EXTENDED TO MAY 15, 2020

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Received in Iching Ogden

FOUNDATION, 37810001 2018.05091 LAFFERTY FAMILY

Form 990-	LAFFERTY FAMILY FOUNDATION, INC.	59-61994	88. , Page 2
Part			
33	total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	153,806.
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	1-99	
30	lines 33 and 34	ء ا	153 906
		36 37 37	153,806.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	373 1 17	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	34 1	450.006
.	enter the smaller of zero or line 36	38	152,806.
Part I	<u> </u>	7.4	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	U(0 ► 39	32,089.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1	
	Tax rate schedule or Schedule D (Form 1041)	► 4 <u>0</u>	
41	Proxy tax See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	US 44	32,089.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	32,089.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ch schedule) 47	1
48	Total tax Add lines 46 and 47 (see instructions)	UA 48	32,089.
49	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	<u> </u>	
	2018 estimated tax payments 50b		
		0,000.	
	Foreign organizations. Tax paid or withheld at source (see instructions) 50d	0,000.	
	Backup withholding (see instructions) 50e		
-	Credit for small employer health insurance premiums (attach Form 8941) 50f		
1			
g	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total	[
64			E0 000
51	Total payments. Add lines 50a through 50g	53 51 52	50,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53 <u>52</u> 53	1,313.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		16 500
م ⁵⁴	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55 ▶ 54	16,598.
738	Enter the amount of line 54 you want: Credited to 2019 estimated tax 16,598. Refun	· · · · · · · · · · · · · · · · · · ·	0.
Part V		ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
. :	Under pentities of perjury, deciding that have examined this return, including accompanying schedules and statements, and to the locorrect, and complete Declaration of penager (other than taxpayer) is based orgall information of which preparer has any knowledge	est of my knowledge	and belief it is true,
Sign		May the If	RS discuss this return with
Here	My 72/V 6/24/CO TREASURER	1 .	er shown below (see
	Signature of officer Date Title	instruction	ns)? X Yes No
	Print/Type preparer's name Preparer's signature Date Chi	ck If PT	IN
Paid		f- employed	
Prepa	0.5 / 1.7 / 2.0		00066513
Use O	TO THE TRANSPORT OF THE PROPERTY OF THE PROPER		9-1818353
Joe U	100 SE 3RD AVENUE, SUITE 2400		
		none no 954-	566-4400
23711 01-		<u></u>	Form 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of invei	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		_	Cost of goods sold Si		line 6			
3 Cost of labor	3		٦ ·	from line 5. Enter here					
4a Additional section 263A costs			7	line 2		,	7	•	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b		٦ °	property produced or a	,	•			
5 Total Add lines 1 through 4b	5		7	the organization?		2 101 1000107 28817 10			1
Schedule C - Rent Income		Property an	d Pei		Leas	ed With Real Pro	pert	<u>v)</u>	
(see instructions)	(* : 5::: : : : : : : : : : : : : : : : :	, roporty an						,	
1 Description of property									
(1)				** <u></u>					_
(2)									
(3)									
(4)	· ·					<u> </u>			
	2. Rent receive	od or accrued		<u>-</u>					
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Ent	er •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	•		0.
Schedule E - Unrelated Del		Income (see	ınstru	ctions)					
		<u>, </u>		Gross income from		3 Deductions directly conto debt-finance			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	
(1)						 -			
(2)									
(3)									
(4)	·			· · · · · · ·		<u> </u>			,
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deduction 6 x total of 3(a) and 3(b)	columns
(1)				%			$L^{\scriptscriptstyle{-}}$		
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on p Part I, line 7, colum	
Totals				▶		0			0.
Total dividends-received deductions in	cluded in column	8		•		<u> </u>			0.
								Form 990 -	

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				_		
(4)						
		_				
Totals (carry to Part II, line (5))	0.	0.			<u> </u>	- 000 T

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 5, minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)			<u> </u>				
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.				0

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

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

Form 990-T (2018)

						
FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	,9
•		BUSINESS ACTIVI	TY			

PASSTHROUGH INCOME FROM S CORPORATION

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT	10
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUOMA	
FROM WESLEY COMPNAIES	N/A	29,2	39.
TOTAL TO FORM 990-T, PAGE 1, L	JINE 20	29,2	39.

	· '	•	'		·	
FORM 990-T	CONT	RIBUTIONS	SUMMARY	, į	STATEMENT	11
QUALIFIED	CONTRIBUTIONS SUBJECT	г то 100%	LIMIT			
FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014	O CONTRIBU	TIONS		•	
FOR TAX	YEAR 2015 YEAR 2016 YEAR 2017		6,176	, ,		
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBU	JTIONS	_	6,176 29,239		
	TRIBUTIONS AVAILABLE NOTE INTO THE REPORT OF THE THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPOR	OJUSTED		35,415 16,979		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS			18,436 0		
	ESS CONTRIBUTIONS CONTRIBUTIONS DEDUCTI	ON	_	18,436	æ 16,	979 🤫
TOTAL CONT	TRIBUTION DEDUCTION				; 16,	979 : S

• • • • • • • • • • • • • • • • • • • •						<u> </u>	
FORM 9,90-T	INCOM	E (LOSS)	FROM S	CORPORATIONS		STATEMENT	12
DESCRIPTION	,			1		NET INCOMO OR (LOSS	
THE WESLEY COM	PANIES INC	ORDINAR	Y BUSIN	ESS INCOME	'1	199,8	38.
TOTAL INCLUDED	ON FORM 990-	T, LINE S	5		1 -	199,8	38.