Form 990-T	E	Exempt Organization Bus	sine	ss Income	Tax Retur	դ	OMB No 1545-0687
أهر خطر		(and proxy tax und	er se	ction 6033(e))	1406	,	2040
ta'	For ca	lendar year 2018 or other tax year beginning ${ m JUL}~1$,	20	18 , and ending J	<u>UN 30, 201</u>	9	ZU 18
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may). F	Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Check box if name c				D Empl (Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	THE LANDES FAMILY FOUN	2	3-7996168			
X 501(c,03)	or	Number, street, and room or suite no. If a P.O. box	E Unrel	ated business activity code instructions)			
408(e) 220(e)	Туре	PO BOX 332				(366)	iisuuctions)
408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code			
529(a)		VILLANOVA, PA 19085				212	000
C Book value of all assets at end of year		F Group exemption number (See instructions.)					
1,597,4	34.	G Check organization type ► 501(c) corp	poration	501(c) trust	401(a) trust	Other trust
H Enter the number of the	organiza	ition's unrelated trades or businesses. 🕨	1	Describ	e the only (or first) u	nrelated	
trade or business here	► <u>S</u>	EE STATEMENT 9		If only on	e, complete Parts I-V.	. If more	than one,
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schede	ule M for each additio	nal trade	e or
business, then complete	Parts III	-V					
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group	> ▶	Ye	es X No
		tifying number of the parent corporation.					
J The books are in care of					hone number 🕨 (
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale	es						•
b Less returns and allo	wances	c Balance ▶	1c				
2 Cost of goods sold (S	Schedule	A, line 7)	2				
3 Gross profit. Subtrac	t line 2 fi	rom line 1c	3				
4a Capital gain net incor	ne (attac	h Schedule D)	4a	11	• -		11.
b Net gain (loss) (Form	4797, F	art II, line 17) (attach Form 4797)	4b				
c Capital loss deductio	n for tru	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	7,517	STMT 1	LO	7,517.
6 Rent income (Schedi	ıle C)		6				
7 Unrelated debt-finance	ced incor	ne (Schedule E)	7_				
8 Interest, annuities, ro	yaltıes, a	and rents from a controlled organization (Schedule F)	8				
9 Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
Exploited exempt act Advertising income (-	•	10		ļ		· · · · · · · · · · · · · · · · · · ·
311 Advertising income (11				
12 Other income (See in			12				
13 Total. Combine lines			13	7,528			7,528.
/Event for		ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected					
-3		<u>_</u>	- Willi	The unrelated busine		T .:-	1
	ficers, di	rectors, and trustees (Schedule K)			. Arc	14	
Salaries and wages		= 11/1	En		•	15	
Repairs and mainter Bad debts Interest (attach sche	nance	RECEIVI		70		16	
17 Bad debts				181		17	
518 Interest (attach scho	eaule) (s	ee instructions) e instructions for limitation (Res)	019	ळि		18	
719 Taxes and licenses	(0-			그뜨		19	
			TU	']		20	
21 Depreciation (attach		OGDEN	سسند	21			
•	aimed o	n Schedule A and elsewhere on return		22a		22b	
23 Depletion		* -				23	
24 Contributions to def		mpensation plans		.4.		24	***
25 Employee benefit pr	•	- , , , , , , , , , , , , , , , , , , ,				25	
26 Excess exempt expe						26	
27 Excess readership of		-		CER CMAI	mentenim 11	27	520
28 Other deductions (a		•		SEE STA	TEMENT 11	28	528.
29 Total deductions. A			nt luna O	0 from line 10		29	528.
		ncome before net operating loss deduction. Subtraction are setter, leaves				30	7,000.
-		loss arising in tax years beginning on or after Janua	ıry 1, 20	o io (see instructions)		31	7 000
		ncome. Subtract line 31 from line 30				32	7,000. Form 990-T (2018)
823701 01-09-19 LHA F	or rapei	work Reduction Act Notice, see instructions.				0 17	701111 33U-1 (2018)

Form &	1 90-1	(2018)	THE LANDES FAMILY FOUNDATION			<u> </u>	<u>аото</u>	8		rage /
Pai	<u>rt I</u> I	I	otal Unrelated Business Taxable Income							
3	13	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruc	tions)		33		7,0	00.
3	14	Amou	nts paid for disallowed fringes				34	·		
3	15	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)			35			
3	16		of unrelated business taxable income before specific deduction. Subtract line 35 from the si						_	
		lines 3	33 and 34				36		7,0	00.
3	37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37		1,0	
			ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36						
	,,		the smaller of zero or line 36	,			38		6,0	00.
Pai	rt I	_	ax Computation				1 00 1		<u> </u>	
	19		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)				39			
		-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	R from:		- 55			
٦	·U	$\overline{}$	Tax rate schedule or X Schedule D (Form 1041)	011 11110 0	J HOIII.		40		1,0	82
							41		<u> </u>	02.
	l1	-	tax See instructions				42			
	12		ative minimum tax (trusts only)							
	13		n Noncompliant Facility Income See instructions Add lines 41, 42, and 43 to line 39 or 40, whichever applies				43		1,0	02
	14 \		ax and Payments				44		1,0	04.
Pa				1 45 T						
4		_	in tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			-			
	D		credits (see instructions)	45b			-			
	C		al business credit. Attach Form 3800	45c			-			
			for prior year minimum tax (attach Form 8801 or 8827)	45d			 			
			credits. Add lines 45a through 45d				45e		1 0	
	16		act line 45e from line 44	00	00.		46		1,0	82.
	17		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	bb []	Other (attach schedule)			1 0	
	18		tax. Add lines 46 and 47 (see instructions)				48		1,0	
	19		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1			49			0.
5		-	ents: A 2017 overpayment credited to 2018	50a		•				
			estimated tax payments	50b			-			
			eposited with Form 8868	50c			-			
		_	in organizations: Tax paid or withheld at source (see instructions)	50d			-			
			p withholding (see instructions)	50e			4			
			for small employer health insurance premiums (attach Form 8941)	50f			4			
	g		credits, adjustments, and payments: Form 2439	1						
			Form 4136 Other Total	50g		t				
5	51		payments. Add lines 50a through 50g				51			
5	52		ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖				52			<u>2.</u>
5	53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				53		<u>1,0</u>	84.
	54	•	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1		54			
	55		the amount of line 54 you want: Credited to 2019 estimated tax		•	unded <u></u>	55			
Pa	rt \	/ \	Statements Regarding Certain Activities and Other Information	on (see	instru	ctions)				
5	56	-	γ time during the 2018 calendar year, did the organization have an interest in or a signature						Yes	No
			i financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			}				l
		FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign (country					
		here								X
5	57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a for	eign trust?				X
		If "Yes	s," see instructions for other forms the organization may have to file.							l
	58		the amount of tax-exempt interest received or accrued during the tax year 🕨 🕏							L
٥.		Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and s rect, and complete Declaration of pepare (other than taxpayer) is based on all information of which prepar	statements er has anv	, and to to	he best of my kn lae	owledge a	nd belief, it is	true,	
Sig							May the IR	S discuss thi	s return	with
Her	е		TRUSTEE	<u>.</u>			-	r shown belo		_
			Signatifie Ville Title	_		1	nstructions	s)? X Y	es	No
			Print/Type preparer's name Preparer's signature Dat	te	.	Check	ıf PTI	N		
Pa	id		L MARTIN MILLER,	LA		self- employed	d			
		rer	CPA CPA	<u> </u>	7		P	00023	394	
	-	nly	Firm's name ► MORISON COGEN LLP		1	Firm's EIN	2	3-140	64 <u>9</u>	3
	- •		484 NORRISTOWN RD, STE 100							
		_	Firm's address ► BLUE BELL, PA 19422			Phone no.	<u> 267-</u>	<u>440-3</u>	000	

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	raluation > N/A						
1 Inventory at beginning of year	1		T-	Inventory at end of year			6			
2 Purchases	2		7	Cost of goods sold. St		line 6				
3 Cost of labor	3		1	from line 5. Enter here						
4 a Additional section 263A costs			1	line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No	
b Other costs (attach schedule)	4b]	property produced or a	d for resale) apply to					
5 Total. Add lines 1 through 4b	5			the organization?		<u>-</u>				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
-	2. Rent receiv	red or accrued				0(0) 0-4-4				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	eds 50% or if							
(1)										
(2)										
(3)										
(4)										
Total	0.	Total		···	0.	ļ., .				
(c) Total income. Add totals of columns		nter			•	(b) Total deductions. Enter here and on page 1,			•	
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		l Ingomo (0.	Part I, line 6, column (B)	<u> </u>	· · ·	0.	
Schedule E - Unrelated Del	bt-rinancet	income (see	Instru	ictions)	1	3. Deductions directly co		d with or allocable		
			2	2. Gross income from		to debt-finar				
1. Description of debt-fi	nanced property		or allocable to debt- financed property			Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)						•	T			
(2)										
(3)	•					•				
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to anced property h schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%				<u> </u>		
						inter here and on page 1, Part I, line 7, column (A)	,	Enter here and on pag Part I, line 7, column		
Totals				•	<u> </u>) .		0.	
Total dividends-received deductions in	ncluded in columi	n 8		- '			▶		0.	

Schedule F - Interest,	Annuitie	s, Royalt	ies, ar	Y	S From Controlled O			zatio	ns (see ins	truction	s)
				Exemple	Sontrolled O	 		Τ_			
Name of controlled organiza	ation	2. Empl identifica numb	ation		elated income instructions)	4. Total of specified payments made		includ	t of column 4 t led in the contr ation's gross i	olling	Deductions directly connected with income in column 5
(1)				-							· · · · · · · · · · · · · · · · · · ·
(2)									<u>. </u>	_	
(3)		**									
(4)			-	<u> </u>	· ··· · · · · · · · · · · · · · · · ·	l	•	l	 .		
Nonexempt Controlled Organ							40				
7. Taxable Income		related income e instructions)		9. Total	of specified pay made :	ments	10. Part of colu in the controll gross		nization's		ductions directly connected income in column 10
(1)											
(2)	<u> </u>										<u>-</u> -
	_										T.
(3)											
_(4)				1						-	
,							Add colur Enter here and , line 8,		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totala									0.		0.
Totals			·+i	. F01(-)/	7) (0) 07	(17) 0-	ition		0.1		<u> </u>
Schedule G - Investme	ent incor tructions) ·	ne or a s	ection	1 50 1 (C)(7), (9), or		ganizatioi	1	,		
(See IIIs)	tructions) ·				η		3. Deduction		· ·	<u> </u>	E =
1 . Des	cription of incor	ne	•		2. Amount of	income	directly conne	ected	4. Set-a		Total deductions and set-asides
					-		(attach sched	dute)	, (attach s		(col 3 plus col 4)
(1)											
(2)											
(3)										<u> </u>	
(4)											
Totals '				,	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt	Activity	Incom	e, Othe	r Than Ac		ng Income		-E		···
(see instr	ructions)										
Description of exploited activity	2. G unrelated income trade or b	business from	directly of with pro of uni	penses connected oduction related s income	4. Net incor from unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross income from activity that is not unrelated business income		attributable		7. Excess exempt, expenses (column 6 minus column 5, but not more than column 4)
(1)	†	- +			-						
(2)	+					·					
(2)		-+			 		,				-
(3)	+	+									
_(4)	Enter her page 1, line 10,	Part I,	page 1	re and on 1, Part I, , col (B)							50°
Totals •	<u> </u>	0.		<u> 0.</u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		r Yr Ma	L-F		etcIA.	0.
Schedule J - Advertis											
Part I	Periodic	als Repo	rted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-		1-	-	- = = = = = = = = = = = = = = = = = = =	i i	5.2				y breing
(2)											
						oletober Noorbeel			l		
(3)				_							
(4)					- 12 2 25 1				<u> </u>		
Totals (carry to Part II, line (5))	•).	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.)

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	>	0.	0.				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.		alvatı bi		→ 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 an	id on page 1, Part II, line 14			>	0.

Form 990-T (2018)

9

STATEMENT

·
STATEMENT 10
NET INCOME OR (LOSS)
2,854. 6. 19. 2,331.
7,517.
STATEMENT 11
AMOUNT
528.
528.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

23-7996168

THE I	LANDES	FAMILY	FOUNDATION			23-	-7996168		
Note: Fon	ote: Form 5227 filers need to complete only Parts I and II								
Part I	Short	-Term Cap	ital Gains and Losses-Gen	erally Assets H	eld One Year or	r Less (See inst	ructions)		
See instru	ctions for hov	v to figure the ar	nounts to enter on the lines below.	(d)	(e)	(g)	(h) Gain or (loss)		

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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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				
1 b	these transactions on Form 8949, leave this line blank and go to line 1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4			
5	Net short-term gain or (loss) from partnerships, S corporations, and other	5			
6	6_	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	d on line 17,		

column (3) on page 2 Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (See instructions)

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) (e) Proceeds Cost (sales price) (or other bas		(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (g	Subtra m from c	tain or (loss) act column (e) column (d) and one the result a column (g)
8 a	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	<u>-</u>				
8 b	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		<u> </u>	<u> </u>		
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, an	1	1			
12	Net long-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts		_1	2	
13	Capital gain distributions			1	3	
14	Gain from Form 4797, Part I	1	4	11.		
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 o					
	Carryover Worksheet	<u> </u>	5 ()		
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	lumn (h). Enter here an	d on line 18a,]		
	column (3) on page 2	1	6	11.		
1004	1 12-21-19 HA For Panerwork Reduction Act Notice see the Instruction	Sche	Schedule D (Form 1041) 2018			

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

Schedule D (Form 1041) 2018 THE LANDES FA			23-7996168 Pa			
Part III Summary of Parts I and II			(1) Beneficiaries'	` '	Estate's	(3) Total
Caution: Read the instructions before con	npleting this part.	,		or	trust's	
17 Net short-term gain or (loss)		17		_		
18 Net long-term gain or (loss):						
a Total for year		18a			<u> </u>	. 11.
b Unrecaptured section 1250 gain (see line 18 of the wor	ksheet)	18b			_	
c 28% rate gain		18c				
19 Total net gain or (loss). Combine lines 17 and 18a	>	19			11	
Note: If line 19, column (3), is a net gain, enter the gain						
go to Part V, and don't complete Part IV If line 19, colu	mn (3), is a net loss, complete	Part IV	and the Capital Loss	Carryove	r Workshee	t, as necessary.
Part IV Capital Loss Limitation	·				,	
20 Enter here and enter as a (loss) on Form 1041, line 4 (c	or Form 990-T, Part I, line 4c, if a ti	ust), th	ne smaller of:			
a The loss on line 19, column (3) or b \$3,000					20 ()
Note: If the loss on line 19, column (3), is more than \$3		ne 22 ((or Form 990-T, line :	38), ıs a	loss, comp	olete theCapital
Loss Carryover Worksheet in the instructions to figure yo						
Part V Tax Computation Using Maxi				- D4 II -		
Form 1041 filers. Complete this part only if both lines 18a ar	nd 19 in column (2) are gains, or a	n amou	nt is entered in Part I o	r Part II a	ind there is	an entry on Form 1041,
line 2b(2), and Form 1041, line 22, is more than zero.						
Caution: Skip this part and complete the Schedule D Tax		17.				
Either line 18b, col. (2) or line 18c, col. (2) is more ti	•					
 Both Form 1041, line 2b(1), and Form 4952, line 4g 				Dank 1 - 6	r 000 3	C 4 Co 000 T has
Form 990-T trusts. Complete this part only if both lines 18a a						
38, is more than zero. Skip this part and complete the Sched					180, col. (2)	is more than zero.
21 Enter taxable income from Form 1041, line 22 (or Form 1	990-1, 11118 38)	21	0,	000.		
22 Enter the smaller of line 18a or 19 in column (2)	22 11					
but not less than zero	22 1	-				
23 Enter the estate's or trust's qualified dividends from						
Form 1041, line 2b(2) (or enter the qualified dividends	23					
included in income in Part I of Form 990-T) 24 Add lines 22 and 23		_				
25 If the estate or trust is filing Form 4952, enter the	24 1.					
amount from line 4g; otherwise, enter -0-	25					
26 Subtract line 25 from line 24. If zero or less, enter -0-	23	26		11.		
27 Subtract line 26 from line 21. If zero or less, enter -0-		27		989.	1	
28 Enter the smaller of the amount on line 21 or \$2,600		28		600.	1	
29 Enter the smaller of the amount on line 27 or line 28		29		600.		
30 Subtract line 29 from line 28. If zero or less, enter -0 The	No te havet at trume are		4,	<u> </u>	30	0.
31 Enter the smaller of line 21 or line 26	iis amount is taxed at 070	31	. I ·	11.		
32 Subtract line 30 from line 26		32		11.	1	
33 Enter the smaller of line 21 or \$12,700		33		000.	1	
34 Add lines 27 and 30		34		989.	1	
35 Subtract line 34 from line 33. If zero or less, enter -0-		35		11.	1	
36 Enter the smaller of line 32 or line 35		36		11.	1	
37 Multiply line 36 by 15% (0.15)			<u> </u>	<u> </u>	37	2.
38 Enter the amount from line 31		38	.	11.	<u> </u>	 _
39 Add lines 30 and 36		39		11.	1	
40 Subtract line 39 from line 38. If zero or less, enter -0-		40		0.	1	
41 Multiply line 40 by 20% (0.20)			·		41	
42 Figure the tax on the amount on line 27. Use the 2018 To	ax Rate Schedule for Estates	1				
and Trusts (see the Schedule G instructions in the instru		42	1	080.		
43 Add lines 37, 41, and 42	salaha iar raimi ia rij	43		082.		
44 Figure the tax on the amount on line 21. Use the 2018 To	ax Bate Schedule for Estates	7			1	
and Trusts (see the Schedule G instructions in the instru		44	. 1	083.		
45 Tax on all taxable income. Enter the smaller of line 43	•			<u> </u>	 	
G, line 1a (or Form 990-T, line 40)	or mile at here and offi triff (041)	, ourisul	u10	_	45	1,082.
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