	OMB No 1545-0047	
	2019	293
	Open to Public Inspection for 501(c)(3) Organizations Only	9
Ēmi	loyer identification number ployees' trust, see uctions)	&
1	L3-1760106	0
	lated business activity code instructions)	0

Other trust

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T 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).

Check box if name changed and see instructions.) Name of organization (address changed

B Exempt under section. Print ROCKEFELLER BROTHERS FUND, INC. X 501(c)(3 ()) Number, street, and room or suite no. If a P.O. box, see instructions.

Type 475 RIVERSIDE DRIVE, NO. 900 City or town, state or province, country, and ZIP or foreign postal code

530(a) NEW YORK, NY 10115

C Book value of all assets at and of year 1, 296, 117, 807. G Check organization type

X 501(c) corporation

F Group exemption number (See instructions.)

H Enter the number of the organization's unrelated trades or businesses. SEE STATEMENT 1 trade or business here

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 or 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.

The books are in care of ▶ GERALDINE F. WATSON

Part I Unrelated Trade or Business Income

c Balance

Cost of goods sold (Schedule A, line 7)

Gross profit. Subtract line 2 from line 1c

Capital gain net income (attach Schedule D)

Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

Capital loss deduction for trusts

Income (loss) from a partnership or an S corporation (attach statement)

Rent income (Schedule C)

1a Gross receipts or sales b Less returns and allowances

Form **990-T**

Department of the Treasury

Check hox if

220(e)

Internal Revenue Service

408(e)

408A

529(a)

Unrelated debt-financed income (Schedule E)

Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Exploited exempt activity income (Schedule I)

Advertising income (Schedule J)

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12

STATEMENT 4

(B) Expenses

Describe the only (or first) unrelated

. If only one, complete Parts I-V. If more than one,

501(c) trust

Telephone number ► 212-812-4200

X No

525990

401(a) trust

(A) Income (C) Net 10 2 3 -111,273. -111,273. 4b 4c 1,669,039. 1,669,039. STMT 5 6 7 8 9 10 11 13,304. 304 12

571,070. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (S	chedu	ıle K)
15	Salaries and wages		DEAE
16	Repairs and maintenance	Ι.	RECE
17	Bad debts	8	
18	Interest (attach schedule) (see instructions)		DF 1 6
19	Taxes and licenses	0	
20	Depreciation (attach Form 4562)	-	
		ĺ	$A \cap A \cap A$

21 Less depreciation claimed on Schedule A and elsewhere on return -

22

27

23 Contributions to deferred compensation plans

24 Employee benefit programs

25 Excess exempt expenses (Schedule I)

26 Excess readership costs (Schedule J)

Other deductions (attach schedule) 28

Total deductions. Add lines 14 through 27

29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income, Subtract line 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

17 SEE STATEMENT 5 60,268. 18 108,227 SEE STATEMENT 2 19 20 21b

SEE STATEMENT 61,514 22 23

14 15

16

SEE STATEMENT 6 836,922 066,931.

25

504,139

IVED

2020

			ROCKEFELLER BROTHERS FUND, INC.		13	-1760106 Page 2
1	IPar	tiun	Total Unrelated Business Taxable Income			
	\	7	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	504,139.
	33		nts paid for disallowed fringes		33	
	34		able contributions (see instructions for limitation rules) STMT 8 STMT 9	4	34	50,314.
	35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of	flunca 33 and 33 E		453,825.
			tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	illies 32 and 33	36	100/0201
	36		A CONTRACTOR OF THE PROPERTY O	~	-	453,825.
	37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	8	37	1,000.
	38	-	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	D	38	1,000.
	39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	11	$\perp \Lambda \perp$	450 005
	lin=		he smaller of zero or line 37		39\1	452,825.
//		//	Tax Computation		- 11 .	05 000
11	40 /	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	\	40 1	95,093.
	41	Trusts	Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:			
		T	ax rate schedule or Schedule D (Form 1041)	>	41	
	42	Proxy (tax. See instructions	•	42	· · · · · · · · · · · · · · · · · · ·
	43	Alterna	tive minimum tax (trusts only)		43	
	44	Тах оп	Noncompliant Facility Income. See instructions	1	44	
	45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	95,093.
111	IPar	t1)X/	Tax and Payments		\neg	
11,		_	tax credit (corporations attach Form 1118; trusts attach Form 1116)			•
	ь	-	redits (see instructions)			
			I business credit. Attach Form 3800	9,882.		
	4		for prior year minimum tax (attach Form 8801 or 8827)		1	
			redits. Add lines 46a through 46d	15	46e	9,882.
	47		ct line 46e from line 45	(-	47	85,211.
				(attach schedule)	48	03,211.
	48				13	85,211.
	49		ix. Add lines 47 and 48 (see instructions)	4	50	0.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	E4 077		
		-		<u>54,977.</u>	- 4	
			stimated tax payments 5 b		-	
			posited with Form 8868 5tc		-	
		-	organizations: Tax paid or withheld at source (see instructions)			
	_		withholding (see instructions) SEE STATEMENT 2 5 e 5 e	1.		
	f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f			
	g	Other c	redits, adjustments, and payments: Form 2439			
			orm 4136 Other Total ▶ 51g			
	52	Total p	ayments. Add lines 51a through 51g		52	554,978.
	53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached		53	
	54	Tax du	a. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
11	55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	(O >	55	469,767.
- //				funded 🕨	56	0.
,,	Part	VII :	Statements Regarding Certain Activities and Other Information (see Instru	ctions)	7	
	57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
			inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		here	► SEE STATEMENT 7			X
	58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?		
	-	-	see instructions for other forms the organization may have to file.	, u.uu.		
	59	-	e amount of tax-exempt interest received or accrued during the tax year > \$ 782	. SEE	STMT	2
		LIP	der populities of perury. I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowler		
	Sign	co	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EXECUTIVE VP	, ·		
	Here		Sualda Justin 11/12/2020 FINANCE & OP	14%	•	discuss this return with
			Signature of officer Date Title			shown below (see
	_		Print/Type preparer's name Preparer's signature Date		f PTIN	ı
	Paid		CARRENT M HICCING J 4.440/0000	self- employed	1 50	10542200
	Prep	ou Ci	GARRETT M. HIGGINS CAUX m hay 11/12/2020	[_ · -·· -		00543209
	Use	Only	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN	2.1	7-1728945
			665 FIFTH AVENUE			06.06
			Firm's address ► NEW YORK, NY 10022	Phone no. 2	12-2	286-2600
	923711 0	01-27-20				Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation N/A	`			·	
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2	-	7 Cost of goods sold. Subtract line 6			line 6	1383		
3 Cost of labor	3		7		ine 5. Enter here and in Part I,				
4a Additional section 263A costs			1	line 2		·	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	•	•		A	Kir.
5 Total. Add lines 1 through 4b	5	· · · · · ·	7	the organization?	•	,			
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)		•							
(3)									
(4)		• •							
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) an	ns directly connected with the income in nns 2(a) and 2(b) (attach schedule)		
(1)				•					
(2)							-		
(3)	·	1							
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (8)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)		<u> </u>			
			2	Gross income from		3. Deductions directly conr to debt-finance		or allocable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property (8)		Straight line depreciation (attach schedule)		Other deduction	ıs	
			1						
(1)			1		-		1		
(2)							1		
(3)			<u> </u>						
(4)						···			
4. Amount of average acquisition debt on or ellocable 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)	8. (colui	Allocable deduct nn 6 x total of co 3(a) and 3(b))	ions lumns
(1)				%					
(2)				%					
(3)				%					
(4)			Ì	%					
			•			nter here and on page 1, Part I, line 7, column (A)		here and on pag I, line 7, column (
Totals				•		0.	. [0.
Total dividends-received deductions in	icluded in column	8				•	1		0.
	···-						-	Form 990-T	

1. Name of periodical

2. Gross advertising lincome

3. Direct advertising costs

3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising costs

3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income

5. Circulation income

5. Readership costs (column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

Form 990-T (2019)

923731 01-27-20

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)

Columns 2 timou	igii / Uli a	mie by mie basis)							
1. Name of periodical	_	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		culation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1			
(2)	Ì								
(3)		-							
(4)				_					
Totals from Part I	•	0.		0.					0.
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, I, col (8)				•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.		0.					0.
Schedule K - Compe	ensation	of Officers, D	Directo	ors, and	Trustees (see in	structio	ns)		
1	. Name				2. Title		 Percent of time devoted to business 		ensation attributable elated business

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	-	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Form 3800

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895
2019
Attachment Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

ROCKEFELLER BROTHERS FUND, INC.

Identifying number 13-1760106

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.)	Γ)	
1	General business credit from line 2 of all Parts III with box A checked	1	9,569.00
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	9,569.00
Part II			
7	Regular tax before credits	المرا	
	• Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and		
	Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form		
	1040-NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	<u> </u>	
	applicable line of your return	7	95,093.00
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return		ı
8	Alternative minimum tax	-,1	
	• Individuals Enter the amount from Form 6251, line 11	أكستما	0.00
	• Corporations Enter-0	8	0.00
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54)	ارود ابدر ا	
		9	95,093.00
9	Add lines 7 and 8	9 5.57	95,093.00
	land		
	Foreign tax credit	4	
	Certain allowable credits (see instructions)	10c	
С	Add lines 10a and 10b	100	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	95,093.00
4.0	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 95,093.00		
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	. 1	
	5 4 050 (0.05) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See 17,523.25	* 0	
	3 4	1.2	
	Tentative minimum tax	1	
	• Individuals Enter the amount from Form 6251, line 9	٠,	
	- Corporation Circumstance Company		
	• Estates and trusts Enter the amount from Schedule I (Form 1041),	*	
15	Enter the greater of line 13 or line 14	15	17,523.25
	Subtract line 15 from line 11. If zero or less, enter -0	16	77,569.75
	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	9,569.00
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	17	,
	or reorganization		
	rwork Reduction Act Notice, see separate instructions.		Form 3800 (2019)

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and en	ter -0- o	n line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0.00
19	Enter the greater of line 13 or line 18	19	17,523.25
20	Subtract line 19 from line 11 If zero or less, enter -0	20	77,569.75
21	Subtract line 17 from line 20 If zero or less, enter -0	21	68,000.75
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	0.00
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0.00
27	Subtract line 13 from line 11 If zero or less, enter -0	27	77,569.75
28	Add lines 17 and 26	28	9,569.00
29	Subtract line 28 from line 27 If zero or less, enter -0	29	68,000.75
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	313.00
31	Reserved	31	The state of the s
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	313.00
37	Enter the smaller of line 29 or line 36	37	313.00
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form.1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	, , , , , , , , , , , , , , , , , , , ,	0.000.00
	• Estates and trusts Form 1041, Schedule G, line 2b	38	9,882.00 Form 3800 (2019)
			1000 0000 (2013)

Name	s) shown on return		identifying number	
ROC	KEFELLER BROTHERS FUND, INC.		13-176010	6
	General Business Credits or Eligible Small Business Credits (see in	structi		
	plete a separate Part III for each box checked below. See instructions			
	X General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
c		ll Rusii	ness Credit Carryfon	wards
ا م	General Business Credit Carrybacks H Reserved		nood ordan dan jidi.	
_	f you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Part III combining	amounts from all Parts
	I with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
Note [.] pass-l	On any line where the credit is from more than one source, a separate Part III is needed for hrough entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	 	
	Reserved	1b	ATTION OF THE PARTY.	
С	Increasing research activities (Form 6765)	1c	20-5583068	9,233.00
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	$\overline{}$		
h	Orphan drug (Form 8820)			
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		,=
k	Employer-provided child care facilities and services (Form 8882) (see			
•	instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m.	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)			
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908).	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
· s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)			
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	10		
w	Employer differential wage payments (Form 8932)	1w		
	Carbon oxide sequestration (Form 8933)	1x		
v	Qualified plug-in electric drive motor vehicle (Form 8936).	1 <u>y</u>		
,	Qualified plug-in electric vehicle (carryforward only)	1z		,
	Employee retention (Form 5884-A)	1aa		
aa bb	General credits from an electing large partnership (carryforward only)	1bb	-	
	Other Oil and gas production from marginal wells (Form 8904) and certain	135		
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		9,233.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		3,233.00
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b	20-5583068	115.00
c	Biofuel producer (Form 6478).	4c	20 3303000	
d	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	-		
	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f	20-1980953	4.00
	Qualified railroad track maintenance (Form 8900)		20 100000	4.00
		4g		
h :	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994)	4i		
		4j		
Z E	Other	4z	اسور درس مرجوع	119.00
		5		
6 .	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		9,352.00

Nam	e(s) shown on return	-	identifying number	
RO	CKEFELLER BROTHERS FUND, INC.		13-176010	6
_	Tt III General Business Credits or Eligible Small Business Credits (see in:	struction	ons)	
	nplete a separate Part III for each box checked below. See instructions		_	
Α	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
c	<u> </u>	ll Busir	ness Credit Carryfory	vards
D	General Business Credit Carrybacks			
ī	If you are filing more than one Part III with box A or B checked, complete and attach first an	addition	nal Part III combining :	amounts from all Parts
•	III with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Part III is needed for in-through entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b	- 51	Late to get the world
c	Increasing research activities (Form 6765)	1c	20-1980775	5.00
d				
е		1e		
f		1f		
g		1g	*	
_	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
, k		-' <i>'</i> -		
•		1k		
	Instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
n		1n		
0		10		
p	Energy efficient home (Form 8908)	1p		
q		19		
r	Alternative motor vehicle (Form 8910)			
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u		1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W		1w		
×	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	-	
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (carryforward only)	1bb		
Z	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz	-1	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	J. S. W. 16. 1	5.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b	20-1980953	5.00
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		5.00
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1	10.00
_		- 1		

Name	e(s) shown on return	-	Identifying number	·			
RO	CKEFELLER BROTHERS FUND, INC.		13-176010	6			
	Part III General Business Credits or Eligible Small Business Credits (see instructions)						
Con	plete a separate Part III for each box checked below. See instructions		<u> </u>				
Α	X General Business Credit From a Non-Passive Activity E Reserved						
В	General Business Credit From a Passive Activity F Reserved						
С		l Busi	ness Credit Carryfor	wards			
D	General Business Credit Carrybacks H Reserved	. –					
_	If you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Part III combining	amounts from all Parts			
-	III with box A or B checked Check here if this is the consolidated Part III						
	(a) Description of credit		(b)	(c)			
	: On any line where the credit is from more than one source, a separate Part III is needed for through entity	each	If claiming the credit from a pass-through entity, enter the EIN				
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a					
	Reserved	1b	* * * * * * * * * * * * * * * * * * * *	W 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
С		1c	75-3178929	331.00			
đ		1d					
е		1e					
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f					
g	Indian employment (Form 8845)	1g					
h		1h					
i	New markets (Form 8874)	1i					
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j					
k		-					
	instructions for limitation)	1k					
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11					
m		1m					
n	Distilled spirits (Form 8906)	1n					
0	Nonconventional source fuel (carryforward only)	10					
р	Energy efficient home (Form 8908).	1p					
q	Energy efficient appliance (carryforward only)	1g					
r	Alternative motor vehicle (Form 8910)	1r					
s	Alternative fuel vehicle refueling property (Form 8911)	1s					
t	Enhanced oil recovery credit (Form 8830)	1t					
u	Mine rescue team training (Form 8923)	1u		L			
v	Agricultural chemicals security (carryforward only)	1v					
w	Employer differential wage payments (Form 8932)	1w	<u> </u>				
X	Carbon avida seguestration (Form 9033)	— †					
v	Carbon oxide sequestration (Form 8933)	1x					
,	Qualified plug-in electric drive motor verticle (corryforward only)	1y					
2	Employee retention (Form 5994 A)	1z					
de	Employee retention (Form 5884-A) General credits from an electing large partnership (carryforward only)	1aa					
	Other Oil and gas production from marginal wells (Form 8904) and certain	1bb		<u> </u>			
22							
2	other credits (see instructions)	1zz	^ P-, ' 1	331.00			
2	Enter the amount from Form 8844 here and on the applicable line of Part II	3	<u> </u>	331.00			
3							
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	75-3178929	189.00			
b	Work opportunity (Form 5884)	4b	13-3110323	109.00			
C C	Biofuel producer (Form 6478)	4c					
d	Low-income housing (Form 8586, Part II)	4d					
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e					
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f					
g	Qualified railroad track maintenance (Form 8900)	4g	<u> </u>				
h	Small employer health insurance premiums (Form 8941)	4h		!			
i	Increasing research activities (Form 6765)	4i		_			
j	Employer credit for paid family and medical leave (Form 8994)	4j					
Z	Other	4z	الاحداث أخار حيل و	100.00			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II			189.00			
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	. ـ	520.00			

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

ROCKEFELLER BROTHE	RS FUND, INC.			13-	1760106		
Did the corporation dispose of any investme	Yes X No						
If "Yes," attach Form 8949 and see its instru			r gain or loss				
PartI■ Short-Term Capital Gains and Losses (See Instructions.)							
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(a) Adjustments to dai	n	(h) Gain or (loss) Subtract		
This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	19, 1)	column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.	((8)		
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			<u> </u>	-			
3 Totals for all transactions reported on					19.		
Form(s) 8949 with Box C checked	- from Corm COFO, has OC or OF	<u>. </u>			19.		
4 Short-term capital gain from installment sales	•			4	<u> </u>		
5 Short-term capital gain or (loss) from like-kin6 Unused capital loss carryover (attach compute	•			5	,		
7 Net short-term capital gain or (loss). Combin	•	h		7	19.		
■Part				<u>'</u>	1 10.		
See instructions for how to figure the amounts	To una zooooo (oee ii						
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)		
8a Totals for all long-term transactions reported							
on Form 1099-B for which basis was reported to the IRS and for which you have							
no adjustments (see instructions). However,							
if you choose to report all these transactions on Form 8949, leave this line blank and go to							
line 8b					<u></u>		
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					140 001		
Form(s) 8949 with Box F checked			1		-148,881.		
11 Enter gain from Form 4797, line 7 or 9	, r			11			
12 Long-term capital gain from installment sales	·			12			
13 Long-term capital gain or (loss) from like-king	3 exchanges from Form 8824			13			
14 Capital gain distributions	Junes So through 14 in column	ь		14	-148,881.		
15 Net long-term capital gain or (loss). Combine Part IIII Summary of Parts I and		· · · · · · · · · · · · · · · · · · ·		15	-140,001.		
16 Enter excess of net short-term capital gain (lin		Inss (line 15)	Ī	16			
17 Net capital gain. Enter excess of net long-term	, ,	, ,	e 7)	17			
18 Add lines 16 and 17. Enter here and on Form			· · ·	18	0.		
Note: If losses exceed gains, see Capital Loss		peo on oalor rotarilo	·				
Tapital Los.	Jog or and mondadoner						
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2019		

92 105 1 12-16-19

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

ROCKEFELLER BROTHERS FUND, INC.

Social security number or taxpayer identification no.

13-1760106

Impactions Short-Term Transactions involving capital assets by our held it year or less are generally after-term, see page 2 and short-term transactions reported on Formic 1000 et al.	st b	efore you check Box A, B, or C bel tatement will have the same informa- roker and may even tell you which i	ation as Form 10. box to check	99-B Either will	show whether you	r basıs (usually you	r cost) wa	s reported to the IF	ibstitute RS by your
Note: You may appropriate all short-ferm transactions reported on Form(s) 10989 showing basis was reported to the IRS and for which no adaptive between the basis exercising to Schoolable 2, the is to you sent required to post the basis designed see instructions. (A) Short-term transactions reported on Form(s) 10989 showing basis was reported to the IRS (See Note above)		Part Short-Term. Transact	tions involving capil	tal assets you held	1 year or less are ge	nerally short-term (see	e instruction	ns) For long-term	
If you have more short-term transactions reported on Form(s) 1099-8 showing bases was reported to the IRS (See Note above) [1] (a) Short-term transactions reported on Form(s) 1099-8 showing bases was reported to the IRS (See Note above) [2] (a) Short-term transactions reported to you on Form 1099-8 [3] (a) Short-term transactions not reported to you on Form 1099-8 [4] (a) Short-term transactions not reported to you on Form 1099-8 [5] (a) Date sold or (Mo , day, yr.) [6] (Mo , day, yr.) [7] (Mo , day, yr.) [8] (Mo , day, yr.) [8] (Mo , day, yr.) [9] (Mo , day, yr.) [9] (Mo , day, yr.) [9] (Mo , day, yr.) [1] (Mo , day, yr.) [2] (Mo , day, yr.) [1] (Mo , day, yr.) [1] (Mo , day, yr.) [1] (Mo , day, yr.) [2] (Mo , day, yr.) [3] (Mo , day, yr.) [4] (Mo , day, yr.) [5] (Mo , day, yr.) [6] (Mo , day, yr.) [6] (Mo , day, yr.) [7] (Mo , day, yr.) [8] (Mo , day, yr.) [9] (Mo , day, yr.) [9] (Mo , day, yr.) [9] (Mo , day, yr.) [1] (Mo , day, yr.) [9] (Mo , day, yr.) [1] (Mo , day, yr.) [2] (Mo , day,		Note: You may aggregate al	il short-term transac e totals directly on :	ctions reported on Schedule D, line 1	Form(s) 1099-B show a, you aren't required	ring basis was reporte to report these trans	ed to the IRS	S and for which no ac	ljustments or ictions)
(g) Short-term transactions reported to you on Form 1099-8 1		ou must check Box A, B, or C below.	Check only one bo	X. If more than one	box applies for your shor	t-term transactions, comp	lete a separa	te Form 8949, page 1, for	
X G Short-term transactions not reported to you on Form 1099-9 1 (a) (b) (c) (c) (d) (c) (d) (c) (d)		(A) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis was repor	ted to the IRS (see	Note ab	ove)	
1 (a) Description of property (Example 100 sh, XYZ Co) Date sort of Mo. day, yr) Mo	[(B) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis wasn't re	ported to the IRS			
Description of property (Example 100 sh, XYZ Co) (Mo, day, yr) Date acquired (Mo, day, yr) Date sold or disposed of (Mo, day, yr) INVESTURE EVERGREEN FUND, L.PINVESTURE 1.9INVESTURE 1.9INVESTURE 2.10INVESTURE 2.		X (C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
Description to property (Example 100 sh, XYZ Co) (Mo, day, yr) (Mo, day,	1	(a)	(b)	(c)	(d)	(⊕)	Adjustme	nt, if any, to gain or	(h)
(example 100 sh. XYZ Co) (Mo , day, yr) (Mo			Date acquired	Date sold or			ioss. If y	ou enter an amount	Gain or (loss).
two, day, yr.j see Column (e) in the instructions of adjustment of adjus		(Example 100 sh. XYZ Co)	(Mo , day, yr)		(sales price)		column (f). See instructions.	
INVESTURE EVERGREEN FUND, L.PINVESTURE 19. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B				(Mo , day, yr.)			(f)	(g)	
EVERGREEN FUND, L.PINVESTURE 19. 19. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line tb (if Box A above is checked), line 2 (if Box B			1				Code(s)		with column (g)
I.PINVESTURE 19. 19. 2 Totals, Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	Ī	NVESTURE							
2 Totals, Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	Ē	VERGREEN FUND,				Ī			
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	L	.PINVESTURE							19.
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B						1		-	
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_	-			Ī ·				
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_	"							
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_					Ì			
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
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negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									-
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negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B									
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negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B							-		
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B				-					
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	_	****							
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	2	Totals. Add the amounts in colum	nns (d), (e), (a), a	nd (h) (subtract			(g		
Schedule D, line 1b (If Box A above Is checked), line 2 (if Box B	_						$\mathcal{M}_{\mathcal{M}}$		
		•		•					
		, , =	••	•		:	3		19.

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)

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.

ROCKEFELLER BROTHERS FUND, INC.

13-1760106

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

[Part|III] 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

X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (b) (c) (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr.) (g) Amount of combine the result see Column (e) ır Code(s) with column (g) the instructions adjustment INVESTURE EVERGREEN FUND L.P.-INVESTURE <148460.3 STRATEGIC PARTNERS FUND III, L.P.-STRATE <23. STRATEGIC PARTNERS FUND III VC <398. L.P.-STR

negative amounts) Enter each total here and include on your 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)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Form 8949 (2019)

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.

FOOTNOTES	STATEMENT 2
FORM 990-T, PART II, LINE 19 - TAXES AND LICENSES:	
ARIZONA LOUSISANA MONTANA NEW MEXICO NEW YORK OREGON RHODE ISLAND FOREIGN TAXES PAID	50. 9,373. 50. 50. 72,376. 150. 400. 25,748.
TOTAL TAXES PAID	108,227.
FORM 990-T, PART II, LINE 23 - DEPLETION:	
INVESTURE EVERGREEN FUND, L.P. STRATEGIC PARTNERS FUND III, L.P.	61,017. 497.
TOTAL DEPLETION	61,514.
FORM 990-T, PART V, LINE 50E - BACK-UP WITHHOLDING:	
INVESTURE EVERGREEN FUND, L.P. (EIN: 20-5583068)	1.
TOTAL BACK-UP WITHHOLDING	1.
FORM 990-T, PART VI, LINE 58 - TAX-EXEMPT INTEREST	500
INVESTURE EVERGREEN FUND, L.P. STRATEGIC PARTNERS FUND III, L.P.	780. 2.
TOTAL TAX-EXEMPT INTEREST	782.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
		NET INCOME
DESCRIPTION		OR (LOSS)
INVESTURE EVERGREEN FUNI	D, L.P ORDINARY BUSINESS INCOME	
(LOSS)		1,128,529
	D, L.P NET RENTAL REAL ESTATE	F7 201
INCOME	D I D OMITED NEW DENMAI INCOME	-57,381
(LOSS)	D, L.P OTHER NET RENTAL INCOME	54.
	D, L.P INTEREST INCOME	18,374
	D, L.P DIVIDEND INCOME	68.
INVESTURE EVERGREEN FUNI		7,980.
	D, L.P OTHER PORTFOLIO INCOME	•
(LOSS)	,	3,139
	D, L.P OTHER INCOME (LOSS)	1,912
	JND IV (QP), L.P ORDINARY	·
BUSINESS INCOME (LOSS)		-201
	III, L.P ORDINARY BUSINESS	
INCOME (LOSS)	•	9,140.
	III, L.P NET RENTAL REAL ESTATE	•
INCOME	•	-512
STRATEGIC PARTNERS FUND	III, L.P OTHER NET RENTAL	
INCOME (LOSS)		1.
STRATEGIC PARTNERS FUND	III, L.P INTEREST INCOME	172.
STRATEGIC PARTNERS FUND	III, L.P OTHER PORTFOLIO INCOME	
(LOSS)		75.
STRATEGIC PARTNERS FUND	III VC, L.P ORDINARY BUSINESS	
INCOME (LOSS)		148.
	III VC, L.P INTEREST INCOME	61.
SUSTAINABLE ASSET FUND,	LP - ORDINARY BUSINESS INCOME	
(LOSS)		535,381.
	ORDINARY BUSINESS INCOME (LOSS)	-33.
WESTON PRESIDIO V, LP -	ORDINARY BUSINESS INCOME (LOSS)	22,132
TOTAL INCLUDED ON FORM S	990-T, PAGE 1, LINE 5	1,669,039
FORM 990-T	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
		
REFUNDED STATE TAXES		13,304.
TOTAL TO FORM 990-T, PAG	SE 1, LINE 12	13,304
	•	

FORM 990-T	INTEREST PAID	STATEMENT 5
DESCRIPTION		AMOUNT
PORTFOLIO EXPENSES FR INVESTURE EVERGREEN F STRATEGIC PARTNERS FU STRATEGIC PARTNERS FU	ND III, L.P.	59,793. 157. 318.
TOTAL TO FORM 990-T,	PAGE 1, LINE 18	60,268.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
ACCOUNTING FEES INVESTMENT MANAGEMENT	FEES	64,300. 448,831.
IDC EXPENSES FROM THE INVESTURE EVERGREEN F STRATEGIC PARTNERS FU		223,646. 2,141.
OTHER DEDUCTIONS FROM INVESTURE EVERGREEN F STRATEGIC PARTNERS FU STRATEGIC PARTNERS FU	ND III, L.P.	97,211. 154. 639.
TOTAL TO FORM 990-T,	PAGE 1, LINE 27	836,922.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 7
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

BRAZIL
CHINA
COLOMBIA
DENMARK
GREECE
HUNGARY
INDONESIA
ISRAEL
MALAYSIA
NORWAY
PERU
PORTUGAL
KOREA (SOUTH)
SWEDEN
UNITED KINGDOM

FORM 990-T	CONTRIBUTIONS	STATEMENT 8	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
INVESTURE EVERGREEN FUND, L.P. STRATEGIC PARTNERS FUND III,	N/A N/A	2,670.	
L.P.		22.	
SUSTAINABLE ASSET FUND, LP CHARITABLE CONTRIBUTIONS	N/A N/A	4,496. 38,516,976.	
WESTON PRESIDIO V, LP	N/A	66.	
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34	38,524,230.	

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 9
~	BUTIONS SUBJECT TO 100% LIMIT BUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRICE FOR TAX YEAR 20	015 016 017		
TOTAL CARRYOVER TOTAL CURRENT YEA	AR 10% CONTRIBUTIONS	33,755,632 38,524,230	
TOTAL CONTRIBUTIO TAXABLE INCOME L	ONS AVAILABLE IMITATION AS ADJUSTED	72,279,862 50,314	_
EXCESS CONTRIBUT EXCESS 100% CONTRIBUT FOTAL EXCESS CONTRIBUTION	RIBUTIONS	72,229,548 0 72,229,548	-
ALLOWABLE CONTRIE	BUTIONS DEDUCTION		- 50,314
TOTAL CONTRIBUTIO	ON DEDUCTION		50,314