ે. .દે` ક	₀m 9ᢆ 90-T	E	Exempt Orga	nization Bus	sine	ss Income T	ax Retu	rn_	ОМВ	No 1545-0687
•	<u></u>	For ca		and proxy tax und			n 30, ¹ 9	06	2	018
	epartment of the Treasury ternal Revenue Service			w.irs.gov/Form990T for in ers on this form as it may				(3)	Open to I	Public Inspection for Organizations Only
_ Ă	Check box if		Name of organization (and see instructions.)	2.1011 10 2 00 1(0)	D Em	ployer ideni ployees' tr	tification number
-	address changed		GOLLEGE OF	CHARLECTON	EOID	TD A M T O N			tructions) つつ フィ	069236
B	Exempt under section X 501(c0)3)	Print		CHARLESTON m or suite no. If a P.O. bo				E Ure	elated busi	ness activity code
[408(e) 220(e)	Туре	66 GEORGE S		X, 566 II	istructions.		(See	e instruction	នេ)
į	408A 530(a)			ovince, country, and ZIP o	r foreig	n postal code		1		
	529(a)		CHARLESTON,					90	0099	
C	Book value of all assets at end of year	21	F Group exemption nun		<u> </u>			1/->		
_ H	138,344,7		G Check organization ty ition's unrelated trades or		poration 1		the only (or first)	1(a) trust		Other trust
"		-	EE STATEMEN				, complete Parts I			ne.
				ous sentence, complete Pa	arts I an					-,
_	business, then complete	Parts III	-V.			· 				
1	• • •			affiliated group or a pare	nt-subsi	diary controlled group?	•	٠ 🗀 ٬	Yes 🔼	X No
-			tifying number of the pare			Telanh	ione number	013	053	7150
			de or Business Inc			(A) Income	(B) Expen		733	(C) Net
\simeq	la Gross receipts or sale			T	Ι	(.,,	,	. ,	1 :	, - 1
ဖ	b Less returns and allow			c Balance	1c_		, , ,	ð	<u> </u>	
~ √ 2	Cost of goods sold (S	Schedule	A, line 7)	$\Lambda\Lambda$	2_		, , ,		• , ,	_ ,
₹ :	•				3	4 662		- 1.	-	1 662
-	la Capital gain net incon	•	· ·	m 4707\	4a	4,662.	 		+	4,662.
j :	,b Net gain (loss) (Form c Capital loss deduction		art II, line 17) (attach For	111 4797)	4b 4c		,		 	
CANNET	•		ship or an S corporation (attach statement)	5	-85,357.	· STMT	2	<u> </u>	-85,357.
Z,	, ,	•		,	6					
$\ddot{\mathcal{O}}$		ed incor	ne (Schedule E)		7				—	
က န				organization (Schedule F)			-		+	
10				organization (Schedule G)	10				+	
11		-	, ,		11	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
12	• •		•		12		- 3			
13					13	-80,695.				<u>-80,695.</u>
, 1				re (See instructions for it be directly connected			: Income)			
14			rectors, and trustees (Sch	-		ne differences business		14	I	
15	•	icci s, ui	rectors, and trustees (och	·				15		
16	-	ance		R	ECE	IVED		16		
17	Bad debts			1751		7.3		_17		
18	•	dule) (s	ee instructions)	FE	B 2	6 2020 S		18	<u> </u>	
19		one (So	e instructions for limitatio	1 L		tròi		19		
20 21		•		l QG	OF	V, UT 21			+	
22	•		n Schedule A and elsewhe	re on return	A 1-1	V, U 228		22b	-	
23	Depletion							23		
24		erred co	mpensation plans					24	1	
25		-						25		
26		-						26 27		
27 28	•	,	•					28	 	
29	· ·		•					29		0.
30				g loss deduction. Subtrac	t line 29	from line 13	2			-80,695.
31	·	_		eginning on or after Janua	ry 1, 20	18 (see instructions)	3	31	<u> </u>	6.° [
32			ncome. Subtract line 31 fr					32		-80,695. n 990-T (2018)
82	3701 01-09-19 LHA F0	ır raper	work Reduction Act Notic		8		Ω	\sim	rum	(2016)

Form 990-1	002222 01 012422231011 1 0 0112112 011	23-70	069236		Page 2
Part I	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-80	,695.
34	Amounts paid for disallowed fringes		34		
35	· ·	MT 3	35	-	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34		36	-80	,695.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38			,000.
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	3	7 38	-80	,695.
Part I					, , , , , , ,
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.	•	13.		
40	Tax rate schedule or Schedule D (Form 1041)		1		
	 , , , ,		40		
41	Proxy tax. See instructions	•	► 41 40		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part \			1 1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		اق ، 🖳		
b	Other credits (see instructions)		┦ 1		
C	General business credit. Attach Form 3800		. `		
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	9) 47		
48	Total tax Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
50 a	Payments: A 2017 overpayment credited to 2018	360	ا بر		
b	2018 estimated tax payments 50b		_		
C	Tax deposited with Form 8868		_ ^		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 50e				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g	Other credits, adjustments, and payments: Form 2439				
• 1	Form 4136 Other Total ▶ 50g		<u> </u>		
51	Total payments. Add lines 50a through 50g		51		360.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	2	► 5ß		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55	▶ 5/4		360.
5 55	and the second s	unded 🕨	▶ 55		0.
Part V	· · · · · · · · · · · · · · · · · · ·	tions)	- /		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	,		Τy	es No
	over a financial 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			/	. 1
	here >			-	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eian trust?		— F	Х
•	If "Yes," see instructions for other forms the organization may have to file.	g// 1. 001			
58	Epter the amount of tax-exempt interest received or accrued during the tax year >\$			-	
	mose penalties of political declare that I have examined this return, including accompanying schedules and statements, and to the	pest of my know	wledge and be	lief, it is true,	
Sign /	forcect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EXEC DIR				
Here	FIN/ADMIN			discuss this ret shown below (s	
`	Signature of officer Pate Title			X Yes	No
		Check C	ıf PTIN		
.		self- employe			
Paid	had propy	son- employt		044589	11
Prepa	- DIVON INIGUED COOPWAN LYSS	Firm's EIN		-07479	
Use O	500 RIDGEFIELD COURT	TILLI S CIN	- 50		, 0 1
		Phone no.	(828)	254-2	2251
	Firm's address ► ASHEVILLE, NC 28806	i none no.	1020)	- 000	T (004 0)

Schedule A - Cost of Good	s Sold. Enter metho	d of inventory	valuation N/A	<u> </u>		,···	_
1 Inventory at beginning of year	1		Inventory at end of ye	ar		6	
2 Purchases	2	7	Cost of goods sold. S	Subtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here				
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a	8	Do the rules of section	n 263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			[
Schedule C - Rent Income (see instructions)	(From Real Prope	erty and Per	rsonal Property I	Lease	d With Real Prop	erty)	
1. Description of property							
(1)							
(2)							
(3)						*	
(4)							
	2. Rent received or acc	rued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	a than	of rent for persona	sonal property (if the percenta il property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the inc nd 2(b) (attach schedule	oome in
(1)							
(2)							
(3)							
(4)							
Total	0 . Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det	n (A)	me /		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule L - Officiated Det	ot-i manceu meor	<u> </u>		Τ	3. Deductions directly control to debt-finance		9
1 Description of debt-fi	nanced property		 Gross income from or allocable to debt- financed property 	(a)	Straight line depreciation (attach schedule)	(b) Other der (attach sch	ductions edule)
(1)						 	
(2)				1			
(3)		ì					
(4)	7.2			I			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjusted of or allocable debt-financed proj (attach schedul 	to perty	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of columns
(1)			%	<u> </u>			
(2)			%				
(3)			%	1			
(4)			%	1			
,,			<u> </u>		ater here and on page 1, lart I, line 7, column (A)	Enter here and o	
Totals		,	_		0	.	0.
Total dividends-received deductions	actuded in column 8					:	0.
TOTAL DITINGUISE TOUGHTON DESCRIPTION	TOTA GOTO THE CONTRACT OF						<u>``</u>

823731 01-09-19

Form 990-T (2018)

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

Form 990-T (2018) COLLEGE OF CHARLESTON FOUNDATION 23-70692

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 (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					-		<u></u>
(3)							
(4)		~		_			
Totals from Part I	▶	0.	0.	THE STATE OF THE S	A THE STATE OF	THE WAY	0.
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	交流、斯拉克 克	如为,其中的		0.
Schedule K - Comper	nsation	of Officers, D	Directors, and	Trustees (see in	structions)	· · · · · · · · · · · · · · · · ·	

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

Form 990-T (2018)

	AV-	-
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
	BUSINESS ACTIVITY .	

PASS-THROUGH INCOME FROM PASSIVE INVESTMENT

TO FORM 990-T, PAGE 1

FORM	990-T		INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCR	IPTION			NET INCOME OR (LOSS)
TIFF :	KEYSTONE	FUND	- ORDINARY BUSINESS INCOME (LOSS)	-7,038.
TIFF :	KEYSTONE	FUND	- NET RENTAL REAL ESTATE INCOME	-1,861.
TIFF :	KEYSTONE	FUND	- OTHER NET RENTAL INCOME (LOSS)	-37,087.
TIFF :	KEYSTONE	FUND	- INTEREST INCOME	676.
TIFF :	KEYSTONE	FUND	- DIVIDEND INCOME	524.
TIFF :	KEYSTONE	FUND	- ROYALTIES	124.
TIFF :	KEYSTONE	FUND	- OTHER PORTFOLIO INCOME (LOSS)	277.
TIFF :	KEYSTONE	FUND	- OTHER INCOME (LOSS)	-40,972.
TOTAL	INCLUDE	ON F	ORM 990-T, PAGE 1, LINE 5	-85,357.

FORM 990-T	·NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	21,046.	0.	21,046.	21,046.
06/30/17	93,828.	0.	93,828.	93,828.
06/30/18	29,858.	0.	29,858.	29,858.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	144,732.	144,732.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

COLLEGE OF CHARLESTON FOUNDATION

5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824

Unused capital loss carryover (attach computation)

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

23-7069236

5 6

17

18

Part IP Short-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts (f) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (h) Gain or (loss) Subtract (d) column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you (sales price) (or other basis) round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 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 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37

Net short-term capital gain or (loss). Combine lines 1a through 6 in column h **Part III** Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (d) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you (sales price) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 767. Form(s) 8949 with Box F checked 3,895. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 14 4,662. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 SPart III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 4,662.

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2018

4,662.

821051

JWA

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.

23-7069236

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 II 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.

f 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 (a) (c) (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of column (f). See instructions. (Mo, day, yr) Note below and from column (d) & (Mo, day, yr) (g) see Column (e) In combine the result Amount of Code(s) with column (g) the instructions adjustment TIFF KEYSTONE FUND 767. 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 8b (if Box D above is checked), line 9 (if Box E

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)

767.

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