2939314527000 9 EXTENSION ATTACKED

, ♥ Form	990-T	E	cempt Organization	Bus	iness Income Territories	Γax Return	-	ON	MB No 1545-0687
•	•	For cale	and proxy tax	nına	07/01 , 2017, and endin	06/30 20	18		୭ଲ 17
Denar	tment of the Treasury		► Go to www irs gov/Form990	Tfor in	structions and the latest	information.			<u> </u>
	Revenue Service	▶ Do	not enter SSN numbers on this form a				3)	Open 501(c)	to Public Inspection for (3) Organizations Only
A	Check box if address changed			_	ne changed and see instructions		'Emplo	yer iden	ntification number
			COLLECTAME COLLOI	r Ni C					
	empt under section	Print	COLLEGIATE SCHOOL,				12_1	63496	: 6
X	501(C 12 3)	or	Number, street, and room or suite no	raPO	box, see instructions	<u></u>			siness activity codes
\vdash	408(e) 220(e)	Type			structions	•			
-	408A530(a)		301 FREEDOM PLACE SO		IP or foreign postal code	-			
ليا	529(a) ok value of all assets		NEW YORK, NY 10069	, unu L	ii or loreign poster code		52599	90	900099
	end of year	E Gro	up exemption number (See instructi	one)					
34	18,005,202.		eck organization type X 501			truet	401(a)	trust	Other trust
			rimary unrelated business activity		ATTACHME		717 T(G)	trust	Other dast
			corporation a subsidiary in an affili						Yes X No
	•		identifying number of the parent cor	-					
			M. MARGARET JADIN	poratio	Telephone	e number ▶ 212	-812-	-8562	
			or Business Income	- 1	(A) Income	(B) Expense		T	(C) Net
	Gross receipts or								. 1
b	Less returns and allowa		c Balance	1c				_	ŧ
2			ule A, line 7)	2					-11
3			2 from line 1c	3					
4a			attach Schedule D)	4a	1,465.				1,465.
b			Part II, line 17) (attach Form 4797)	4b			*		
С	Capital loss dedu	ction for I	lrusts	4c					
5	Income (loss) from	partnershi	ps and S corporations (attach statement)	5	-2,800.	ATCH 2		<u> </u>	-2,800.
6	Rent income (Sch	edule C)		6					
7	Unrelated debt-fit	nanced in	come (Schedule E)	7				<u> </u>	
8	Interest, annuities, roya	Itles, and re	nts from controlled organizations (Schedule F)	8				ļ	
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity i	ncome (Schedule I)	10				<u> </u>	
11			dule J)	11	00.400				
12	•		ctions, attach schedule)	12	80,480.	ATCH 3		_	80,480. 79,145.
13			ough 12	13	79,145.	- 1 - C \ /E			
Par			Taken Elsewhere (See instr				cepti	or con	itributions,
			be directly connected with t					Г	
14			directors, and trustees (Schedule K)				F		
15								-	
16								 	· · · · · · · · · · · · · · · · · · ·
17 18								 	
19	•	•						 	250.
20			See instructions for limitation rules)						
21		•	4562)		1 1		·		
22	Less depreciation	claimed	on Schedule A and elsewhere on	tarro	C 1 (C D 22a)		22b		
23							1 22		
24	Contributions to	ieferred	compensation plans				. 24		
25	Employee benefit	program	s	PR. 2	2 9 2019 🔆		. 25		
26	Excess exempt ex	penses (Schedule I)		S		. 26		
27									
28	Other deductions	(attach s	schedule J)	<u>ال د</u>	_IN, U I		. 28		
29			es 14 through 28						250.
30	Unrelated busine	ss taxab	ole income before net operating	loss	deduction Subtract line	29 from line 13	30		78,895.
31	Net operating los	s deducti	ion (limited to the amount on line 30))			. 31		38,088.
32	Unrelated busine	ss taxabl	e income before specific deduction	Subtr	act line 31 from line 30		. 32		40,807.
33	Specific deductio	n (Gener	rally \$1,000, but see line 33 instruc	tions fo	or exceptions)		. 33	ļ	1,000.
34	Unrelated busine	ess taxa	ble income. Subtract line 33 from	om lin	e 32 If line 33 is great	ter than line 32			00
	enter the smaller	of zero or	line 32		<u></u>	<u> </u>	34	<u> </u>	39,807.

Page 2

, V

Par	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) \$ (3) \$			
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000)			
c	Income tax on the amount on line 34	35c	•	7,15
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		
	Tax on Non-Compliant Facility Income. See instructions	39		
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		7,15
Par				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
	Other credits (see instructions)			
	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	Total credits. Add lines 41a through 41d	4ite		
	ů l	42	· ,	7,15
42	Subtract line 41e from line 40	43		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1.10	44		7,15
	Total tax. Add lines 42 and 43,			., 10
	Payments A 2016 overpayment credited to 2017			
	2017 estimated tax payments			
	Tax deposited with Form 8888			
	Foreign organizations Tax paid or withheld at source (see instructions)	l i		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
g	Other credits and payments Form 2439			
	Form 4136 Other Total ▶ 45g	ایدا		7,400
	Total payments. Add lines 45a through 45g	46 47		22
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	7		
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶	48		2
		49		
	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶23. Refunded ▶	50		
Par				T N
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		1	es N
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign c	ountry	١.,
	here		<u> </u>	- X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?.		X
	If YES, see instructions for other forms the organization may have to file			
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my ki	nowledge and	belief,
Sigr	ME 200 M	y the IRS	discuss th	ıs retu
Here			parer show	n belo
		e instructions)	2 X Yes	N
D-:-	Print/Type preparer's name CANDITIES METH CA	⟨└── ıf	PTIN	
Paid	CANDICE META Sell-e	mployed	P01306	
Prep	Firm's name		-163982	
Use	Firm's address ► 750 THIRD AVENUE, NEW YORK, NY 10017-2703 Phone	eno 21	2-949-8	700
			Form 990	-T (2

JSA

7X2741 2 000 FTX 2A5 L161 4/16/2019 2:12:40 PM V 17-7.10 205297

%

%

	~~	^	_		
Eam	чч	ш	- 1	(2017	١

Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

17

Schedule F - Interest, Ann	uities, Royalties	s, and Rei	nts Fro	om Contro	lled Or	ganizat	ions (see	e instructio	ns)	
	<u> </u>	Exe	mpt Co	ntrolled Or	ganızatı	ons				
Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)						_			·	
(4)	· · · · · · · · · · · · · · · · · ·									
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific ayments made		ınclud	irt of column led in the co zation's gros	introlling		Deductions directly inected with income in column 10
(1)										
(2)			**							
(3)									_	
(4)										
Totals	· · · · · · · · · · · · · · · · · · ·		· · · · ·	(0) 07/47	>	Enter Part	here and on t, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment II	Tome of a Sec	ilon so i	<u>(c)(/),</u>			IIIZatioi				5 Total deductions
1 Description of income 2 Amount of income		fincome	3 Deductions directly connected (attach schedule)				4 Set-asides (attach schedule)			and set-asides (col. 3 plus col. 4)
(1)										
(2)	 				·				\dashv	
(3)										
(4)	Enter here and									Enter here and on page 1,
Totals ▶ Schedule I - Exploited Ex		3 Expe	nses tly	4 Net inconfrom unrelated or business	ne (loss) ed trade	5 Gro	ss income	ictions)	nses	7 Excess exempt expenses
Description of exploited activity	business income from trade or business	connecte producti unrela business i	on of ted	2 minus col If a gain, co cols 5 thro	ùmn 3) ompute	from activity that		ted attributable to		(column 6 minus column 5, but not more than column 4)
(1)							•			
(2)					_					
(3)										
(4)								_		
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, f line 10, c	Part I,						-	Enter here and on page 1, Part II, line 26
Schedule J - Advertising I	ncome (see instr	uctions)								-
Part I Income From Per	iodicals Report	ted on a C	Consol	idated Bas	sis					
										7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adventigation or (los 2 minus col a gain, co cols 5 three	ss) (col ol 3) If mpute		culation come	6 Reade		costs (column 6 minus column 5, but not more than column 4)
(1)				1						
(2)				1						
(3)				1						
(4)			-	1		<u> </u>				7
			-							
Totals (carry to Part II, line (5))										

Form 990-T (2017) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Name of periodical .	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					<u></u>	1
(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)	-		w.	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				7,5,		

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

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

Form 990-T (2017)

COLLEGIATE SCHOOL, IN

13-1634966

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME GENERATED THROUGH LIMITED PARTNERSHIP INVESTMENTS AND DISALLOWED TRANSPORTATION FRINGE BENEFITS.

•	ATTACHMENT 2
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
HARRINGTON PARTNERS LP	-732. 3.068
DAVIDSON KEMPNER INSTITUTIONAL PARNTERS LP INCOMÈ (LOSS) FROM PARTNERSHIPS	-2,068. -2,800.

13-1634966

		_
ATTACHMENT	3	

PART I - LINE 12 - OTHER INCOME

DISALLOWED TRANSIT FRINGE BENEFITS

PART I - LINE 12 - OTHER INCOME

80,480.

80,480.

13-1634966 ATTACHMENT 4

FC	RM 990-T	: FISCAL	YEAR	CORPORATION	TAX	COMPUTATION	APPLYING	BLENDED	TAX	RATE
1	UNRELATE	D BUSINES	SS TAX	ABLE INCOME	(PA	GE1, PART II,	, LINE 34).	39	,807.
	TAX ON L	INE 1 FIG	GURED	USING THE T	AX R	ATE SCHEDULE	OR TAX			
						A CONTROLLED			5	,971. ,359.
3	TAX ON L	INE 1 FI	GURED	USING THE 2	1% R	ATE			8	,359.
4				NUMBER OF						
	IN THE C	ORPORATIO	r s'nc	AX YEAR BEF	ORE	01/01/2018		1	. , 098	,664.
5				NUMBER OF						
	IN THE C	ORPORATION	r s'nc	AX YEAR AFT	ER 1	2/31/2017		1	.,51·2	, 979.
6	DIVIDE L	INE 4 BY	THE I	OTAL NUMBER	OF	DAYS 365				
	IN THE C	ORPORATION	r s'nc	AX YEAR					3	,010.
7	DIVIDE L	INE 5 BY	THE I	OTAL NUMBER	OF	DAYS 365				
								· ·	4	,145.
8	ADD LINE:	6 AND	7: THE	TOTAL TAX	FOR '	THE FISCAL Y	EAR	· •	7	,155.

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

13-1634966 COLLEGIATE SCHOOL, INC. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (q) 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) the lines below Proceeds Cost column (d) and combine 8949, Part I, line 2, This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (a) 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 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 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 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 (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) the lines below or loss from Form(s) Subtract column (e) from 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) the result with column (g) 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) Howeve 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,465. 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 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 1,465. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 1,465. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 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 1,465. 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

• • •			own on other side		curity number of		
COLLEGIATE SCHOOL, IN	С.					13-1634966	
Before you check Box D, E, or F below statement will have the same informa broker and may even tell you which bo	tion as Form 109						
Part II Long-Term. Transactions, see pa		ng capital a	ssets you held	more than 1	year are lor	ng term. For sh	ort-term
Note: You may agg to the IRS and for 8a; you aren't requi	which no adj	ustments o	r codes are red	quired. Enter	the totals d	irectly on Sche	
You must check Box D, E, or F or a separate Form 8949, page 2, formore of the boxes, complete as m (D) Long-term transactions (E) Long-term transactions (F) Long-term transactions	or each application any forms with reported on Fereported	able box If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo lox checked as y -B showing basis B showing basis	ng-term transa ou need was reported to	actions than vo	will fit on this pa	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	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 Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
DAVIDSON KEMPNER INSTITUTIONAL PA	Ą						1,465.
		-					
		-					

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)

1,465

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)▶