	Form	990-T	E	empt Organization) (and proxy tax					rn   206	OMB N	0 1545-0047
		•	For cale	ndar year 2019 or other tax year begin	ning _	07/01,201	9, and endi	ng 06/30,2	20	20	ก <b>1</b> 9
	Depai	tment of the Treasury		► Go to www.irs.gov/Form990	T for 1	nstructions and	I the latest	information.	Ĺ		910
	Intern	al Revenue Service	Do	not enter SSN numbers on this form	as it m	ay be made public	if your orga	anization is a 501(c	:)(3)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
	A	Check box if		Name of organization ( Check b	ox if na	me changed and se	ee instruction	s)		yer identifica yees' trust, see	ation number
		address changed							(Emplo	,ces (1431, 300	maddenona ,
		empt under section		COLLEGIATE SCHOOL,	INC.						
	X	501(C <b>00)</b> 3)	Print	Number, street, and room or suite no	lf a P C	box, see instruction	ons		_	34966	
		408(e) 220(e)	or Type							ited busines	s activity code
		408A530(a)	,,,,	301 FREEDOM PLACE S	OUTH	<u> </u>			(366 111	indelions ;	
		529(a)		City or town, state or province, countr	y, and i	ZIP or foreign posta	l code				
		ok value of all assets end of year		NEW YORK, NY 10069					52599	0	
	all	end or year	F Gro	up exemption number (See instruct	ions )	<u> </u>					
	3	29,358,499.	G Che	eck organization type 🕨 🕺 501	(c) c <u>o</u>	rporation	501(c	trust	401(a)	rust	Other trust
	H E	nter the number of	the orga	inization's unrelated trades or busine	sses	<b>▶</b> 1		Describe	the only	(or first) uni	related
	tr	ade or business her	e ▶ <u>A</u> '	TCH 1		H	f only one,	complete Parts I-	V If more	than one, o	describe the
	fıı	rst in the blank spa	ce at the	end of the previous sentence, cor	mplete	Parts I and II, co	omplete a S	chedule M for eac	ch addition	al	
	tr	ade or business, the	en comple	ete Parts III-V							
	I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-	subsidiary o	controlled group?		▶ ∟_	Yes X No
				identifying number of the parent co	rporati	on 🕨					
	$\overline{}$			MARGARET JADIN			Telephon	e number > 21	2-812-	8562	
				or Business Income		(A) Inco	me	(B) Expen	ses	(	C) Net
	1 a	Gross receipts or s	ales								
4	b	Less returns and allowa	nces	c Balance ▶							/
2021	2			ule A, line 7)	2						
$\sim$				2 from line 1c	3						
\$	4a	Capital gain net in	icome (a	ttach Schedule D)	4a				_/		
<b>~</b>	b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b				/		
JUL	C	Capital loss deduc	ction for t	rusts	4c						
=	5			r an S corporation (attach statement)	5		228.	ATCH 2			228
Ω	6				6						
쁫	7	Unrelated debt-fin	anced in	come (Schedule E)	7						
SCANNED	8	Interest, annuities, roya	lues, and re	ints from a controlled organization (Schedule F)	8						
Ķ	9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	_						
8	10			ncome (Schedule I)	10						
-	11	-		dule J)	11_	-	_				
	12			tions, attach schedule)	12		000				
	13	Total. Combine lin	es 3 thre	ough 12	13.4	1	228.	\ <b>/F</b>	N		228
	Pai			Taken Elsewhere (See instr ne unrelated business incom				, ,		ns must	be directly
					<del></del>					····	
	14			directors, and trustees (Schedule K)							
1707	15			<b>. /</b>							-
3	16	Repairs and maini	enance	<i></i>				• • • • • • • •	. 16		
-	17			· · · · · · · · · · / · · · · · · · · ·							
7 1	18			(see instructions)							250
A A	19	Decrees and licenses	; -h [	4562/			20		. 19		
-	20	Depreciation (atta	cn Form	456/)		· · · · · · · /-	20		-		
E .	21	Designation	ciaimed	on Schedule A and elsewhere on re	eturn	6	R	<del>eceived -</del>	21b		<del></del>
Batching Ogden	22	Cente buttons to d	/.	on Schedule A and elsewhere on recompensation plans POSTM	<b>IRK</b>				. 22	_	
Ş.	23	Employee benefit	elerieu (	compensation plans				วาก คิ จกจา	. 23		
ᅙ	24	Employee benefit	programs	Schedule I) MAY . 03	. 20	<b>?†</b>	··· MA	I · U · COEI	- 24	<u> </u>	<del></del>
Ba	25 26	Excess exemples	costo (S	chedule ()	LV	₩	سيسسسند	F	25		
22	26 27	Other deductions	(attach a	chedule)		CINCINN	ATI		26		
	28	Total deductions	Add line	s 14 through 27		SFRVICE CI	NTER		28		250
	20 29	Unrelated business	nuu iiiit se tavah	chedule J)	۰۰۰۰	deduction Sub	tract line		3 29		-22
	29 30 /	/		g loss arising in tax years beginnir							
	~/	Deduction for fiel	operatiti	a .ooo arising in tax years beginning	.9 011 (	or accordances y	, _0 .0 (366		·		

Unrelated business taxable income Subtract line 30 from line 29 For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2019)

59 Batching Ogden MAY 2 7 2021

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Pa	rt III	Total Unrelated Business Taxable Income				
32	7	of unrelated business taxable income computed from all unrelated trades or businesses (se	e .			
•		ons)	1 1			-22
33		s paid for disallowed fringes				
34		ole contributions (see instructions for limitation rules)	· <del>     </del>			
35		inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract பூர				
00		the sum of lines 32 and 33	). 35			-22
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
30			36			
27		ons)	$I \vdash \vdash$		<del></del>	-22
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	[. 37]	├		,000
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		<del> </del>		, 000
39		ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37.	1 1 1			-22
		e smaller of zero or line 37	. 39	<u> </u>	_	-22
Pal		Tax Computation				
40	Organi	ations Taxable as Corporations Multiply line 39 by 21% (0 21)	▶ 40			_
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax o	n			
	the amo	ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41			
42	Proxy t	x See instructions	▶ 42			
43	Alterna	ive minimum tax (trusts only)	. 43			
44	Tax on	Noncompliant Facility Income. See instructions	. 44			
45	Total, A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45			
Pai	t V 🎹	Tax and Payments				
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
•	-	redits (see instructions)		l		
		business credit Attach Form 3800 (see instructions)		ĺ		
		or prior year minimum tax (attach Form 8801 or 8827)	_	}		
		edits. Add lines 46a through 46d	46e			
47		t line 46e from line 45			-	
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule				
49						0
		x. Add lines 47 and 48 (see instructions)	·			
50		at 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50	<del></del>		
		ts A 2018 overpayment credited to 2019	$\rightarrow$			
b		W	<u></u>			
С		osited with Form 8868		1		
		organizations Tax paid or withheld at source (see instructions)				
е	Backup	withholding (see instructions)		l		
f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f		ł		
g		edits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total ▶ 51g		<b>L</b>		
52	Total pa	yments Add lines 51a through 51g	. 52		16,	218.
53	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached		l		
54	Tax due	. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54			
55	Overpa	rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\dots \dots$	▶ 85		16,	218.
5611		amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded			16,	218.
Par		Statements Regarding Certain Activities and Other Information (see instruction)	ons)			
57		time during the 2019 calendar year, did the organization have an interest in or a signature	•	author	ity Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				$\top$
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-		1	
	here ►	Total Tra, Report of Foldigh Bank and Financial Accounts in Foot and the Name of the	.0 .0.0.9		"'	X
58		the tax year, did the arganization receive a distribution from or was it the granter of or transferor to a fee	roign tair	+2		X
-		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	n eign uu:		⊢—	+:
E0.	-	see instructions for other forms the organization may have to file				
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$  der penalbes of penury, I declare that I have, examined this return, including accompanying schedules and statements, and to the	e best of	ny know!	dge and h	L elief if i
C:	l to	e, correct, and populate Declaration of pregaret/fother than taxpayer) is based on all information of which preparer has any knowledge	o best of	,	_go and De	o., IC I
Sign		MAD CAPET TAKIN THAT			cuss this	
Her		. MARGARET JADIN / SISTEMATOR OF FINANCE			r shown	$\neg$
	Si	gnature of officer U Date Title	(see instruc		Yes	No
Paid		Print/Type preparer's name  CANDICE METH  Preparer's signature  CANDICE METH  CANDICE METH  Preparer's signature  CANDICE METH  CANDICE METH  CANDICE METH	neck L	ıf PΠ		0.1
	arer		lf-employe	_	013068	
-	Only				63982	
-35	Jy	Firm's address ► 733 THIRD AVENUE, NEW YORK, NY 10017-2703	one no 2	12 - 94	9-8700	J

Form **990-T** (2019)

(1) (2) (3) (4)

1								
•	COLLEG	IATE SCH	IOOL. TN	IC.			13-1634966	
Form 990-T (2019)	COLLEG	50	.002, 11					Page 3
Schedule A - Cost of Goods	Sold, En	ter method	of invento	orv valuation	<u> </u>			
1 Inventory at beginning of year	1					ar	6	
2 Purchases	2					old. Subtract line		
3 Cost of labor	3				•	here and in Part		
4a Additional section 263A costs							7	
(attach schedule)	4a					section 263A (v	vith respect to Ye	es No
<b>b</b> Other costs (attach schedule)	4b					or acquired for		
5 Total. Add lines 1 through 4b .	5				•		, , , , ,	
Schedule C - Rent Income (Fro		roperty an	nd Persor	nal Proper	ty Leased	With Real Prope	rty)	
(see instructions)				•	-	•	•	
1 Description of property							· <del>-</del>	
(1)								
(2)								
(3)								
(4)								
2	. Rent recei	ved or accrue	d					
(a) From personal property (if the percentor for personal property is more than 10%)		percenta	ge of rent for	personal prope r personal prope based on profit	erty exceeds		irectly connected with the (a) and 2(b) (attach schedul	
(1)								
(2)								
(3)								
(4)								
Total		Total				(b) Total deduction	one	
(c) Total income. Add totals of column	s 2(a) and 2(	b) Enter				Enter here and or		
here and on page 1, Part I, line 6, colur	<u> </u>					Part I, line 6, colur	mn (B) 🕨	
Schedule E - Unrelated Debt-F	inanced la	ncome (se	e instruction	ons)				
Description of debt-finance	ced property			income from or o debt-financed		debt-financ	nnected with or allocable to ced property	
P Bescription of debt-lination				operty	(a) Straig	ht line depreciation ach schedule)	(b) Other deduction (attach schedule)	
(1)								
(2)				<u></u>				
(3)								
(4)								

Schedule E - Unrelated D	<del></del>	ee instructions)	raiti, ille o, cold	
	•	2 Gross income from or		onnected with or allocable to aced property
1 Description of del	bt-tinanced property	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)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 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)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				
Total dividends-received deduct	tions included in column 8	<u></u>		Form 990-T (201

Form **990-T** (2019)

Schedule F - Interest, Ann	uities, Royaltie				om Contro ontrolled Or			zatio	ons (se	e instructi	ons)_	
1 Name of controlled organization	2 Employer identification number		3 Ne	t unrei	ated income	4 Total		- 1	ıncluded	f column 4 the in the control	olling	6 Deductions directly connected with income in column 5
(1)												
(2)								_				
(3)							_					
(4)												<u> </u>
Nonexempt Controlled Organi	zations		<del></del> y			_	J 40			0.15-1		
7 Taxable Income	8 Net unrelated i				Total of specific ayments made		inc	luded	of column I in the co tion's gros	ntrolling		Deductions directly     nected with income in     column 10
(1)						. <u> </u>						
(2)							<u> </u>					
(3)			_		· <del>-</del>							
(4)			_\_				<u> </u>		<del></del>			
Totals	ncome of a Se	ction !	501(c	<u></u>	(9), or (17	▶ ') Orga	En Pá	iter he art I, li	ere and on one 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount o	f income			3 Deduction directly contact (attach sch	nected				t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)					<u></u>							
(2)												·—·
(3)												
(4)												Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe		column (A	.)	er Th	an Adverti	sing Ir	come	e (se	e instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conn prod ui	Expense directly sected with the directly sected with the directly section in the directly section is a section sectio	with of	4 Net inconfrom unrelat or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	from	activ	income vity that related income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)	· <del>-</del>											
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	page	here an e 1, Par 10, col	t I,								Enter here and on page 1, Part II, line 25
Totals					<u></u>							
Schedule J-Advertising Ir												<del></del>
Part I Income From Per	iodicals Repor	ted on	a Co	nsol	idated Bas	SiS						<del> </del>
1 Name of periodical	2 Gross advertising income		Direct tising co		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	5.	Circu incor		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											_	
(2)												
(3)										_		<del> </del>
(4)	1											
···											_	
Totals (carry to Part II, line (5))			_									Form <b>990-T</b> (2019

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)				<u>-</u>		
(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 26
Totals, Part II (lines 1-5) ▶			<u> </u>	·	<u> </u>	

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)		%	
<del>1)</del>	,	%	··-
otal. Enter here and on page 1, Part II, line 14			<del></del>

Form 990-T (2019)

ATTACHMENT 2

## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP

228.

INCOME (LOSS) FROM PARTNERSHIPS

228.