FORM 990-T	Exempt Organization Bus	iness Income T	ax Return	OMB No 1545 0687
•	(and proxy tax unde			2040
	For calendar year 2019 or other tax year beginning JUL 1, 20			. ZU 10
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		ation is a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name ci	Employer identification number (Employees trust see instructions)		
B Exempt under section	Print ST PAUL'S SCHOOL			02-0222227
X 501(c)(3 ())	or Number, street, and room or suite no. If a P.O. box	k, see instructions	E	Unrelated business activity code (See instructions.)
] 408(e)] 220(e)	Type 325 PLEASANT STREET			,
108A 500(a) 529 (a)	City or town, state or province, country, and ZIP of CONCORD, NH 03301	r foreign postat code	5	25990
C Book value of all assets	F Group exemption number (See instructions)	<u> </u>		
870,872	, 879 G Check organization type 🕨 🗓 501(c) corp	poration 501(c) trust	401(a) ti	rust Other trust
	biganization sometates tradector escentices		the <mark>only (o</mark> r first) unre	ilated
trade or business here	UBTI FROM QUALIFYING PARTNERSHIP INTE	RESTS If only one	, complete Parts I-V If	more than one,
describe the first in the b	blank space at the end of the previous sentence, complete Pa	rts I and II, c <mark>omplete a</mark> Schedul	e M for each additional	trade or
business, then complete	Parts III-V			
• •	s the corporation a subsidiary in an affiliated group or a paren	nt-subsidiary controlled group?	▶∟	Yes X No
	and identifying number of the parent corporation			
	MEGAN KINGSLEY, DIRECTOR OF FINANC		ione number > 60:	
	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	_ _			
b Less returns and allo		1c		
2 Cost of goods sold (2	<u></u>	
3 Gross profit Subtrac		3	<u></u> .	
4a Capital gain net incoi	,	48		6 427
	n 4797, Part II, line 17) (attach Form 4797)	4b -6,437		-6,437
C Capital loss deductio		40	:	040 200
	a partnership or an S corporation (attach statement)	-940,299	इस्ट्रिक्ट	-940,299
6 Rent income (Schedi	·	<u> </u>	 	
_	ced income (Schedule E)	7	/	
	yatties and rents from a controlled organization (Schedule F)	8		
I 1	of a section 501(c)(7), (9), or (17) organization (Schedule G).	9 10	 	
10 Exploited exempt act Advertising income (tivity income (Schedule I) Schodule II	11	 	
12 Other income (See in	nstructions, attach schedule)	12		
13 Total Combine line	•	13 -946,736		-946,736
Parill Deduction	ons Not Taken Elsewhere (See instructions fo			
(Except for	contributions, deductions must be directly connected	with the unrelated business	income)	
14 Compensation of of	ficers, directors, and trustees (Schedule K)		·	14
15 Salaries and wages		RECEIVE) [15 14,203
16 Repairs and mainter	nance /			16
17 Bad debts		RECEIVED SOLUTION DE 20 OGDEN,	50 SS	17
18 Interest (attach sche	edule) (see instructions)	JUN 0 5 20	18/ F	18
19 Taxes and licenses	,	-31	HT	19
20 Charitable contribut	tions (See instructions/for limitation rules)	OGDEN	<u> </u>	20
21 Depreciation (attach		21		
	laimed on Schedule A and elsewhere on return	22 <u>a</u>		22b
23 Depletion	.		<u> </u>	23
	ferred compensation plans		-	24
25 I mployee benefit pr	•		!	25
26 Excess exempt expe			-	26
27 Excess readership of		SFE STATEME	NTT 2	27 112,504
28 Other deductions (a		SPE STATEME		
/	Add lines 14 through 28	t line 20 from line 42	28	
/	taxable income before net operating loss deduction. Subtractive perating loss arising in tax years beginning on or after Janua.		Ļ	30 -1,073,443 31
/	taxable income Subtract line 31 from line 30	ry 1, 2010 (866 manuchons)	31	32 -1,073,443
,	For Paperwork Reduction Act Notice, see instructions			Form 990-T (2018)

Form 99	90-T	2018) ST. PAUL'S SCHOOL	02-0	022222		Page Z
Par	T II	Total Unrelated Business Taxable Income				
3	3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		1	38 -	1,073,443.
₃ ،	4	Amounts paid for disallowed fringes		' [34	<u> </u>
3		Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		Γ	35	
30		Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
31		ines 33 and 34			36 -	1,073,443.
٥.			02		37	1,000.
3		Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	W	757	1	
′ 3		Jurelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	11	39		1,073,443.
		anter the smaller of zero or line 36		7 113	1 85	1,073,445.
Par					1-	0.
/ 3		Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	
4	0	Frusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		. H		
		Tax rate schedule or Schedule D (Form 1041)		· H	40	
4		Proxy tax. See instructions		· .	41	
4:	2	Alternative minimum tax (trusts only)		_	42	
4:	3	Fax on Noncompliant Facility Income. See instructions			43	
. 4	4 /	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
\ Par	ť۷	Tax and Payments				
/ 4	5 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
•		Other credits (see instructions)				
		General business credit. Attach Form 3800				
		Credit for prior year minimum tax (attach Form 8801 or 8827)				
		Fotal credits. Add lines 45a through 45d			45e	
4		Subtract line 45e from line 44			46	0.
	_		ttach sche		47	
			ttach scho	· -	48	0.
		Fotal tax. Add lines 46 and 47 (see instructions)		-	T	0.
		2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	
5		Payments: A 2017 overpayment credited to 2018				
		2018 estimated tax payments 50b				
	C	Tax deposited with Form 8868				
	d	Foreign organizations: Tax paid or withheld at source (see instructions)				
	е	Backup withholding (see instructions) 50e			1	
	f	Credit for small employer health insurance premiums (attach Form 8941) 50f			:	
	g	Other credits, adjustments, and payments: Form 2439			ì	
	-	Form 4136			_ <u></u>	
5	1	Total payments. Add lines 50a through 50g			5/	
5		Estimated tax penalty (see instructions). Check if Form 2220 is attached		Г	52	
		Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶□	53	
		Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	
5		, , ,	ınded		55	0.
Par	_				1	
		At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes No
5		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				103 110
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				X
		here >				
5		During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust	.?		X
		If "Yes," see instructions for other forms the organization may have to file.			•	
5	8	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
		Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the b correct, and complete pecification of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my	knowledge	e and belief, it is t	ue,
Sigr		116/6/1 - 11/1		May	the IRS discuss t	us return with
Her	e				reparer shown be	
		Signature of officer Date Title		ınstr	uctions)? X	Yes No
		Print/Type preparer's name Preparer's signature Date	Check [ıf	PTIN	
D-:			elf- emp	loved		
Pai		κ_{VODIE} TOURSON $\kappa_{\text{VODIE}} = 100$	р	-,	P0075733	6
Pre	•	Fer Park He H P	Fırm's E	IN P	42-071	
Us	e O	nly Firm s name RSA 03 BBF 80 CITY SQUARE	3 E			
			Phone n	n 611	7-912-9000	
			I HOHE I	. U.		990-T (2018)
82371	1 01-	09-19			⊦orm	530- 1 (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					_
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		_
2 Purchases	Purchases 2 ,				7 Cost of goods sold. Subtract line 6				
Cost of labor 3				from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2 7					_
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	vith respect to		Yes No	_
 Other costs (attach schedule) 	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					_
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		_
1. Description of property	•								
(1)				··-					_
(2)				,					
(3)									
(4)									_
(2. Rent receiv	ed or accrued				0(-)0-1		-	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (a	ittach 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	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)		0	<u>.</u>
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ictions)					_
			;	2. Gross income from		3. Deductions directly conr to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	, (a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)				,		·			
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)		5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deductions column 6 x total of columns 3(a) and 3(b))	
(1)				%					_
(2)				%					_
(3)				%					_
(4)				%					_
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				>	<u> </u>			0	<u>.</u>
Total dividends-received deductions	ncluded in columi	n 8					. ,	0	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see Instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions drively connected (ottach schedule) (col. 2 plus col. 4) (2) (3) (4) Social deductions and sensatidate (col. 2 plus col. 4) (4) Social Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Deductions drively connected (ottach schedule) (col. 2 plus col. 4) Fart I, time 5, column (9) Fart I, time 5, column (9) For writing Income (1) (2) (3) (4) (4) Figure Fire and on page 1, Part I, time 5, column (9) For writing Income (see instructions) 4. Not occure (issa) For writing Income (see instructions) 6. Granness accomple or explorate activity For writing Income (see instructions) (1) (2) (3) (4) Figure Fire Fire and on page 1, Part I, time 5, column (9) For writing Income (see instructions) For writing Income (see instructio		lule F - Interest, A				Controlled O				see ins			
(2) (3) (4) (5) (5) (6) (7)	Name of controlled organization		ident	identification				yments made includ		cluded in the controlling		connected with income	
(2) (3) (4) (5) (5) (6) (7)	(1)				 						-		
Some	_				1		-						
Monexempt Controlled Organizations 10, Peri of column 0 bits of evaluation of the removal of	_												
Nonexempt Controlled Organizations 7. Taxable income 8. Net virializationne florad (text) (text) (t) (2) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (t) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (t) (t) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (t) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (t) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (t) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (d) Add coultron 5 and 10 Enter has a and an page 1, Fart 1, inc 8, column (8) (d) (exe instructions) 1. Description of moonin 1. Description of moonin 2. Amount of moonin 1. Description of moonin 2. Amount of moonin 3. Describance friendly removed and friendly conversed and													
(1) (2) (3) (4) Add columns 5 and 10 Enter has and on page 1, Part 1, Ins 8, column (8) (5) (6) (7) (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 3, Description (first) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (1) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (2) (3) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (4) Enter has and on page 1, Part 1, Ins 8, column (8) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		mpt Controlled Organia	zations		,								
(3) (4) Add columns 6 and 10 Enter here and on page 1, Part I, Ired 8, column (A) Column (A) Column (B) Column	7	7. Taxable Income			9. Total		nents	in the controlli	ng orgar	nization's			
(3) (4) Add columns 6 and 10 Enter here and on page 1, Part I, Ired 8, column (A) Column (A) Column (B) Column	(1)												
Add columns 5 and 10 Enter here and on page 1, Part I, inter 8, column (8) 1. Description of income 2. Amount of income 2. Amount of income 3. Operations (see instructions) (1) (2) (3) (4) 1. Description of expert Activity Income, Other Than Advertising Income (see instructions) 2. Coras curalisted business income 2. Amount of income 3. Operations and on page 1, Part I, income (9) of income		ć											
Add columns 5 and 10 Enter here and on page 1, Pert 1, line 8, column (A) In the here and on page 1, Pert 1, line 8, column (A) In the here and on page 1, Pert 1, line 8, column (A) In the here and on page 1, Pert 1, line 8, column (B) In the service on page 1, Pert 1, line 8, column (B) In the service on page 1, Pert 1, line 8, column (B) In the service on page 1, Pert 1, line 8, column (B) In the service on page 1, Pert 1, line 8, column (B) In the service on page 1, Pert 1, line 8, column (B) In the service of page 1, Pert 1, line 8, column (B) In the service page 1, Pert 1, line 8, col	(3)				_								
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Described (stack schedule) (1) (2) (3) (4) Enter here and on page 1, Pert 1, line 8, column (8) 5. Total defunctions (citach schedule) (4) Enter here and on page 1, Pert 1, line 8, column (8) (5) Total schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (5) (6) 1. Description of supplied Exempt Activity Income, Other Than Advertising Income (6) (7) (8) (9) (9) (9) (1) (9) (9) (9) (9	(4)							•					
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (sittach schedulus) (cit) (2) (3) (4) Enter here and on page 1, Pert I, ten 9, column (9) (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Department in the properties of the p								Enter here and	on page	1, Part I,		ere and on page 1, Part I,	
(see instructions) 1. Description of income 2. Amount of income 3. Description discretified (attach schedule) (attach s	Totals	 				- (-)	•	·		0.		0	
1. Description of income 2. Amount of income 3. Description of income 4. Sat-aerdea (entach schedule) (1) (2) (3) (4) Enter here and on page 1. Pert I, time 6, column (a) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (ose) That income (ose) The income is not income in the income in	Sched			Section	1 501(c)(7	7), (9), or (¹	17) Org	anization					
(1) (2) (3) (4) Finish per and on page 1, pert 1, line 9, column (A) Finish production of exploited determiny and the sum of exploited determiny and the sum of periodical managements of the sum of the sum of periodical managements of the sum of the		<u> </u>				2. Amount of	ıncome	directly conne	cted				
(3) (4) Enter here and on page 1, Pert I, line 9, column (A) Enter here and on page 1, Pert I, line 9, column (B) Comparison of explored activity income, Other Than Advertising Income (see instructions) 1. Description of explored activity incomes and rom trade or business income from trade or business income from trade or business income from trade or business income income from trade or business income inc	(1)												
(3) (4) Enter here and on page 1, Pert I, line 9, column (A) Enter here and on page 1, Pert I, line 9, column (B) Comparison of explored activity income, Other Than Advertising Income (see instructions) 1. Description of explored activity incomes and rom trade or business income from trade or business income from trade or business income from trade or business income income from trade or business income inc		·											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unclated business income from brade or business income from activity that is not urrelated business incom													
Totals	(4)												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity income from reade or business income from grade from grade or business income from grade or business from grade or business income from grade					,		umn (A)	•				Enter here and on page 1 Part I, line 9, column (B)	
(see instructions) 2. Gross unrelated business income from trade or business (column 4) 1. Description of exploited activity in the production of trade or business income from trade or business encome in trade or business (cellumn 2 in trade or business encome in trade or business (cellumn 4) (1) (2) (3) (4) 2. Gross encome from page 1, Part 1, line 10, col (8) Ine 1		lule I - Exploited I	Exempt Activity	y Incom	ne, Other	⊥ Than Adv		g Income					
1. Description of exploited activity with production desploited activity and the exploited activity an		=		·									
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Inne 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income advertising costs advertising costs fundamental advertising costs fundamental advertising costs fundamental advertising costs (3) If a gain, compute cost 5 through 7 (1) (2) (3) (4)			unrelated business income from	directly with p of u	connected production prelated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a n cols 5	from activity t is not unrelat	hat ed	attributa	ble to	expenses (column 6 minus column 5, but not more than	
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7 (1) (2) (3) (4)	(1)				1								
Enter here and on page 1, Part 1, line 10, cot (A) Cotals O. O. Cotals O. Cotals O. Cotals O. Cotals O. Cotals O. O. Cotals O. Cotals O. Cotals O. Cotals O. Cotals O. O. Cotals O. O. Cotals O. Cotals O. Cotals O. Cotals O. O. O. O. Cotals O. O. O. O. O. O. O. O. O. O													
Enter here and on page 1, Part I, line 10, cot (A) Totals O. Chedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs 3. Direct advertising gam or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)													
Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated 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 (column 6, but not more than column 4) (1) (2) (3) (4) (4) (4) (5) (6) (7)			page 1, Part I,	page	1, Part I,		· · · ·		=-		_	on page 1,	
Schedule J - Advertising Income (see instructions) Part Image: Imag	Totals	•	0.									0	
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 4. Advertising gam or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 5 minus column 5, but not more than column 4) (1) (2) (3) (4)		dule J - Advertisir		-		P.						· · · · · · · · · · · · · · · · · · ·	
1. Name of periodical advertising costs advertis	[Part∤l	Income From I	Periodicals Rep	orted o	on a Con	solidated	Basis						
(1) (2) (3) (4)	<u></u> -	1. Name of periodical	advertising	ad		or (loss) (co col 3) If a ga	ol 2 minus iin, compute					costs (column 6 minus column 5, but not more	
(3) (4)	(1)	¥											
(4)													
(4)													
Totals (carry to Part II, line (5))						•							
Totals (carry to Part II, line (5)) ▶ 0. 0. 0.													
	Totals (c	arry to Part II, line (5))	▶	0.		0.						0 Form 990-T (2018	

Form 990-T (2018) ST. PAUL'S SCHOOL 02-0222227 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		0.	0.	10		1	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)			1	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.		•	, p	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)			%	
otal. Enter	here and on page 1, Part II, line 14		•	

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
BAUPOST VALUE PARTNERS, L.P IV - ORDINARY BUSINESS	
INCOME (LOSS)	45,900
BAUPOST VALUE PARTNERS, L.P IV - NET RENTAL REAL ESTATE	
INCOME	-89,977
BAUPOST VALUE PARTNERS, L.P IV - INTEREST INCOME	5,172
BAUPOST VALUE PARTNERS, L.P IV - OTHER PORTFOLIO INCOME	-465
(LOSS)	-24,430
BAUPOST VALUE PARTNERS, L.P IV - OTHER INCOME (LOSS) CHESAPEAKE INVESTMENTS III LIMITED - ORDINARY BUSINESS	-24,430
INCOME (LOSS)	-1,477
CVC CAPITAL PARTNERS VII (A) - DIVIDEND INCOME	20,075
CVC CAPITAL PARTNERS VII (A) - OTHER INCOME (LOSS)	-8,604
DAVIDSON KEMPNER INSTITUTIONAL - ORDINARY BUSINESS INCOME	:
(LOSS)	-727
ENCAP ENERGY CAPITAL FUND X, LP - ORDINARY BUSINESS INCOME	
(LOSS)	198,847
ENCAP ENERGY CAPITAL FUND X, LP - OTHER INCOME (LOSS) ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS	-1,024,665
INCOME (LOSS)	-15,558
ENCAP ENERGY CAPITAL FUND XI, LP - OTHER INCOME (LOSS)	-42,693
HAMILTON LANE CO-INVESTMENT FUND IV LP - DIVIDEND INCOME HAMILTON LANE CO-INVESTMENT FUND IV LP - OTHER INCOME	14
(LOSS)	-14,868
HIGHFIELDS CAPITAL IV LP - ORDINARY BUSINESS INCOME (LOSS) PAR INVESTMENT PARTNERS, L.P ORDINARY BUSINESS INCOME	-478
(LOSS)	9,456
PAR INVESTMENT PARTNERS, L.P OTHER INCOME (LOSS)	-24
VENTURE INVESTMENT ASSOCIATES III, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-269
GATEWAY TO PREP SCHOOLS, LLC - ORDINARY BUSINESS INCOME	
(LOSS)	5,102
VENTURE INVESTMENT ASSOCIATES II, L.P ORDINARY BUSINESS INCOME (LOSS)	-630
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-940,299

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	'	AMOUNT
INVESTMENT MANAGEMENT FEES		112,504.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	112,504.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

02-0222227 ST. PAUL'S SCHOOL Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts

to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n Q	(N) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) ·	combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			,				
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked	,						
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked 1							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked '					-422,142.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			_ 5			
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	-422,142.		
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (s	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					•		
8b Totals for all transactions reported on							
Form(s) 8949 with 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					67,839.		
11 Enter gain from Form 4797, line 7 or 9				11			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	n h		15_	67,839.		
Part III Summary of Parts I and	<u>d II </u>			1			
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16			
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	e 7)	17	1		
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.		18	0.		
Note If Insses exceed gains see Canital Inss	es in the instructions						

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

Schedule D (Form 1120) 2018

JWA

Form **8949**

Department of the Treasury Internal Revenue Service **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2018Attachment 484

Attachment Sequence No 12A

Name(s) shown on return

ST. PAUL'S SCHOOL

Social security number or taxpayer identification no.

02-0222227

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
[Partil Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

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) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (e) (h) (d) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) Ir Code(s) with column (g) the instructions adjustment SHORT-TERM CAPITAL LOSS FROM SCHEDULE K-1 (FORM 1065) <422,142.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

<422,142.>

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

Attachment Sequence No 12A

Name(s) shown on return Name and	d SSN or taxpaye	er identification n	o not required if	shown on page 1		taxpayer ide	ity number or ntification no.
ST. PAUL'S SCHOOL			5 () 1000 5				222227
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ation as Form 10	you received any 99-B Either will s	Form(s) 1099-B (show whether you	or substitute statem ir basis (usually you	ent(s) from y r cost) was r	our broker A sur reported to the IF	bstitute 'S by your
Partill Long-Term. Transaction		al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	s) For short-term to	ransactions,
see page 1 Note: You may aggregate al	Llong-term transaci	tions reported on Fi	nm(s) 1099-B show	ring basis was reported	d to the IRS a	nd for which no adi	ustments or
codes are required. Enter the	totals directly on	Schedule D, line 8a	, you aren't required	to report these trans	actions on Fo	rm 8949 (see instru	ctions)
You must check Box D, E, or F below. (If you have more long-term transactions than will							each applicable box
					•		
(D) Long-term transactions rep	•	,		•	Note abov	re)	
(E) Long-term transactions rep	•		•	eported to the IRS			
(F) Long-term transactions not	t reported to you	on Form 1099-B					
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss If you in column (if any, to gain or enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
LONG-TERM CAPITAL GAIN FROM							
SCHEDULE K-1 (FORM 1065)	<u> </u>						
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O Tabala Add the assessment or as live	nnn (d) (-) (-) -			 			
2 Totals. Add the amounts in colur negative amounts) Enter each to	tal here and inclu	ide on your					, ` .
Schedule D, line 8b (if Box D abo							67.000
above is checked), or line 10 (if E	Sox F above is ch	necked)					67,839.

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