Form 990-T	Ex	rempt Organization	Bus	siness Income	Tax Returi	1	OMB No	, 1545-0687		
TOTAL OCC I	(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning							୬⋒17		
	b O							y I		
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers on this form a				(3).	Open to Pub	olic Inspection for ganizations Only		
A X Check box if	50	Name of organization (Check bo) Emplo	yer identifica	tion number		
address changed				•		(Emplo	yees' trust, see i	nstructions.)		
B Exempt under section		THE ANNENBERG FOUNDA	OITA	N						
X 501(C)(3)	Print	Number, street, and room or suite no. If				23-62	257083			
408(e) 220(e	_ or			·	T			s activity codes		
408A 530(a	Type	101 WEST ELM STREET			510	(See ins	structions.)			
529(a)	′	City or town, state or province, country	, and Z	ZIP or foreign postal code						
C Book value of all assets		CONSHOHOCKEN, PA 194		- ,		90009	99			
at end of year	F Gro	up exemption number (See instructi		•						
1609958544.		eck organization type X 501			trust	401(a)	trust	Other trust		
H Describe the organi	zation's n	rimary unrelated business activity.	► PA	RTNERSHIP INVEST						
During the tax year	was the	corporation a subsidiary in an affili	ated a	roup or a parent-subsidiary o	ontrolled group?		▶	Yes X No		
		identifying number of the parent cor								
		PAUL J MANGANIELLO			e number ► 610	-341-	-9268			
		or Business Income		(A) Income	(B) Expens	es	(C) Net		
1a Gross receipts or										
b Less returns and allow		c Balance ▶	1c							
		lule A, line 7)	2							
		2 from line 1c	3							
·		attach Schedule D)	4a	1,414,888.			1	,414,888.		
		Part II, line 17) (attach Form 4797)	4b							
• • • • • • • • • • • • • • • • • • • •		trusts	4c							
•		ps and S corporations (attach statement)	5	640,461.	ATCH 1			640,461.		
			6							
		ncome (Schedule E)	7							
		nts from controlled organizations (Schedule F)	8							
		11(c)(7), (9), or (17) organization (Schedule G)	9							
		ncome (Schedule I)	10							
		dule J)	11							
-	•	ctions; attach schedule)	12							
13 Total. Combine	ines 3 thi	ough 12	13	2,055,349.				2,055,349.		
Part Deduction	ns Not	Taken Elsewhere (See instr	ructio	ons for limitations on d	eductions.) (E	xcept f	or contrib	utions,		
deduction	ns mus	t be directly connected with t	he ui	nrelated business inco	me.)					
		directors, and trustees (Schedule K)				. 14		6,453.		
•	jes					. 15		3,361.		
								3,538.		
17 Bad debts						. 17				
18 Interest (attach s	schedule)			ATTACHM	ENT.2	. 18		35,763.		
20 Charitable contr	ibutions (See instructions for limitation rules)			<i></i>	. 20				
21 Depreciation (at	tach Form	1 4562)		21	1,163	<u>-</u>				
22 Less depreciation	n claimed	d on Schedule A and eisewhere on re	eturn	22a		22b		1,163.		
23 Depletion						. 23		160,961.		
24 Contributions to	deferred	compensation plans			<i>.</i>	. 24				
25 Employee benef	it program	s				. 25				
26 Excess exempt 6	expenses (Schedule I)				. 26				
27 Excess readersh	ip costs (S	Schedule J)				. 27				
28 Other deduction	s (attach	schedule)		ATTACHM	ENT.3	. 28		L,160,373.		
29 Total deductions	s. Add line	es 14 through 28				. 29		L,371,612.		
	ess taxal	ole income before net operating	loss	deduction. Subtract line	29 from line 1	3 30		683,737.		
31 Net operating lo	ss deduct	ion (limited to the amount on line 30	0)			. 31		683,737.		
		le income before specific deduction								
		rally \$1,000, but see line 33 instruc						1,000.		
34 Unrelated busin	ness taxa	able income. Subtract line 33 fr	om li	ne 32. If line 33 is grea	ater than line 32	2,				
enter the smaller								0.		

enter the smaller of zero of line 32.

For Paperwork Reduction Act Notice, see instructions.

7X2740 2.000 734Y JSA 700P 11/9/2018 1:30:42 PM V 17-7.2F

Form **990-T** (2017)

Pai	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group		
	members (sections 1561 and 1563) check here ▶ See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), \$		
	(2) Additional 3% tax (not more than \$100,000)		
С	Income tax on the amount on line 34	35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041).	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	
Par	t IV Tax and Payments		
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
9	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	
43	Other taxes. Check if from: Form 4255 Form 8811 Form 8897 Form 8868 Other (attach schedule) .	43	
44	Total tax. Add lines 42 and 43. , , , ,	44	0.
45 a	Payments: A 2016 overpayment credited to 2017		
b	2017 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments: Form 2439		
	Form 4136 Other Total ▶ 45g		
46	Total payments. Add lines 45a through 45g	46 287,	724.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 287,	724.
50	Little the diffount of the 40 jed waste. Greated to 2010 commune and	50	
Par			1
51	At any time during the 2017 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	y have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign country	١
	here		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	X
	If YES, see instructions for other forms the organization may have to file.		1
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	at at any longerhades and the	llef 14 1-
	examined this return, including accompanying schedules and statements, and to the be (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowledge and be	NIOT, IT IS
Sign	Signature redacted May	the IRS discuss this	
Her	11/09/2018 DIRECTOR, INV & TREAS with	the preparer shown	
		instructions)? X Yes	No
Paid	Print/Type preparer's name Signature redacted ate Check		22
Prep	RUSSIEE ARESTRONG	ployed P0028838	53
	Only Firm's name GRANT THORNTON HEET	36-6055558	20
	Firm's address > 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phone		
		Form 990-T	(2017)

JSA

Form 990-T (2017)									Page 3
Schedule A - Cost of Go	ods Sold. En	ter method o	of invento						
1 Inventory at beginning of ye						ar	6		
2 Purchases				7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from	line 5. En	ter here and in			
4a Additional section 263A co	sts								
(attach schedule)	4a					section 263A (w			No
b Other costs (attach schedul	e) . 4b					or acquired for			
5 Total. Add lines 1 through	4b . 5			to the org	anization? .				X
Schedule C - Rent Income	(From Real P	roperty and	d Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)						1			
	2. Rent recei	ved or accrued	1						
(a) From personal property (if the page 15 for personal property is more than 50%)	percentage of rent an 10% but not	percentag	e of rent fo	personal property r personal propert based on profit o	y exceeds	exceeds in columns 2(a) and 2(b) (attach schedule			oome)
(1)									
(2)									
(3)									
(4)									
Total		Total				(h) Total doductio			
(c) Total income. Add totals of co	olumns 2(a) and 2(b). Enter				(b) Total deduction Enter here and on	page 1,		
here and on page 1, Part I, line 6,						Part I, line 6, colur	nn (B) 🕨		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	instructi	ons)				llaaahla ta	
				income from or	3.1	Deductions directly cor debt-financ	nnected with or a sed property	iocable to	
 Description of deb 	t-financed property			to debt-financed roperty		ht line depreciation		deductions	;
			P		(atta	ach schedule)	(attach	schedule)	
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adju of or alloca debt-financed (attach sch 	ble to property	4	Column divided column 5		income reportable n 2 x column 6)	(column 6 x	le deduction total of colu and 3(b))	
(1)				%					
(2)				%)				
(3)				%					
(4)				%	5				
						re and on page 1, ne 7, column (A).	Enter here Part I, line		
Totals									
Total dividends-received deduct	ions included in c	olumn 8	<u> </u>			<u></u> ▶		000 7	

Schedule F - Interest, Annu	nues, Noyarues,		pt Controlle			00 (000		-,	
Name of controlled organization	2. Employer identification numbe	3. Net	Net unrelated income ss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling organization's gross income		5. Part of included i		d in the controlling		Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
4)						<u> </u>			
Nonexempt Controlled Organiz	zations				Ţ				
7. Taxable Income	8. Net unrelated in (loss) (see instructi	1	Total of s payments	•	includ	rt of column ed in the con zation's gross	ntrolling		. Deductions directly nected with income in column 10
1)									
(2)									
(3)									
(4)									d columns 6 and 11.
Totals	come of a Sec	 tion 501(c)(7), (9), o		Part	here and on I, line 8, colui	mn (A).		er here and on page 1, t i, line 8, column (B).
1. Description of income	2. Amount of	income	direc	Deductions tly connected ich schedule)			t-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)								-	
(2)								_	
(3)									
(4)	Enter here and c Part I, line 9, cc					.,,			Enter here and on page Part I, line 9, column (B
Totals	empt Activity Inc	ome, Oth	er Than Ad	vertising li	ncome (see instru	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business income.	with from use or buse	t income (loss) unrelated trade siness (column lus column 3). gain, compute . 5 through 7.	from a	ss income ctivity that unrelated ss income	6. Expens attributable column	e to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				······································					
<u>(1)</u> (2)					1				
(3)									
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Pa line 10, col.	rt I,						Enter here and on page 1, Part II, line 26.
Totals ▶ Schedule J - Advertising Ir	ncome (see instru	uctions)							
Part I Income From Per	iodicals Report	ed on a Co	onsolidated	d Basis					
1. Name of periodical	2. Gross advertising income	3. Directadvertising of	t gain costs 2 m	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		ship	7. Excess readershi costs (column 6 minus column 5, bu not more than column 4).		
(1)									
(2)									-
(3)									-
(4)									
Totals (carry to Part II, line (5))									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.)

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						
	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)						

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) ATTACHMENT 4		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			6,453.

Form **990-T** (2017)

	ATTACHMENT	1	
_			

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PARTNERSHIP INVESTMENTS

640,461.

INCOME (LOSS) FROM PARTNERSHIPS

640,461.

	ATTACHMENT 2
FORM 990T - PART II - LINE 18 - INTEREST	
INTEREST EXP FROM PARTNERSHIPS	35,763.
PART II - LINE 18 - INTEREST	35,763.

ATTACHMENT 3

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

INVESTMENT MANAGEMENT FEE OCCUPANCY/OTHER MISCELLANEOUS PROFESSIONAL FEES LEGAL EXPENSE SECTION 59(E)(2) EXPENDITURES MISCELLANEOUS K-1 EXPENSES	267,944. 5,752. 46,333. 1,221. 834,906. 4,217.
--	---

PART II - LINE 28 - OTHER DEDUCTIONS 1,160,373.

23-6257083 THE ANNENBERG FOUNDATION

ATTACHMENT 4

SCHD. K	FORM	990-T,	COMPENSATION	OF	OFFICERS,	DIRECTORS,	&	TRUSTEES

TOTAL COMPENSATION

BUSINESS PERCENT COMPENSATION TITLE NAME AND ADDRESS DIRECTOR OF FINANCE/TREASURER 1.789100 6,453. PAUL J MANGANIELLO 101 WEST ELM STREET 510 CONSHOHOCKEN, PA 19428

6,453.

NET OPERATING LOSS ("NOL") CARRYOVER SCHEDULE

TAX YEAR	TAXABLE		NOL UTILIZED IN	NOL UTILIZIED IN	
ENDING	INCOME	NOL INCURRED	PRIOR YEARS	CURRENT YEAR	LOSS CARRYOVER
12/31/2013		(12,554)		12,554	
12/31/2014		(146,511)		146,511	-
12/31/2015		(764,009)		524,672	(239,337)
12/31/2016		(430,659)			(430,659)
12/31/2017	683,737	-			_

683,737

NOL CARRYOVER TO 12/31/2018 (669,996)

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.

OMB No. 1545-0123

Employer identification number

Department of the Treasury Internal Revenue Service

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

23-6257083 THE ANNENBERG FOUNDATION Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below. Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 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 Form(s) 8949 32,059. 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 32,059. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) Subtract column (e) from or loss from Form(s) Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 653,551. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Enter gain from Form 4797, line 7 or 9 729,278. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 1,382,829. Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 32,059. Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 1,382,829. 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 18 1,414,888. Note: If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2017

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

23-6257083

THE ANNENBERG FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term Part I transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

		o you on For			Adjustment, if a	anv. to gain or loss.	
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a	amount in column (g), de in column (f).	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ERSHIP INVESTMENTS							32,059.
						-	
						,	
Tatale Add the emounts in colum	ne (d) (e) (a) and	(h) (subtract					
otals. Add the amounts in column legative amounts). Enter each to Schedule D, line 1b (if Box A abo	otal here and inc	lude on your					
	Description of property (Example: 100 sh. XYZ Co.) ERSHIP INVESTMENTS Fotals. Add the amounts in column	Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) ERSHIP INVESTMENTS Fotals. Add the amounts in columns (d), (e), (g), and	Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.)	Description of property (Example: 100 sh, XYZ Co.) Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) ERSHIP INVESTMENTS Date acquired (Mo., day, yr.) See instructions) Date sold or disposed or (sales price) (see instructions)	(a) Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) (Sales price) (sales price) (see instructions) ERSHIP INVESTMENTS ERSHIP INVESTMENTS Cost or other back. See the Note below and see Column (e) in the separate instructions ERSHIP INVESTMENTS Fotals. Add the amounts in columns (d), (e), (g), and (h) (subtract)	(e) Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date a	(a) Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) RESHIP INVESTMENTS ERSHIP INVESTMENTS Cost or orber basis. See the Note below. See the Note below. (sales price) (see instructions) Cost or orber basis. Cost or orber basis. Cost or orber basis. See the Note below. In the separate instructions. (f) Code(s) from (structions) Amount of adjustment Amount of adjustment Forals. Add the amounts in columns (d), (e), (g), and (h) (subtract)

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Form 8949 (2017) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

THE ANNENBERG FOUNDATION

Social security number or taxpayer identification number

23-6257083

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, comple	te
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or	
more of the boxes, complete as many forms with the same box checked as you need.	
X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions	not reported t	o you on For	m 1099-B		_		
(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP INVESTMENTS							653,551
-							
2 Totals. Add the amounts in column negative amounts). Enter each total	al here and includ	de on your					
Schedule D, line 8b (if Box D abov above is checked), or line 10 (if E	e is checked), line Box F above is cl	e 9 (If Blox E necked) ▶					653,551

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.

Form **8949** (2017)

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on return

► Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information. Identifying number

OMB No. 1545-0184

Sequence No. 27

тні	E ANNENBERG FOUNDATION	ſ					23-6	5257083
	Enter the gross proceeds from sa		reported to v	ou for 2017 on Fo	rm(s) 1099-B or 1	099-S (or		
•	substitute statement) that you are in						1 1	
Pa	rt I Sales or Exchanges of						s Fro	m Other
	Than Casualty or The	ft - Most Prop	erty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvemer expense o	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TTACHMENT 1							729,278.
3	Gain, if any, from Form 4684, line 3	39					3	
4	Section 1231 gain from installmen	t sales from Form	6252, line 26 o	. 37			4	
5	Section 1231 gain or (loss) from li	ke-kind exchanges	from Form 882	4			5	
6	Gain, if any, from line 32, from oth	er than casualty or	theft				6	
7	Combine lines 2 through 6. Enter						7	729 , 278.
	Partnerships (except electing las	rge partnerships)	and S corpor	ations. Report the	gain or (loss) foll	owing the		
	instructions for Form 1065, Schedu	ule K, line 10, or F	orm 1120S, Sch	nedule K, line 9. Skip	lines 8, 9, 11, and	12 below.		
	Individuals, partners, S corporation on line 11 below and skip	on shareholders,	and all others.	If line 7 is zero or a	loss, enter the am	nount from		
	losses, or they were recaptured in	iines 8 and 9. ii ii n an earlier vear.	enter the gain	from line 7 as a k	ong-term capital ga	ain on the		
	Schedule D filed with your return a	nd skip lines 8, 9,	11, and 12 belo	w.			١.	
8	Nonrecaptured net section 1231 ld	osses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0 I	f line 9 is zero, e	enter the gain from I	ine 7 on line 12 be	low. If line		
	9 is more than zero, enter the am	ount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term		
	capital gain on the Schedule D filed			· · · · · · · · · · · · · · · · · · ·			9	
Pa	rt II Ordinary Gains and Le			4 1 114				
10	Ordinary gains and losses not incl	uded on lines 11	through 16 (incl	ude property neid 1 ye	ear or less):	I		
							144	/
11	Loss, if any, from line 7						11	
12	Gain, if any, from line 7 or amount	t from line 8, if app	licable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684	, lines 31 and 38a	0 15 05 20				14	
15	Ordinary gain from installment sal	es from Form 625	2, line 25 or 36	· · · · · · · · · · · ·			16	
	Ordinary gain or (loss) from like-ki						17	
17	Combine lines 10 through 16				of your return and s	kin lines e	''	
18	For all except individual returns, er and b below. For individual returns,			ne appropriate line (n your return and s	שייף ווווכים מ		
а	If the loss on line 11 includes a los			nn (b)(ii), enter that p	art of the loss here	. Enter the		
	part of the loss from income-prod	ucina property on	Schedule A (Fo	orm 1040). line 28.	and the part of the	loss from		
	property used as an employee of See instructions	on Schedule A (F	orm 1040), lin	e 23. Identify as f	rom "Form 4/97,	ııne 18a."	18a	
h	Redetermine the gain or (loss) on !						18b	
	Paperwork Reduction Act Notice.						<u> </u>	Form 4797 (2017)

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(a) Description of section 1245, 1250, 1252, 1254, c	or 125	5 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo
3						
)						
		Property A	Property B	1	Property C	Property D
These columns relate to the properties on lines 19A through 19D	. ▶	, roporty A	r roporty 2		Tropoley C	
Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21		,			
Depreciation (or depletion) allowed or allowable.	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
Depreciation allowed or allowable from line 22	25a					
·	25b					
If section 1250 property: If straight line depreciation was						
used, enter -0- on line 26g, except for a corporation subject to section 291.						
Additional depreciation after 1975. See instructions.	26a					
Applicable percentage multiplied by the smaller of						
	26b					
Subtract line 26a from line 24. If residential rental property						
	26c					
Additional depreciation after 1969 and before 1976.						
Enter the smaller of line 26c or 26d,	26e					
Section 291 amount (corporations only)	26f					
· · · · · · · · · · · · · · · · · · ·	26g					
If section 1252 property: Skip this section if you didn't	Zog					
dispose of farmland or if this form is being completed for a						
partnership (other than an electing large partnership).						
• • • • • • • • • • • • • • • • • • • •	27a					
Line 27a multiplied by applicable percentage. See instructions.	l E					
	27c					
for development of mines and other natural deposits,						
• • •						
Enter the smaller of line 24 or 28a	28b					
If section 1255 property:						
Applicable percentage of payments excluded from						
income under section 126. See instructions	29a					
Enter the smaller of line 24 or 29a. See instructions.						
mining exploration costs, and depletion. See instructions. Enter the smaller of line 24 or 28a If section 1255 property: Applicable percentage of payments excluded from	28b					
* 1						
		umne A through	D through line	204	hefore going to li	ne 30
mmary of Part III Gains. Complete propert	у соі	umns A through	D through line	290	perore going to ill	ne 30.
man and the second seco	\ 4l=	wh D. line 04			20	
Total gains for all properties. Add property columns A						
Add property columns A through D, lines 25b, 26g, 2						
Subtract line 31 from line 30. Enter the portion from						
other than casualty or theft on Form 4797, line 6					32	<u> </u>
rt IV Recapture Amounts Under Section	ıs 17	9 and 280F(b)(2	When Busin	ess l	Use Drops to 50%	or Less
(see instructions)						,
					(a) Section	(b) Section
						2005(5)(2)
					179	280F(b)(2)
Postion 170 among deduction or depreciation allow	able in	nrior veare		33	179	280F(D)(2)
Section 179 expense deduction or depreciation allow Recomputed depreciation. See instructions				33 34	179	280F(b)(2)

2017 FORM 990-PF

THE ANNENBERG FOUNDATION Supplement to Form 4797 Part I Detail

23-6257083 ATTACHMENT

HIPS	Description	Date Acquired	Date	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
	INVESTMENT PARTNERSHIPS						
Control							
729							
729						***************************************	
729							
729							
729							
	Totals						729,278.

JSA