B Exempt under section X 501(d) 3	2019
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Check box if address changed B Exempt upder section X 501(c)(3). Print Or Type 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets at end of year at the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Telephone number ▶ 978- Part I Unrelated Trade or Business Income Po to tww wirs gov/Form990T for instructions and the latest information Describe the latest information I a Goos receipts or sales Print BROOKS SCHOOL Name of organization (4019
Department of the Ireasury Internal Revenue Service A	
A Check box if address changed B Exempt under section X 501(d) 3) 408(e) 220(e) 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 C and of dyear 182,132,307. G Check organization's unrelated trades or businesses trade or business here LIMITED PARTNERSHIP INCOME trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I "Yes," enter the name and identifying number of the parent corporation. The books are in care of PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income A mame of organization (Check box if name changed and see instructions.) B Exempt under section Number, street, and room or suite no If a P O box, see instructions. E Unrelighed City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900 City or town, state or province, country, and ZIP or fo	Open to Public Inspection for 501(c)(3) Organizations Only
Number, street, and room or suite no. If a P 0 box, see instructions. 408(e) 220(e) 160 GREAT POND ROAD 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900	ployer identification number ployees trust, see ructions)
Number, street, and room or suite no. If a P 0 box, see instructions. 408(e) 220(e) 160 GREAT POND ROAD 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 900	04-2130844
408(e) 220(e) 220(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845 90 (c) 529(a) F Group exemption number (See instructions.) ► Telephone number of the organization's unrelated trades or businesses Telephone number Telephone	elated business activity code instructions)
S29(a) NORTH ANDOVER, MA 01845 900	instructions)
The standard of the organization type	0099
H Enter the number of the organization's unrelated trades or businesses H Enter the number of the organization's unrelated trades or businesses LIMITED PARTNERSHIP INCOME If only one, complete Parts I-V. If more describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ PAUL GRIFFIN, CFO Telephone number ▶ 978- Part I Unrelated Trade or Business Income (A) Income (B) Expenses LESS returns and allowances C Balance Less returns and allowances	
trade or business here LIMITED PARTNERSHIP INCOME describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of PAUL GRIFFIN, CFO Telephone number 978- Part I Unrelated Trade or Business Income (A) Income (B) Expenses Less returns and allowances	Other trust
If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances C Balance C Balance Less returns and allowances	
If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances C Balance C Balance Less returns and allowances	
If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances C Balance C Balance Less returns and allowances	e or
If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances C Balance C Balance Less returns and allowances	/es X No
J The books are in care of ▶ PAUL GRIFFIN, CFO Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances	es A NO
1a Gross receipts or sales h Less returns and allowances c Balance	-725-6300
b Less returns and allowances c Ralance c Ralance	(C) Net
b Less returns and allowances c Balance	
2 Cost of goods sold (Schedule A, line 7)	
G Group profit Countact into E from this to	35.56
4a Capital gain net income (attach Schedule D) 4a 35,766.	35,766.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -56,753. STMT 2	-56,753.
6 Rent income (Schedule C)	-30,733.
7 Unrelated debt-financed income (Schedule E)	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule)	00.007
13 Total. Combine lines 3 through 12 13 -20, 987.	-20,987.
(Deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule.K)	5,696.
15 Salaries and wages RECEIVED	3,152.
16 Repairs and maintenance 16 17 Bad debts 17	
17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 17 MAY 1 3 2021	_
19 Taxes and licenses	
20 Depreciation (attach Form 4562) OGDEN, UT 20	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	<u></u>
22 Depletion 22	
23 Contributions to deferred compensation plans 23	<u> </u>
24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) 25 Excess exempt expenses (Schedule I)	
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 SEE STATEMENT 3 27	25,276.
27 Other deductions (attach schedule) SEE STATEMENT 3 27 28 Total deductions Add lines 14 through 27 28	34,124.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13.	-55,111.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	~~,
(see instructions) 30 Negleted hydrogen toughle income. Subtract line 20 from line 20	
34 Unrelated business taxable income Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.	0.

Part		Total Unrelated Business Taxable Income				
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see i	instructions)	-	32	-55,111.
		s paid for disallowed fringes	-	•	33	
		ole contributions (see instructions for limitation rules)		. /	34	0.
		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line		lines 32 and 33	1 \$5	-55,111.
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	ons)	<i>J</i> .	1 36	-55,111.
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		\mathcal{C}	はず!	
	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)			⊅ * 	1,000.
		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37 e smaller of zero or line 37		/,	39	-55,111.
Part		rax Computation	· · · ·	·	7 39 I	33,1110
		A4 11 1 4 201 040 (0.04)			- 40	0.
	•	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on			The river	
ĺ	_	x rate schedule or Schedule D (Form 1041)		. >	- 41	
42	Proxy ta	ax. See instructions		→	42	
43	Alternati	rve minimum tax (trusts only)			43	
44	¶ax on l	Noncompliant Facility Income. See instructions			44	
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
Part	·XX	Tax and Payments			S-1000	
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other cr	redits (see instructions)	46b			
_		business credit, Attach Form 3800	46c			
		or prior year minimum tax (attach Form 8801 or 8827)	46d		La Maria	
		edits. Add lines 46a through 46d			46e	
		t line 46e from line 45		-	47	0.
		ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	166 Other (attach schedule		
		x. Add lines 47 and 48 (see instructions)			49	0.
		at 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		 12	50	0.
	-	KS. A 20 to 0 fet out attention to content to content to the conte	57a	<u>13,038</u>	3 - 20 -	
		timated tax payments	5 b	3,000		
		osited with Form 8868	5 c			
	_	organizations: Tax paid or withheld at source (see instructions)	5 d			
	•	withholding (see instructions)	51e			
		or small employer health insurance premiums (attach Form 8941)	311			
g		redits, adjustments, and payments: Form 2439 Total >	519			
בח '		orm 4136 Other Total > syments. Add lines 51a through 51g	12/1		#3 jack 3	16,038.
		ed tax penalty (see instructions). Check if Form 2220 is attached	1 .		53	10,0301
		ed tax periaty (see instructions). Offices if Form 2220 is attached to the see instructions of the see instructions in the see instruction in the see ins			54	
		wment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55	16,038.
		e amount of line 55 you want. Credited to 2020 estimated tax	Rei	funded >	- 56	16,038.
Part		Statements Regarding Certain Activities and Other Informatio			1	
		ime during the 2019 calendar year, did the organization have an interest in or a signature or	other authority			Yes No
	over a fi	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	nay have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	reign country			
	here	▶ BERMUDA				X
58	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	sferor to, a foreig	gn trust?		X
	If "Yes,"	see instructions for other forms the organization may have to file.				
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲				
ο:	Un	nder penalles of perury, I declare that I have examined this return, including accompanying schedules and sta rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	itements, and to the r has any knowledge	best of my know	dedge and b	elief, il is true,
Sign	1.	CHIEF F	TNANCIA	L I		discuss this return with
Here		5 7 ma OFFICER	<u> </u>			r shown below (see
		Signature of Office Date Title)? X Yes No
		Print/Type preparer's name Preparer's signature Da	1	Check	if PTII	N
Paid)	hamma - 200mm		self- employe		01240205
Prep	arer		5/03/21	F		01342395
Use	Only	Firm's name ► CBIZ MHM, LLC		Firm's EIN		6-3753134
		500 BOYLSTON STREET		Dhone se	617	761-0600
		Firm's address ► BOSTON, MA 02116		Phone no.	OT 1 -	
923711 0	11-27-20					Form 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ìr		6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	re and in Part I,				
4 a Additional section 263A costs				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	acquired	for resale) apply to			70.0
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real I	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)		
(see instructions)						.			
1 Description of property									
(1)									
(2)		·							
(3)	•								
(4)									
		ed or accrued				2/a \ Dadustions directly	, connect	ad with the income is	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a			1
(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	ı (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3 Deductions directly con to debt-finant			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)								•	
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(с	8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%				·	
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pag- Part I, line 7, column (
Totals				>		0			0.
Total dividends-received deductions	icluded in column	. 8					<u>- </u>		0.

Schedule F - Interest, A	Annuities	s, Royan						tions	see ins	struction	s)
•			-		Controlled O	<u> </u>		1.			
Name of controlled organization		2 Em identifi num	cation	3 Net unr (loss) (see			al of specified nents made	5 Part of column 4 the included in the control organization's gross inc		rolling	6 Deductions directly connected with income in column 5
(1)								1			
(2)			·					-			
(3)											
(4)							.				
lonexempt Controlled Organia	zations		<u> </u>				 -				
7. Taxable Income		related incom		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ing organ s income	nization's		ductions directly connected in income in column 10
(1)											·
(2)			İ								
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (8)
Totals						•			0.		0 .
Schedule G - Investme		ne of a S	Section 5	i01(c)(7	'), (9), or (17) Org	ganization				<u>.</u>
1. Descr	ription of incor	me			2. Amount of	ncome	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asıdes schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I line 1, co	ıımı (A)					Enter here and on page Part I, line 9, column (B)
otals				<u> </u>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income,	Other	Than Adv	ertisin	g Income				
1 Description of exploited activity	2 G unrelated income trade or b	business ofrom	3. Expe directly cor with prod of unrel business i	nnected uction ated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1, F line 10, co	Partl,							Enter here and on page 1, Part II, line 25
otals		0.		0.							0.
Schedule J - Advertisir				-							
Part I Income From F	Periodic	als Repo	orted on	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Oirect ising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, comput	5. Circulate income		6 Readi		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									ľ.		
(2)											
(3)											
(4)											
otals (carry to Part II, line (5))	•	(0.	0						-	0.
, , , , , , , , , , , , , , , , , , , ,	•		•		•		•		•		Form 990-T (201

Form 990-T (2019) BROOKS SCHOOL 04-21308 [Part III] 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	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 26
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	 Compensation attributable to unrelated business
(1) PAUL GRIFFIN	CFO	2.00%	5,696.
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	5,696.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
ADAMAS OPPORTUNITIES, LP - ORDINARY BUSINESS INCOME (LOSS)	-7,482
ADAMAS OPPORTUNITIES, LP - OTHER INCOME (LOSS)	-74
ADAMAS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-9,750.
ADAMAS PARTNERS, LP - OTHER INCOME (LOSS)	-297
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	207
ORDINARY BUSINESS INCOME	-2,080
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - NET	~ 2,000
RENTAL REAL ESTATE I	-43
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	-45
	742
INTEREST INCOME	743.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER	4 006
PORTFOLIO INCOME (1,936
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER	
INCOME (LOSS)	-678
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP - OTHER INCOME	
(LOSS)	-14
FORTRESS SECURED LENDING FUND I (A) - ORDINARY BUSINESS	
INCOME (LOSS)	2,881.
ROCKEFELLER ACCESS FUND I, LLC - ORDINARY BUSINESS INCOME	
(LOSS)	-666.
ROCKEFELLER ACCESS FUND I, LLC - OTHER INCOME (LOSS)	-53
PACIFIC LAKE PARTNERS FUND, THREE LP - ORDINARY BUSINESS	
INCOME (LOSS)	-21,156
TIFF REALTY AND RESOURCES II, LLC - ORDINARY BUSINESS	•
INCOME (LOSS)	432
PIFF REALTY AND RESOURCES II, LLC - INTEREST INCOME	1.
TIFF REALTY AND RESOURCES II, LLC - ROYALTIES	28.
FIFF REALTY AND RESOURCES II, LLC - OTHER INCOME (LOSS)	-608
ANACAPA PARTNERS III LP - ORDINARY BUSINESS INCOME (LOSS)	-19,696
ANACAPA PARTNERS III LP - OTHER INCOME (LOSS)	-177
FOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-56,753.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
ZODY 000 m may HEE	4 000
FORM 990-T TAX FEE	4,288.
SUPPLIES	500.
INVESTMENT MANAGEMENT FEES	20,488.
FOTAL TO FORM 990-T, PAGE 1, LINE 27	25,276
	43,470

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

BROOKS SCHOOL				04-	2130844
Did the corporation dispose of any investmen	nt(s) in a qualified opportur	nity fund during the tax ye	ear ²		Yes X No
If "Yes," attach Form 8949 and see its instruc-	ctions for additional require	ements for reporting your	r gain or loss		
■PartII Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gain		(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds	(e) Cost (or other basis)	or loss from Form(s) 8949 Part I, line 2, column (g)),	column (e) from column (d) and combine the result with column (g)
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					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					20,563.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824		[5	
6 Unused capital loss carryover (attach computa	ition)		[6	(
7 Net short-term capital gain or (loss) Combine	lines 1a through 6 in columi	n h		7	20,563.
■Partitl Long-Term Capital Gain	ns and Losses (See	instructions)			
See instructions for how to figure the amounts	(4)	(0)	(2)		(5)
to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)),	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(+=-+=- / /	(0.00000)	, a.v., 2, 2010 (g)	·	(9/
8a Totals for all long-term transactions reported on Form 1099-8 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					15,046.
11 Enter gain from Form 4797, line 7 or 9				11	157.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7	<u> </u>	12	
13 Long-term capital gain or (loss) from like-kind	l exchanges from Form 8824			13	
14 Capital gain distributions			Ĺ	14	
15 Net long-term capital gain or (loss) Combine	lines 8a through 14 in colum	n h		15	15,203.
■Partill Summary of Parts I and	i II				
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	al loss (line 15)		16	20,563.
17 Net capital gain Enter excess of net long-term	capital gain (line 15) over ne	t short-term capital loss (line	e 7)	17	15,203.
18 Add lines 16 and 17. Enter here and on Form				18	35,766.
Note: If losses exceed gains, see Capital Los	ses in the instructions		_		
,			<u></u>		
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2019

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

Name(s) shown on return

Social security number or taxpayer identification no.

BROOKS SCHOOL						04-2	130844
Before you check Box A, B, or C belo statement will have the same information	tion as Form 10	you received any 99-B Either will s	r Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker A su reported to the IF	ibstitute RS by your
broker and may even tell you which be [Partile Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	enerally short-term (see	: instruction:	s) For long-term	
transactions, see page 2 Note: You may aggregate all	short-term transac	tions reported on F	Form(s) 1099 B show	ving basis was reporte	d to the IRS	and for which no ac	djustments or
codes are required Enter the You must check Box A, B, or C below.							
If you have more short-term transactions than will	fit on this page for on	e or more of the boxes	, complete as many for	ms with the same box che	cked as you n	eed	
(A) Short-term transactions rep	•	•	•	•	Note abo	ove)	
(B) Short-term transactions rep X (C) Short-term transactions no		•	•	eported to the INS			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the		See instructions	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FORM 6781, PART I					Ĭ i		<68.>
ADAMAS							
OPPORTUNITIES,							
LP-ADAMAS OPPORTUN							9,836.
ADAMAS PARTNERS,							
LP-ADAMAS			=.				10 505
PARTNERS, LP							10,795.
				<u> </u>			
				<u> </u>			
				1			
							
						-	
							
			-				
			-				
			<u></u>				
							
						_	
							-
•							
				+			
2 Totals. Add the amounts in colum	nns (d) (e) (a) a	nd (h) (subtract		 -			
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if Bo	•						20,563.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

BROOKS SCHOOL

04-2130844

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
Portill Long-Term

erm. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) 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, complete 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

(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

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	t, if any, to gain or ou 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)
FORM 6781, PART I							<101.
ADAMAS							
OPPORTUNITIES,							
LP-ADAMAS OPPORTUN							10,007.
ADAMAS PARTNERS,			•				
LP-ADAMAS							
PARTNERS, LP							6,019.
COMMONFUND CAPITAL			-				
PRIVATE EQUITY							
PARTNE							<796.
ENDOWMENT VENTURE							
PARTNERS V,							
LP-ENDOWME							<92.
TIFF REALTY AND							
RESOURCES II,	•	·					
LLC-TIFF R							9.
-							
				-			
							
				 			
							-
		-					
				 			
				 			
				· · · · · · · · · · · · · · · · · · ·			
0 T A L Add the same at		and Only Courte Association					
2 Totals. Add the amounts in colum							
negative amounts) Enter each tot		· .					
Schedule D, line 8b (if Box D abo	ive is checked), I	line 9 (if Box E		I	1		I

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 (2019)

923012 12-11-19