of the seson to residence of
· Name	of organization		•			tification number
KS	FAMILY FOUNDATION				81-4	952607
	Unrelated business activity code (see instructions) ▶ 493(000				
	Describe the unrelated trade or business ► BURR OAK	II L	LC			
Par	t I Unrelated Trade or Business Income		(A) income	1 , ' '	kpenses	(C) Net
1a	Gross receipts or sales	Į		91.15 MEG		
b	Less returns and allowances c Balance	1c-	-			
2	Cost of goods sold (Schedule A, line 7)	2		Par additional	اِوْنَ الْأَرَّ عَلَيْمٌ إِنَّ إِلَّهُ آمِ الوَّنِي الْمِلْ الْعَلِيمُ إِنْ إِلَّهُ آمِ	HATE THAT AND ASS
3	Gross profit Subtract line 2 from line 1c	3		Jan Bar		
4a	Capital gain net income (attach Schedule D)	4a			1955 1825	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		Park I To The State	ar is align	
c	Capital loss deduction for trusts	4c		78 6 25 7 78		
5	Income (loss) from a partnership or an S corporation (attach	1			#4.4.5-36365	
•	statement)	5				
6	Rent income (Schedule C)	6		ř: · · · · · · · · · · · · · · · · · · ·		
7	Unrelated debt-financed income (Schedule E)	7	_			
8	Interest, annuities, royalties, and rents from a controlled	-				
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	 -				
3	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				,
	Advertising income (Schedule J)	11			<u>-</u>	!
11 12	Other income (See instructions, attach schedule)	12		History E	<u> </u>	· · · · · · · · · · · · · · · · · · ·
13	Total. Combine lines 3 through 12			The part of	\$ n	
13	Total. Combine lines 5 tillough 12	13	<u>!</u>	1		<u> </u>
Par	Deductions Not Taken Elsewhere (See instruction	ns for	limitations on deduction	ns.) (Except	for contribut	ions,
	deductions must be directly connected with the u	nrelat	ed business income)			
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					
16	Repairs and maintenance					
17	Bad debts					
18	Interest (attach schedule) (see instructions)					27,060
19	Taxes and licenses					27,000
20	Charitable contributions (See instructions for limitation rules)		1 1			
21	Depreciation (attach Form 4562)				2,137	
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	2,137
23	Depletion					
24	Contributions to deferred compensation plans				ļ	
25	Employee benefit programs					
26	Excess exempt expenses (Schedule I)					ı
27	Excess readership costs (Schedule J)					
28	Other deductions (attach schedule)					00.10
29	Total deductions Add lines 14 through 28					29,197
30	Unrelated business taxable income before net operating					-29,197
31	Deduction for net operating loss arising in tax years	_		•		andridalings mammetiletermichet anterneret Gestalm Schill
	instructions)					, 42, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
32	Unrelated business taxable income. Subtract line 31 from line	30 .			32	-29.197

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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FORM 990-1 (2018)								r	age .
Schedule A - Cost of G	i <mark>oods Sold.</mark> Er	ter method							
1 Inventory at beginning of	year . 1		6	Inventory a	at end of yea	ar	6		
2 Purchases	2		7	Cost of	goods so	ld Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	ter here and in	*****		
4a Additional section 263A c	osts								
(attach schedule)	4a		8	Do the	rules of	section 263A (v	vith respect to	Yes	No
b Other costs (attach schedu	ıle) . 4b				•	or acquired for			*
5 Total. Add lines 1 through						<u> </u>			
Schedule C - Rent Incom-	e (From Real P	roperty a	nd Personal I	Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ved or accrui	ed			-			
(a) From personal property (if the for personal property is more th more than 50%	an 10% but not	percent	rom real and perso age of rent for perso r if the rent is based	onal property	exceeds		rectly connected with a) and 2(b) (attach so		me
(1)									
(2)									
(3)									
(4)									
Total		Total						-	
(c) Total income. Add totals of co	olumns 2(a) and 2	b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colu			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)						
4 Desembles of del			2 Gross incom		3 [Deductions directly con debt-finance	nected with or alloca ed property	ble to	
1 Description of deb	n-imanced property		allocable to deb			nt line depreciation ch schedule)	(b) Other ded (attach sche		
(1)									
(2)									
(3)						`			
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6 Colur 4 divide by colum	ed		ncome reportable n 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of columi	
(1)				%					
(2)				%					
(3)				%				•	
(4)				%					
						e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, co		
Totals									

' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	uities, Royaltie		-	ntrolled Or						
1 Name of controlled organization	2 Employer identification num	ner [ated income nstructions)		of specified ents made	included	f column 4 th in the control ion's gross inc	lling (6 Deductions directly connected with income in column 5
(1)		···								
(2)										
(3)							1	-		
(4)	•	١.	,						- 1	
Nonexempt Controlled Organi	zations			1			,			
7 Taxable Income	8 Net unrelated i		1	Total of specifications and a second contractions and a second contractions are second contractions.		Includ	rt of column ed in the cor ration's gros	ntrolling		Deductions directly ected with income in column 10
(1)				-		¥.,3=	,			
(2)	- +			;					-	
(3)								· · · ·		•
4)		· · · · · · · · · · · · · · · · · · ·								
Totals	-	,		•		Enter	columns 5 a here and on , line 8, colu	page 1,	Enter	columns 6 and 11 here and on page 1, I, line 8, column (8)
Schedule G-Investment I	ncome of a Sec) Orga	nization	(see inst	ructions)		
1. Description of income	2 Amount o			3 Deduction directly contact scientific contact sci	ctions nnected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				,			-			P
(2)					•					
(3)				1						
4)										
	Enter here and Part I, line 9, o								erica Ei Van P	nter here and on page 'art I, line 9, column (B
Totals ▶ Schedule I –Exploited Exe	mpt Activity Inc	come, O	ther Th	an Advert	ಟ್ಟ್ ಭಟ್ಟಿ ising In	come (see instru	변수 (제공) ctions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produ- unre	penses ectly ited with ction of elated is income	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column lumn 3) ompute	from ac	s income tivity that inrelated ss income	6 Exper attributat column	ole to	7. Excess exempt expenses • (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>			,						
(2)										
(3)	 									
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J-Advertising li										
Part I Income From Per	riodicals Report	ted on a	Consol	idated Ba	sis					
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Adver gain or (lo minus ci a gain, co cols 5 thr	ss) (col ol 3) If mpute	ı	culation ' ome	6 Readel	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(4)	 			iguar atan d	- <u>5.2</u>			-		S Harries Him the Advice
(1)	 			[48] [14] [14] 14] [14] [15] [16] [16] [16] [16] [16] [16] [16] [16						
2)	 	•			12.34			ļ		
3)	 							 		一种说,说此 个
4)	-		<u></u>	Warneth Company	<u> </u>			ļ		[[][[][[][][][][[][][][][][][][][][][]
•					-			. ,		,
Totals (carry to Part II, line (5))	· <u> </u>	<u> </u>		<u> </u>				<u> </u>		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 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)						
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(4)		***************************************				
Totals from Part I ▶			· 香种的技法。	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Totals, Part II (lines 1-5) ▶	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

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

1 Name		2 Tıtle	ſ	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)				%	
(2)	,	, .		` %	
(3)				%	
4)		***************************************		%	
Total. Enter here and on page 1, Page 1	art II, line 14				

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of organization

KS FAMILY FOUNDATION

For calendar year 2018 or other tax year beginning ______, 2018, and ending _____

► Go to www.irs.gov/Form990Tror instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public loopsets of

Employer identification number

81-4952607

	Unrelated business activity code (see instructions) 9000 Describe the unrelated trade or business RS MINNEAF		C FOIITMIEC IIC			
Par	Unrelated Trade or Business Income	,	(A) Income	(B) Expenses		(C) Net
	·			1	14.5.4	
1a	Gross receipts or sales			The state of the s		
b	Less returns and allowances c Balance ▶			الما المنظم المن	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
2	Cost of goods sold (Schedule A, line 7)	2		المراقب المرا	** ******	4 国际公司管理等等
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a		以下一个人的人的		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		area, mongeth	ZH2944	
C	Capital loss deduction for trusts	4c			, T. H.	
5	Income (loss)_from a partnership or an S corporation (attach					1 4
	statement)	5		利国等主张的大学		
6	Rent income (Schedule C)	6	-12,101			-12,101
7	Unrelated debt-financed income (Schedule E)	7				-
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8		,		,
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		•		
0	Exploited exempt activity income (Schedule I)	10				
1	Advertising income (Schedule J)	11				
2	Other income (See instructions, attach schedule)	12		144 (2, 3, 3, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	7 - 45	
3	Total. Combine lines 3 through 12		-12,101			-12,101
4	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)					<u> </u>
				,	14	1
5	Salaries and wages		•			
6	Repairs and maintenance					
7	Bad debts					
8	Interest (attach schedule) (see instructions)				18	
9	Taxes and licenses				19	(
20	Charitable contributions (See instructions for limitation rules)		1 1	• • • • • • • • •	20	
21	Depreciation (attach Form 4562)					
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
6	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
8	Other deductions (attach schedule)				28	
9	Total deductions. Add lines 14 through 28				29	
0	Unrelated business taxable income before net operating	loss	deduction Subtract line	29 from line 13	30	-12,101
1	Deduction for net operating loss arising in tax years	begin	ning on or after Janua	ry 1, 2018 (see	Mr. f.	i
	instructions)				31	
2	Unrelated business taxable income Subtract line 31 from line	30 -	<u> _. </u>	<u> </u>	32	-12,101
	named Padustian Act Natice are instructions			 	e.	hadula M /Form 900 T\ 2019

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Enter here and on page 1,

Part I, line 7, column (A)

Form	q	9	ก.	т.	120	110

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Total dividends-received deductions included in column 8

Form 990-T (2018)								-49526			Page
Schedule F-Interest, Ann	uities, Royalties	s, and						ations (s	ee instruction	ons)	
Name of controlled organization	2 Employer identification number	per	3 Net	unrela	ntrolled Orgated income instructions)	, 4 Total	ons of specif	ied includ	t of column 4 th led in the contro zation's gross in	olling	6 Deductions directly connected with incom in column 5
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Nonexempt Controlled Organiz	zations						,——·-				
7 Taxable Income	8. Net unrelated in (loss) (see instruc				Total of specifi ayments made		inc	uded in the	nn 9 that is controlling ross income	con	Deductions directly nected with income in column 10
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(2)		~ =		-			ļ		•	-	
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Totals '					(9), or (17	▶) Orga	nizati	on (see ir	nstructions)		
1 Description of income	2 Amount of	fincome	е		3 Deduc directly cor (attach sch	nected	-		Set-asides ch schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
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Totals ▶	Enter hère and Part I, line 9 c		e I, IA)								Enter here and on page Part I line 9 column (B
Schedule I - Exploited Exer	mpt Activity Inc	ome.	. Other	r Tha	an Adverti	ising In	come	(see inst	ructions)	:48 L 1 Abs	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	con pro	Expense directly inected w oduction our unrelated iness inco	es rith of	4 Net incor from unrelat or business 2 minus col lf a gain, co	ne (loss) ted trade (column umn 3) ompute	5 G from	ross income activity that of unrelated ness income	6 Expe	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1											001011111 47
(1)											
(2)	· · · · · · · · · · · · · · · · · · ·				<u> </u>						
(3)	-										
(4)	Enter here and on page 1, Part I, line 10, col (A)	pag	r here and ge 1, Part e 10, col (١,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J –Advertising In	come /see instr	uctions	c)		1-50 16 5 18 18 18 18 18 18 18 18 18 18 18 18 18	<u>(* 19-16.</u>	£ 57 4	(i, Kingara		£1.24	t4
Part I Income From Per				nsoli	idated Ras	eie					· · · · · · · · · · · · · · · · · · ·
Tart moonie from rei	louicais rieport	eu oi	ii a 00.	13011		313					T
1 Name of periodical	2 Gross advertising income		3 Direct ertising co	ests	4 Adver gain or (los 2 minus co a gain, coi cols 5 thro	ss) (col ol 3) If mpute		Circulation income	6 Reade cost	-	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)
(1)						ingidž				•	
(2)			,								
(3)											
(4)					A TOTAL						RANGE TEN
7/ ,											
Totals (carry to Part II, line (5))									_l.		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 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)						· ·		
(3)								
(4)								
Totals from Part 1 ▶	Enter here and on	Enter here and on				Enter here and		
Totals, Part II (lines 1-5) ▶	page 1, Part I, line 11, col (A)	page 1, Part I, Line 11, col (B)				on page 1, Part II, line 27		

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		>	

SCHEDULE D (Form 1120)

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.

Employer identification number

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs gov/Form1120for instructions and the latest information

	KS FAMILY FOUNDATION					31-4952607				
Part		(See instructions	i.)	•						
	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	to gain n(s) 2,	(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									
16	O 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 Form(s) 8949 with Box C checked									
4	Short-term capital gain from installment sales from Fo		7							
5	Short-term capital gain or (loss) from like-kind exchan	ges from Form 8824			5					
6	Unused capital loss carryover (attach computation)			· · · · · · · · · · · · · · · · · · ·	6	()				
	Net short-term capital gain or (loss) Combine lines 1a	<u> </u>	7							
Part		(See instructions.)	15						
	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	(g) Adjustments or loss from Form 8949, Part II, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine						
8a	whole dollars I 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	column (g)	,	the result with column (g)						
86	Totals for all transactions reported on Form(s) 8949 with Box D 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									
11	Enter gain from Form 4797, line 7 or 9				11					
12	Long-term capital gain from installment sales from Fo		12							
13	Long-term capital gain or (loss) from like-kind exchange	13								
14	Capital gain distributions (see instructions)	14	60,357.							
	Net long-term capital gain or (loss) Combine lines 8a	15	60,357.							
<u>Part</u>	Summary of Parts I and II				,	,				
16	Enter excess of net short-term capital gain (line 7) over		16							
17 18	Net capital gain Enter excess of net long-term capital Add lines 16 and 17 Enter here and on Form 1120, p				17	60,357.				
10	Note: If losses exceed gains, see Capital losses in the	- '	TOPOT INTO OIT OUTER TO			60,357.				

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

Schedule D (Form 1120) 2018

FORM 990T - LINE 12 - OTHER INCOME

RE TAX INCOME BILLABLE EXPENSE INCOME

TOTAL OTHER INCOME

7,500. 17,800.

25,300.

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FORM	9907	Γ -	- 1	PAR	\mathbf{T}	ΙI	-	.]	LI)	NE	2	8	-	0	TH	ER	. I	\mathbb{E}	DÜ	IC'	ΓΙ	0	N	3
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UTILITIES 480.
INSURANCE 2,988.
SUPPLIES 649.
LEGAL AND ACCOUNTING 11,417.
BANK SERVICE CHARGES 20.
TOTAL OTHER DEDUCTIONS 15,554.

FORM 990-T, PART III, LINE 33 - UNRELATED BUSINESS TAXABLE INCOME

KS FAMILY FOUNDATION

HDV628 P27Y 11/14/2019 14·50·16

7 CARRYOVER LOSS	29,197. 12,101.
6. CURRENT YEAR LOSS	29, 197. 12, 101 41, 298.
5. NET UBTI	61,531. 86,487. 123,535. 271,553
4 ALLOWABLE LOSS	
3 CURRENT YEAR UBTI	61,531. 86,487 123,535 271,553.
2 PRIOR YEAR LOSS	
ACTIVITY DESCRIPTION	935 YANKEE DOODLE LLC 3380 DODD ROAD LLC BURR OAK ONE LLC BURR OAK II LLC RS MINNEAPOLIS EQUITIES LLC COLUMN TOTALS

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FORM 990T - LINE 12 - OTHER INCOME ______

BILLABLE EXPENSE INCOME

TOTAL OTHER INCOME

5,000.

5,000.

FORM	990T	-	PART	ΙI	-	LIN	Έ	28	-	OTHER	DEDUCTIONS	

INSURANCE ALARM SYSTEM SNOW REMOVAL SUPPLIES	5,593. 375. 1,508. 31.
TOTAL OTHER DEDUCTIONS	7,507.

FORM 990T - PART II - LINE 28 - OTHER DEDUCTIONS

UTILITIES SNOW REMOVAL ALARM SYSTEM INSURANCE SUPPLIES TELEPHONE LEASING COMMISSIONS	2,635. 14,568. 591. 6,635. 572. 1,302. 1,431.
TOTAL OTHER DEDUCTIONS	27,734.