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| Form '990-T | | EXTENDED TO NOVE | sine | ss Incor | ne Ta | ax Returr | 1 L | OMB No 1545-0047 | |
|--|--|---|-----------|----------------------------|----------|----------------------|------------------|--|--|
| | For calendar year 2019 or ot | (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning, and ending | | | | | | | |
| Department of the Treasury | | to www.irs.gov/Form990T for in | | | | | | pen to Public Inspection for | |
| Internal Revenue Service | | I numbers on this form as it may | | | | tion is a 501(c)(3) | | pen to Public Inspection for 01(c)(3) Organizations Only ver identification number | |
| A Check box if address changed |] | ation (Check box if name o | • | | , | | (Employ | yees' trust, see tions) | |
| B Exempt under section | 1 · · · · · · · · · · · · · · · · · · · | SHTON-OARE FOUN | | • | | | | 5-6034243 | |
| X 501(c 1) 3) 408(e) 220(e) | | and room or suite no. If a P.O. bo RRIS DRIVE | x, see ir | structions. | | | | ed business activity code structions) | |
| 408A 530(a) | | te or province, country, and ZIP o | r foreig | n postal code | | | 1 | | |
| 529(a) | NILES, 1 | <u>41 49120</u> | | | | | 5313 | 390 | |
| C Book value of all assets at end of year 19,556,6 | | on number (See instructions) ation type X 501(c) cor | poration | 501(| c) trust | 401(a |) trust | Other trust | |
| | organization's unrelated tra | | 1 | | , | he only (or first) u | | | |
| | | IN A REAL ESTA | TE E | | | | | than one, | |
| | | e previous sentence, complete Pa | | | | | | | |
| business, then complete | | | | - | | | | | |
| | | ry in an affiliated group or a pare | nt-subsi | diary controlled | group? | • | Yes | X No | |
| | and identifying number of t | RE BUTLER CURTI | S | | Telenho | ne number 🕨 ! | 574-3 | 339-7252 | |
| | d Trade or Busine | | | (A) Incon | | (B) Expense | | (C) Net | |
| 1a Gross receipts or sal | es | | | | | | | 1 | |
| b Less returns and allo | wances | c Balance | 1c | | | | | | |
| 2 Cost of goods sold (| Schedule A, line 7) | | 2 | | | | | | |
| 3 Gross profit. Subtrac | | | 3 | | | | | | |
| 4a Capital gain net inco | • | ach Form 4707) | 4a | | | | | ··· | |
| | n 4797, Part II, line 17) (att | ach Form 4797) | 4b 4c | | | | | | |
| • | ni for trusts a partnership or an S corpo | ration (attach statement) | 5 | -2. | 345. | STMT | 13 | -2,345. | |
| 6 Rent income (Sched | | ation (attach statement) | 6 | | | | | | |
| • | ced income (Schedule E) | | 7 | | ĺ | | | | |
| 8 Interest, annuities, ro | yalties, and rents from a co | ntrolled organization (Schedule F) | 8 | | | | | | |
| | , , , , , , , | or (17) organization (Schedule G) | | | | | | | |
| • | tivity income (Schedule I) | | 10 | | <u> </u> | | | | |
| 11 Advertising income (| • | A | 11 | | İ | | | | |
| • | istructions; attach schedule s 3 through 12 | • | - | -2. | 345. | | | -2,345. | |
| Part II Deduction | ons Not Taken Else | ewhere (See instructions for | or limita | tions o ur deda | cilons) | EN /ED | | | |
| (Deduction | s must be directly conne | ected with the unrelated busin | ness ind | come) | REC | FIVED | | | |
| 14 Compensation of of | fficers, directors, and truste | es (Schedule K) | | - | | | 14 | | |
| 15 Salaries and wages | | | | B | NOV | 2020 | 15 15 12 6 | · · · · · · | |
| 16 Repairs and mainte | nance | | | | | 12 | 1 | | |
| 17 Bad debts18 Interest (attach sch | edule) (see instructions) | | | | OGE | EN, UT | 17 | | |
| 19 Taxes and licenses | edule) (see ilisti detiolis) | | | ,,,,, | | | 19 | | |
| 20 Depreciation (attacl | n Form 4562) | | | 2 | 20 | | | | |
| | laimed on Schedule A and (| elsewhere on return | | 2 | | | 21b | | |
| 22 Depletion | | | | | | | 22 | | |
| | butions to deferred compensation plans | | | | | | | | |
| · · | byee benefit programs 24 | | | | | | | | |
| 25 Excess exempt exp | • | | | | | | 25 | | |
| · | Excess readership costs (Schedule J) Other deductions (attach schedule) 26 | | | | | | | | |
| • | Add lines 14 through 27 | | | | | | 28 | 0. | |
| | - | operating loss deduction. Subtrac | t line 28 | 3 from line 13 | | | 29 | -2,345. | |
| | | years beginning on or after Janua | | | | | | | |
| (see instructions) | tavable income. Cubinesis is | ro 20 from line 20 | | | | | 30 | -2,345. | |
| | taxable income. Subtract li or Paperwork Reduction A | ct Notice, see instructions. | | | | | 31 | Form 990-T (2019) | |

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | ntory v | aluation N/A | | | | | |
|--|------------------|---|----------|--|-----------|--|------------------|---|----|
| 1 Inventory at beginning of year | of year 1 | | | 6 Inventory at end of year | | | | | |
| 2 Purchases | 2 | | | Cost of goods sold. Su | ıbtract l | line 6 | | | _ |
| 3 Cost of labor | 3 | | | from line 5. Enter here and in Part I, | | | | . | |
| 4a Additional section 263A costs | | | | line 2 | | | | | |
| (attach schedule) | 4a | | 8 | 8 Do the rules of section 263A (with respect to | | | | Yes | No |
| b Other costs (attach schedule) | 4b | | 4 | property produced or a | cquirec | for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Per | sonal Property L | ease | d With Real Prop | erty |) | |
| Description of property | <u> </u> | | | | | | | - | |
| (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%) | than | of rent for | personal | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) a | conne nd 2(b) | cted with the income in (attach schedule) | 1 |
| (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 | n (A) | > | | | 0. | (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) | • | | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ctions) | | | | | |
| | | - | | 2. Gross income from | | Deductions directly conto debt-finance | | perty | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | IS |
| (1) | | | | | | | + | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | \top | | |
| (4) | | | 1 | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to inced property h schedule) | • | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deducti (column 6 x total of co 3(a) and 3(b)) | |
| (1) | | | | % | | <u>-</u> | 上 | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | _ | | Enter here and on page 1, Part I, line 7, column (A) | | Enter here and on pag Part I, line 7, column (| |
| Totals | | | | . | | 0 | | | 0. |
| Total dividends-received deductions | ncluded in colum | n 8 | | | <u> </u> | | \top | | 0. |

Form 990-T (2019)

1. Name of periodical advertising costs col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

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

Form 990-T (2019)

Form 990-T (2019) THE LEIGHTON-OARE FOUNDATION, INC. 35-60342

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

| 1. Name of periodical | | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|-----------------------|---------------------|--|
| (1) | | | - | | | | |
| (2) | | | _ | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | | 0. | 0. | | | | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (8) | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | | | 0. |

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 | | > | 0. | |

Form 990-T (2019)

| FORM 990-T | INCOME (LOSS |) FROM PARTNERSHIPS | STATEMENT 13 |
|---|-----------------|---------------------|-------------------------|
| DESCRIPTION | | | NET INCOME OR (LOSS) |
| LBC REAL ESTATE FUND I | , LP - ORDINAR | Y BUSINESS INCOME | 4,071. |
| BESPOKE PRIVATE STRATE ORDINARY BUSINESS IN | • | | -2,906. |
| BESPOKE PRIVATE STRATE ORDINARY BUSINESS IN | | | -495. |
| BESPOKE PRIVATE STRATE OPPORTUN - ORDINARY BESPOKE PRIVATE STRATE | · | | 94. |
| ORDINARY BUSINESS IN | GIEG, DE GERTE | J IAA BABHI 2019 | -3,109. |
| TOTAL INCLUDED ON FORM | 1 990-T, PAGE 1 | , LINE 5 | -2,345. |

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

| THE LEIGHTON-OARE | FOUNDATION, I | NC. | | 35- | 6034243 |
|---|----------------------------------|---------------------------------|---|----------|--|
| Did the corporation dispose of any investment | | | | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | |
| Part I Short-Term Capital Ga | | | | _ | - |
| See instructions for how to figure the amounts | | <u> </u> | (5) | | (1) |
| to enter on the lines below This form may be easier to complete if you | (d) Proceeds | (e) Cost | (g) Adjustments to gair or loss from Form(s) 894 | 9. | (N) Gain or (loss) Subtract column (e) from column (d) and |
| round off cents to whole dollars | (sales price) | (or other basis) | Part I, line 2, colùmn (g | , | 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 | | | , | | |
| 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 | | | 1 | | -156. |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 37 | | 4_ | |
| 5 Short-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach comput | ation) | | | 6 | () |
| 7 Net short-term capital gain or (loss) Combin | | | | 7 | -156. |
| Part II Long-Term Capital Gai | ns and Losses (See | instructions) | | | · · · · · · · · · · · · · · · · · · · |
| See instructions for how to figure the amounts to enter on the lines below | (d) | (e) | (a) Adjustments to gain | n | (h) Gain or (loss) Subtract |
| This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g | 9, i) | column (e) from column (d) and 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 | | | - | - | |
| 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 | | | | | |
| Form(s) 8949 with Box F checked | | | | | 63. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | | |
| 12 Long-term capital gain from installment sales | | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 15 Net long-term capital gain or (loss). Combin- | | nn h | | 15 | 63. |
| Part III Summary of Parts I and | | | | | |
| 16 Enter excess of net short-term capital gain (li | | | | 16 | - |
| 17 Net capital gain. Enter excess of net long-term | 17 | | | | |
| 18 Add lines 16 and 17. Enter here and on Form | · - | roper line on other returns | | 18 | 0. |
| Note: If losses exceed gains, see Capital Los | sses in the instructions. | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Forn | n 1120. | | s | Schedule D (Form 1120) 2019 |

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

2019 Attachment 100

Social security number or

taxpayer identification no. 35-6034243

THE LEIGHTON-OARE FOUNDATION, INC.

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.

| Part I | 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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) (b) (d) (e) Proceeds Cost or other Date acquired Date sold or Gain or (loss). Description of property ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. 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 BESPOKE PRIVATE STRATEGIES, LP SERIES TA 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 <156.> above is checked), or line 3 (if Box C above is checked)

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 of taxpayer identification no | | | | | | | | | |
|--|--|---|--|---|--|---|---------------------------------------|--|--|
| THE LEIGHTON-OARE FOUNDATION, INC. 35-6034243 | | | | | | | | | |
| 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 codes are required. Enter the | totals directly on S | Schedule D, line 8a | , you aren't required | to report these transa | actions on Form | 8949 (see instru | ctions) | | |
| You must check Box D, E, or F below. Of you have more long-term transactions than will the state of the state | heck only one bo fit on this page for one | X If more than one b or more of the boxes. | ox applies for your long- , complete as many form | term transactions, compliss with the same box check | ete a separate Forn ked as you need | n 8949, page 2, for e | each applicable box | | |
| (D) Long-term transactions rep | orted on Form(s |) 1099-B showin | g basis was report | ted to the IRS (see | Note above) | | | | |
| (E) Long-term transactions rep | • • | | • | ported to the IRS | | | | | |
| (a) | | | | 10) | Adjustment if | any to gain or | //-> | | |
| 1 (a) (b) (c) (d) (e) Adjustment, if ar Description of property (Example 100 sh XYZ Co) (Mo , day, yr) disposed of (Sales price) (Sales price) (Adjustment, if ar loss. If you enter in column (g), error column (g), error column (f), See | | | | | | (h) Gain or (loss). Subtract column (e) from column (d) & | | | |
| | | (Mo , day, yr) | | Note below and see Column (e) In the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) | | |
| BESPOKE PRIVATE | | | | | | | | | |
| STRATEGIES, LP | | | | | | | | | |
| SERIES TA | | | | | | | 63. | | |
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| 2 Totals. Add the amounts in colum | nns (d), (e), (g). a | nd (h) (subtract | | | | | | | |
| negative amounts) Enter each to | | | | | | | | | |
| Schedule D, line 8b (if Box D abo | | | | | | | | | |
| above is checked), or line 10 (if E | Box F above is ch | necked) | L | | <u> </u> | | 63. | | |

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** (2019)