	ط '			ENSION A				Tara Datan	1	
	990-T		empt Organi	zation	Bus	iness inco)Me	lax Ketu	rn 1	OMB No 1545-0687
FOIT	330-1					der section (ן שענ	0040
		For cale	ndar year 2018 or other t						20 1 9 .	<u> 2018</u>
	tment of the Treasury		► Go to www.irs.g							Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	► D0	not enter SSN numbers			ne changed and see i				oyer identification number
^ _	address changed		Name of organization (Cileck b	UX II IIdi	ile crianged and see i	iisii uctiori	s)		oyees' trust, see instructions)
B Eve	empt under section	1	THE SPENCE S	CHOOT.						
	501(C)()3_)	Print	Number, street, and roo		If a D O	hov see instructions			13-1	635286
		or	riginber, street, and rec	in or suite no	II G F O	DOX, SEE BISH CARRIES				lated business activity code
-	408(e) 220(e)	, JPC	22 EAST 91ST	STREET						nstructions)
-	408A530(a)		City or town, state or pi		v and 7	ID or foreign postal co	wle .		1	
CBO	529(a) ok value of all assets	-	NEW YORK, NY		y, and 2	ar of loreign poster of	AC		5259	90
	end of year	F Gro	up exemption number		ione \				1 3233	
31	19,595,733.		ck organization type				501(c	1 inmi	401(a)	trust Other trust
			nization's unrelated tra-			- DE7	ZEIV			(or first) unrelated
			IITED PARTNERS		sses	· +				e than one, describe the
					mplete		-	. 1().		
	st in the blank spa ade or business, the		end of the previous s	entence, co	iiibiete		DIELETA S	Z UZ UE WILDS ES	ui addillo	iidi
				ny in an affili	isted a	tire-teenent or annount	e diam'r	controlled constitute		. ▶ Yes X No
I D	"Ves " enter the na	was uic (corporation a subsidia dentifying number of t	he parent co	moratic	out to appear to sol	DEN	onedies glossy.		
			YSE WATERHOUS		porauc	T	elephon	e number ▶ 64	6-943-	-6822
			or Business Incon		_	(A) Income		(B) Exper		(C) Net
1a	Gross receipts or s			T	Г	(0)		(-)		(5,110)
b	Less returns and allowa			c Balance ▶	1c			•		
2			ule A, line 7)		2				"	
3	_		2 from line 1c		3			***************************************	····	
4a	•		ttach Schedule D)		4a	15,	383.			15,383.
b			Part II, line 17) (attach Fo		4b	<u>-</u>		·····		
c	• ,		rusts	,	4c				_/_	
5			en S corporation (attach state		5	-9,	247.	ATCH X	/	-9,247.
6					6					
7			come (Schedule E)		7					
8			nts from a controlled organizat		8					
9	· · ·		(c)(7), (9), or (17) organizati		9					
10			come (Schedule I) .	•	10		/			
11			ule J)		11					
12			tions, attach schedule)		12					
13			ough 12		13	6,	136.			6,136.
Par	t II Deduction	ns Not	Taken Elsewhere	(See inst	ructio	ns for limitation			Except 1	for contributions,
	deduction	s must	be directly conne	cted with t	he un	related busines	ss inco	me.)		
14	Compensation of	officers,	directors, and trustees	(Schedule K)	<i>.</i>				14	
15	Salaries and wage	s		/.					15	
16	Repairs and main	tenance		/					16	<u> </u>
17	Bad debts			<i>/</i>					17	<u> </u>
18			see instructions).							
19			<i>./</i>							5,171.
20		-	iee instructions for limi						20	
21			4562)							
22			on Schedule A and els							
23			<i>[</i>							
24			compensation plans .							
25										
26			Schedule I)							
27			chedule J)							
28	Other deductions	(attach se	chedule)						28	<u> </u>
29			s 14 through 28							5,171.
30	/		e income before ne						2(\ 	965.
31			loss arising in tax ye						$20 \frac{3}{1}$	
32/	Unrelated busines	s taxable	income Subtract line	31 from line	30	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> 32</u>	965.
			otice, see instructions /2020 10:00		77 7	0 0 0 0	_	224042	•	Form 990-T (2018)
	FIXIGI LL6	1 5/7	/2020 10:00):2/ AM	A T	5-8.3F	2	224042		

Form	990-T _. (2018)			Page 2
Par	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			***************************************
	instructions).			69,731.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	37		
33	instructions).	25		
		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	i l	,	
	of lines 33 and 34	. 36		69 , 731.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1,000.
38 .	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	. //		
1	enter the smaller of zero or line 36	38		68,731.
	Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		14,434.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	133		
70				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)			·
	Proxy tax. See instructions	1 - 1		
	Alternative minimum tax (trusts only)	42		
	Tax on Noncompliant Facility Income. See instructions	43		1
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		14,434.
Pari	Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	[
	Other credits (see instructions)	1		
	General business credit. Attach Form 3800 (see instructions)	1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
u	Total credits. Add lines 45a through 45d	45e		
		46		14,434.
	Subtract line 45e from line 44	47		14,454.
	<u> </u>		· · · · ·	14,434.
	Total tax. Add lines 48 and 47 (see instructions)	48	1	14,434.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments: A 2017 overpayment credited to 2018	1 1		
b	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·			
C	Tax deposited with Form 8868	1 1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439	1 1		
9	Form 4136 Other Total ▶ 50g	1		
51	Total payments. Add lines 50a through 50g	511		34,349.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached.		·	300.
			·	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	 	10 615
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	$\overline{}$	5	19,615.
-	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶19, 615. Refunded ▶			
Part	VI Statements Regarding Certain Activities and Other Information (see instruction	<u>s)</u>		,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ay have	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country	
1	here ▶CAYMAN ISLANDS			Х
57	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.			
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my	knowledge a	and belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Here				this return
11616		in the p einstruction		own below
		, misu uccitor		s No
Paid	Print/Type preparer's name Preparer's signature Date Check	if لـــا،	PTIN	0.00
Prepa	arer	mployed		07171
Use (Prim's name FISNERAMEER LLE Firm's		13-163	
-56 (Firm's address ► 750 THIRD AVENUE, NEW YORK, NY 10017-2703 Phone	, no. 21	2-949-8	3700
JSA	,		Form 99	90-T (2018)

Form	990-T (2018)			F	age 2
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		69,7	731.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions).	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	 " 			
30	of lines 33 and 34	20		69,7	731
		36			000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,(,,,,,
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			.	
_	enter the smaller of zero or line 36	38		68,7	/31.
Par	t IV Tax Computation	, <u>.</u>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		14,4	134.
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only).				
43	Tax on Noncompliant Facility Income. See Instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			14,4	34
	<u> </u>	444			
	t V Tax and Payments	<u> </u>			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
8	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46		14,4	34.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48		14,4	34.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments				
	Tax deposited with Form 8868				
	Tax deposited with 1 offin code.				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
9	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g	_		24.5	
51	Total payments. Add lines 50a through 50g	51		34,3	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			300.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		19,6	<u> 515.</u>
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶19,615. Refunded ▶	55			
Par	Statements Regarding Certain Activities and Other Information (see instructions	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		uthority	Yes	No
	over a financial account (bank, secunities, 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	-			
	here ▶CAYMAN ISLANDS			х	
57					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign transferor to a foreign t	gn trust/			 -
£0	If "Yes," see instructions for other forms the organization may have to file.				
<u>58</u> _	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	knowledge	and have	of to In
0:	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		owiedAa	aria Delle	, n. 18
Sigr		y the IR	S discuss	this re	etum
Her			reparer sh		1 8
		nstruction		s	No
Paid	Print/Type preparer's name Preparer's aggreture Date Check	از ليا،	PTIN		
_	WILLIAM EPSTEIN 04/20/2020 self-e	mployed	P013	0717	1
Prep	Film's name EISNEARITE EX DIF		13-163		
	Only Firm's address ► 750 THIRD AVENUE, NEW YORK, NY 10017-2703 Phone	no 212	-949-8	3700	
JSA			Form 99		2018)
				,	,

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A).

▶

Schedule F-Interest, Annu	uiues, Royalues			ontrolled Or			Lauvis	(See	instructi	ons)			
Name of controlled organization	2. Employer identification numb	, ci		ated income nstructions)	4. Total payme	of spec	ified inc	luded			6. Deductions directly connected with income in column 5		
(1)													
(2)					ļ								
(3)											<u> </u>		
(4)					L						L. <u>.</u>		
Nonexempt Controlled Organiz	zations	₁				1 40	D-1-1-	-1	<u> </u>				
7. Taxable Income	8. Net unrelated in (loss) (see instruc	1		Total of specific		ine	Part of coluded in anization	the cor	ntrolling		t. Deductions directly nected with income in column 10		
(1)													
(2)													
(3)													
(4)						<u> </u>	dd colum			<u> </u>	id columns 6 and 11		
Totals	come of a Sec			(9), or (17		Pi	nter here a art I, line &	3, cotur	nn (A)		ter here and on page 1, rt i, line 8, column (B)		
1 Description of income	2. Amount of	income		3. Deduction directly cor (attach sch	nected		(4		-asides schedule)		5. Total deductions and set-esides (col. 3 plus col. 4)		
(1)													
(2)													
(3)	ļ												
(4)	Enter here and										Enter here and on page 1,		
Totals ▶ Schedule ! – Exploited Exe	Part I, line 9, c		ther Th	an Adverti	ising In	com	e (see ii	nstru	ctions)		Part I, line 9, column (B)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expedired direct connect product unrel business	ctly ed with tion of ated	4. Net inconfrom unrelation business 2 minus collif a gain, or cols 5 three	ed trade (column umn 3) ompute	fron	Gross incom activity to not unrelat iness inco	that ed	6. Expenses attributable to column 5		attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						<u> </u>							
(2)													
(3)											1		
(4)										• •			
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,				· · · · ·			- -	Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J-Advertising In				l									
Part I Income From Peri	iodicals Report	ed on a	Consol	idated Bas	SIS	г							
Name of periodical	2. Gross advertising income	3. Dı advertisir		4. Advertigain or (los 2 minus co a gain, coi cols 5 three	s) (col ol 3) If mpute	5. Circulation 6. Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1)													
(2)] .] ,		
(3)] .									
(4)				<u>L</u>									
							_	- 7	_				
Totals (carry to Part II, line (5))]			 -		<u> </u>		Form 990-T (2018)		

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, bu not more than column 4)
(1)						
2)			1			
3)						
4)						
otals from Part I						
_	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
otals, Part II (lines 1-5)						

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

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

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form9907 for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

Name of organ	zation
---------------	--------

THE SPENCE SCHOOL

Unrelated business activity code (see instruction Describe the unrelated trade or business ► GY

ome	(A) Income	(B) Expenses	(C) Net	
s) ► 713940 M RENTAL				
		13-16352	86	

Par	Unrelated Trade or Business Income	1	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	T			
b	Less returns and allowances C Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2		•	
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6	88,968.		88,968.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	investment income of a section 501(c)(7), (9), or (17)	ГП			
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12	13	88,968.		88,968.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15_	20,202.
16	Repairs and maintenance	i	
17	Bad debts	,	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19_	_
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	. ' '.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)	í	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28.	29	20,202.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	68,766.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	Ä;	
	instructions)	31	1
32	Unrelated business taxable income Subtract line 31 from line 30		68,766.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - LINE_5 -INCOME_(LOSS)_FROM_PARTNERSHIPS_OR_S_CORPORATIONS_

BAUPOST VALUE PARTNERS	-22,097.
DAVIDSON KEMPENER	-243.
TIFF PEP 2005	-125.
TIFF PEP 2006	-1.
TIFF REALITY AND RESOURCES II FD	-115.
TIFF PEP 2007	-3,320.
TIFF REALTY AND RESOURCES III FD	-175.
TIFF PEP 2008	-4,029.
TIFF RR 2008	-2,186.
KKR AMERICAS FUND	-3,854.
KKR REAL ESTATE FUND	26,063.
APOLLO INVESTMENT FUND	835.
THE ACTION OF THE PROPERTY OF	0.247
INCOME (LOSS) FROM PARTNERSHIPS	<u>-9,247.</u>

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 THE SPENCE SCHOOL 13-1635286

Part	Short-Term Capital Gains and Losses	(See instructions	3.)			
	See Instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part i, line column (g)	2,	column (d) and 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.					
1 b	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					6,655.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5_	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines 1	la through 6 in column	ıh		7	6,655.
Part						
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	column (g)	<u> </u>	the result with column (g)
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.					
8 b	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 Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					8,728.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 3	37		12	
13	Long-term capital gain or (loss) from like-kind exchan	ages from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in columi	nh		15	8,728.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capit	al loss (line 15)		16	6,655.
17	Net capital gain Enter excess of net long-term capit	tal gain (line 15) over r	net short-term capital lo	ss (line 7)	17	8,728.
18	Add lines 16 and 17 Enter here and on Form 1120,				18	15,383.
	Note: If losses exceed gains, see Capital losses in the	nstructions				

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

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

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THE	SPENCE	SCHOOT.

Social security number or taxpayer identification number

13-1635286

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

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

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

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

(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a) Description of property Date	(b)	(c)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss, if you enter an amount in column (g) enter a code in column (f) See the separate instructions.		
	Date acquired (Mo, day, yr)	disposed of (Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
APOLLO INVESTMENT FUND							551
KKR AMERICAS FUND							6,294.
BAUPOST VALUE PARTNERS							-190.
			<u> </u>	1			
							<u> </u>
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C all	i here and inc is checked), lin	lude on your e 2 (if Box B					6,655.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2018)

Stockmont Convenue No.	124	P~~~ 2

Form.6949 (2018)	Attachment Sequence No 12A	Page
Name(s) shown on return Name and SSN or texpayer identification no not required if shown on other side	Social security number or taxpayer identification number	•
THE SPENCE SCHOOL	13-1635286	

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

Long-Term. 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
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(Mo douve)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
BAUPOST VALUE PARTNERS							1,513
TIFF PRIVATE EQUITY PARTNERS 2006							89
TIFF PRIVATE EQUITY PARTNERS 2008							7,038
TIFF REALTY AND RESOURCES 2008							88
							-
2 Totals Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box	here and inclusion the here and inclusion the here.	ide on your			ara s		8,728.

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 (2018)