Form 990-T	(E	xempt •	ganization Bus	sine	ss Inco	ome	ax Returr	۱ ˈ <u> </u>	OMB No 1545-0687	
u.		· .	and proxy tax und	er se	ction 603	3(e)) `	.s		0040	
, the	For cal	-	ner tax year beginning		, and (-		_	2018	
Department of the Treasury Internal Revenue Service	>		to www.irs gov/Form990T for in I numbers on this form as it may					. 15	Open to Public Inspection for 50 1(c)(3) Organizations Only over identification number	
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Em								
B Exempt under section	Print	THE LIBE		6-4812310						
X 501(c <u>03</u>)	TVDA	Number, street, and room of suite no. If a r.O. Dox, see instructions.								
408(e)220(e)	Туре	I LETTERMAN DRIVE, SUITE C4-420								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129 525990								
C Book value of all assets at end of year			on number (See instructions.)							
458,177,9			ition type 🕨 🗶 501(c) cor		า 50	01(c) trus	t 401 <u>(</u> a) trust	Other trust	
H Enter the number of the	-		·	1		•	be the only (or first) ui			
•			INVESTMENTS			-	ne, complete Parts I-V.			
			e previous sentence, complete Pa	arts I an	d II, complete	a Sched	ule M for each addition	ial trade i	or	
business, then complete			y in an affiliated group or a parer	at auba			2		s X No	
			he parent corporation.	กเ-รนบร	idiary control	eu group	· •	Yes	; <u>[A</u>] NO	
			AL PARTNERS LL			Tele	phone number 🕨 (415)	549-4970	
		le or Busines		<u> </u>	(A) Inc		(B) Expense	· — ·	(C) Net	
1a Gross receipts or sale	es	_							-	
b Less returns and allow	wances		c Balance	1c			•			
2 Cost of goods sold (S	Schedule	A, line 7)		2			,	•		
3 Gross profit, Subtract	t line 2 fr	om line 1c		3			•			
4a Capital gain net incon	•	•		4a	25	<u>,916</u>	•		25,916.	
b Net gain (loss) (Form	4797, P	art II, line 17) (atta	ch Form 4797)	4b						
c Capital loss deduction				4c	305	700	C C C C C C C C C C C C C C C C C C C	10	205 702	
•	-	thip or an S corpor	ation (attach statement)	5	-395	, 182	STMT	19	-395,782.	
6 Rent income (Schedu		oo (Cabadula E)		6						
7 Unrelated debt-finance8 Interest, annuities, roy			ntrolled organization (Schedule F)	8				\dashv		
· · · · · · · · · · · · · · · · · · ·			r (17) organization (Schedule G)				<u> </u>	-+		
10 Exploited exempt activ			(17) organization (concusto a)	10				- 		
11 Advertising income (S				11						
12 Other income (See in:		•		12						
13 Total. Combine lines	3 through	gh 12		13	-369				-369,866.	
Part II Deductio	ns No	t Taken Else	where (See instructions for	or limita	ations on de	ductions	3.)			
(Except for d	contribu	itions, deduction	s must be directly connected	with t	he unrelated	busine	RECEIVED.			
14 Compensation of off	icers, dir	ectors, and trustee	es (Schedule K)			9		 12 		
15 Salaries and wages						C248	NOV 2 5 2019	HE H		
16 Repairs and mainten	ance						_	[2]		
17 Bad debts 18 Interest (attach sche	dule) (se	e instructions)				C	GDEN, UT	18		
18 Interest (attach sche 19 Taxes and licenses	uuic) (se	e instructions)			t		1001,101	194		
20 Charitable contribution	ons (See	instructions for hi	mitation rules)		SEE	STA	TEMENT 20	20	0.	
21 Depreciation (attach	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	21				
•		•	sewhere on return			22a		22b		
22 Less depreciation cla 23 Depletion							<u> </u>	23		
	erred cor	npensation plans						24		
Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (at	ograms							25		
Excess exempt exper	•	·						26		
Excess readership co	•	•						27		
								28		
29 Total deductions. A			naratina loce daduation. Subtract	t lina oc	from line 12			29	-362,866.	
			perating loss deduction. Subtraci ears beginning on or after Janual			ctione)		30	-36 J , 800 .	
32 Unrelated business t				1 9 1, 20	וט נשבע ווושנו נו	ulions)		32	-369,866.	
			t Notice see instructions					<u> </u>	Form 990-T (2018)	

Form 990-	(2018) THE LIBRA FOUNTATION		36-48	12310	Page
Part I	· · · · · · · · · · · · · · · · · · ·			12310	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	n instructions)		33	-369,866
34 '	Amounts paid for disallowed fringes	e manuchuma)		34	303,000
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)			
35		•		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the st	utii Oi		1 00	-369,866
	lines 33 and 34			36	1,000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,		1 1	260 066
	enter the smaller of zero or line 36			38	<u>-369,866</u>
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 of	on line 38 from	1:		
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions		>	41	
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 \	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		7]	
C	General business credit, Attach Form 3800	45c		7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7	
	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 889	ee 🗀 Otha	ľ (attach schedule)	47	
		00 01116	(attach schedule)	48	0
48	Total tax. Add lines 46 and 47 (see instructions)				0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	50-	2 760	49	
	Payments: A 2017 overpayment credited to 2018	50a	3,768	_	
	2018 estimated tax payments	50b	10,000		
	Tax deposited with Form 8868	50c	10,000	닉	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		4	
	Backup withholding (see instructions)	50e		-1 1	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		-	
g	Other credits, adjustments, and payments: Form 2439	'			
	Form 4136	50g		4	
51	Total payments. Add lines 50a through 50g			51	23,768
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		>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		>	54	23,768
<u>55</u>	Enter the amount of line 54 you want: Credited to 2019 estimated tax > 23,	<u>768.∣ R</u>	efunded 🕨	55	0.
Part \	Statements Regarding Certain Activities and Other Information	n (see instr	uctions)	_	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	or other author	ity		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to fi	le		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	,		
	here >				L X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a f	oreian trust?		x
	If "Yes," see instructions for other forms the organization may have to file.				
58	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 stat	ements, and to th	e best of my knowl	edge and belie	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowled	ge		
Here	N Shundricher 1 1/14/19 N TREASUR	rp.		•	scuss this return with
	Senature of officer Date Title	<u> </u>		he preparer st nstructions)?	nown below (see
					X Yes No
	Print/Type preparer's name Preparer's signature Dat	e l	Check	if PTIN	
Paid	JOAN S. MCMAHON Joan McMahon 11	/13/19	self- employed		0000404
Prepa	rer DOAN S. MCMAHON Journal Jour		T		0966494
Use C	nly Firm's name ► DELOITTE TAX //		Firm's EIN	86-	<u>-1065772</u>

823711 01-09-19

Use Only

Phone no. (415) 783-4000 Form 990-T (2018)

555 MISSION STREET

Firm's address ► SAN FRANCISCO, CA 94105

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/I	Α		·				
1 Inventory at beginning of year	T ₁		6 Inventory at end of ye			6				
2 Purchases	2		7 Cost of goods sold. Subtract line 6							
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs			line 2	·	7 _					
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes No			
b Other costs (attach schedule)	b Other costs (attach schedule) 4b			property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5	<u></u>	the organization?				X			
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property	Lease 	d With Real Prop	erty)				
Description of property										
(1)						_				
(2)										
(3)										
(4)										
		ed or accrued			2 / \2 · · · · · · · · · · · · · · · · · ·					
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the ind ad 2(b) (attach schedule	ome 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	(A)	-		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.			
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)							
			2. Gross income from		Deductions directly conr to debt-financ	nected with or allocable ed property	•			
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sch				
(1)				 		 				
(2)										
(3)					·-					
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 . Allocable of (column 6 x tota 3(a) and	il of columns			
(1)			%		· · · · · · ·					
(2)			%							
(3)			%							
(4)			%							
					nter here and on page 1, Part I, line 7, column (A)	Enter here and o Part I, line 7, co				
Totals			•	.}	0.	.	0.			

Form **990-T** (2018)

Total dividends-received deductions included in column 8

			Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organizat	Name of controlled organization 2. Employer identification number				ments made incl		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
					_	 	├	_		
<u>1)</u>							<u> </u>			
<u>2)</u>			_				 			
<u></u>					_		 		-+	
4) onexempt Controlled Organi	zations				_		<u> </u>	-		
7. Taxable Income	8. Net unrelated incom	me (loss)	0 Total	of specified payn	nente .	10. Part of colu	mn 0 tha	t is included	11 Day	ductions directly connect
, , , , , , , , , , , , , , , , , , ,	(see instruction		9. 70.a.	made	İ	in the controll	ing orgai	nization's		income in column 10
)										_
<u> </u>										
3)					_					
4)										
					_	Add colun Enter here and line 8, 0		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
tals					▶[0.		(
chedule G - Investme	nt Income of a	Section	501(c)(7	7), (9), or (1	7) Org	ganization				
(see insti	ructions)							т		
1. Desc	ription of income			2. Amount of	ncome	 Deduction directly conner (attach sched) 	cted	4. Set-a (attach s		5. Total deduction and set-asides (col 3 plus col 4
)										
)										
3)										
1)	<u> </u>									
				Enter here and o Part I, line 9, col			esta e	FT 4 5 .	4 4	Enter here and on page Part I, line 9, column (E
tals			<u> </u>	<u>L</u>	0.	<u> </u>		<u> </u>	,	
chedule I - Exploited (see instru		Income	, Other	Than Adv	ertisin 	g Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Explication of unrelated business	innected duction lated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
)				_						
2)							_	_		†
3)										<u> </u>
1)								_		1
<u>-</u>	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Partl, col(B)	4 100	A Same	w was a	di seco	W To the	so A swall	Enter here and on page 1, Part II, line 26
tals Advertising	0.		0.	****** C 1 1	, % ₁	,		A + 16 .	, ₹	<u>: </u>
chedule J - Advertisir	Periodicals Rep			a did atas!	Pacia					
art I Income From I	Periodicais Rep	ortea on	a Cons	solidated i	Dasis					
, 1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus in, compute	5. Circulat income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
)				1 . 4	de (,				w t - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
)									$\neg \neg$	
3)	-				9	:			$\neg \neg$	
))·					ا خشورون با عامل	·				a de la companya de
<u> </u>		+	· · · · · · · · · · · · · · · · · · ·		· ·	 				<u> </u>
	ı	1								

823731 01-09-19



	
FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION	NET INCOME OR (LOSS)
MAKENA CAPITAL SPLITTER X, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-145,984.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL II, L.P -	0.00
ORDINARY BUSINESS INCOME METROPOLITAN REAL ESTATE PARTNERS INTERNATIONAL - ORDINARY	868.
BUSINESS INCOME (415.
METROPOLITAN REAL ESTATE PARTNERS IV-A, L.P ORDINARY	417.
BUSINESS INCOME (LOS	4,059.
METROPOLITAN REAL ESTATE PARTNERS V, L.P ORDINARY	-,
BUSINESS INCOME (LOSS)	34.
CLEANFIBER LLC - ORDINARY BUSINESS INCOME (LOSS)	-171,924.
ECOSYSTEM INTEGRITY FUND III, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-259.
ECOTRUST FORESTS III LLC - ORDINARY BUSINESS INCOME (LOSS)	-26,186.
MACRO CONTENT FUND I LLC - ORDINARY BUSINESS INCOME (LOSS)	-5,868.
MACRO MEDIA, LLC - ORDINARY BUSINESS INCOME (LOSS)	-50,937.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-395,782.

3

FORM, 990-T	CONTRIBUTIONS SUMMAR	Y	STATEMENT	20
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 13,882,509			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	13,882,509		
	TRIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	13,882,509	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	13,882,509 0 13,882,509	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		-	(
TOTAL CONT	RIBUTION DEDUCTION		·	C

SCHEDULE D (Form 1120)

Name

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

Employer identification number

THE LIBRA FOUNDATION		36-4812310				
Part I Short-Term Capital Gai	ins and Losses (See	instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	in 19,	(ft) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
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					<u> </u>	
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			<u> </u>			
4 Short-term capital gain from installment sales	•	7		4	<u> </u>	
5 Short-term capital gain or (loss) from like-kind				5		
6 Unused capital loss carryover (attach computa	•			6		
7 Net short-term capital gain or (loss). Combine				7	<u> </u>	
Part II ' Long-Term Capital Gai	ns and Losses (See	nstructions.)				
See instructions for how to figure the amounts to enter on the lines below. 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 gai or loss from Form(s) 894 Part II, line 2, column (s	9.	(h) Gain or (loss) Subtract 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					25,916.	
11 Enter gain from Form 4797, line 7 or 9		_		11		
12 Long-term capital gain from installment sales	•	7		12		
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13		
14 Capital gain distributions				14	25 016	
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	25,916.	
Part III Summary of Parts I and		11 (1 45)				
16 Enter excess of net short-term capital gain (lin			. 71	16	25,916.	
17 Net capital gain. Enter excess of net long-term	· · · · · · · · · · · · · · · · · · ·		: 7)	17		
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	25,916.	
Note: If losses exceed gains, see Capital losse	s in the instructions.					
JWA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2018	

reame(s) shown on return. Name and	u oor or taxpaye	er identification r	io. not required ii	snown on page 1			nty number or entification no.
THE LIBRA FOUN	DATION					, , , , , , , , , , , , , , , , , , , ,	812310
Before you check Box D. E. or F beld	ow. see whether	you received any	Form(s) 1099-B	or substitute statem	ent(s) from y	our broker A su	hetituto
statement will have the same inform broker and may even tell you which	atıon as Form 10	99-B Either will :	show whether you	ır basıs (usually you	r còst) was re	eported to the IF	RS by your
Part II Long-Term. Transacti	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	see instructions	s) For short-term t	ransactions,
Note: You may aggregate a	l long-term transac	tions reported on F	orm(s) 1099-B show	ing basis was reporte	d to the IRS an	d for which no ad	ustments or
You must check Box D, E, or F below.	Check only one bo	x. If more than one b	ox applies for your long	term transactions, compl	ete a separate Fo	rm 8949, page 2, for	each applicable box
If you have more long-term transactions than will	lifit on this page for one	e or more of the boxes	, complete as many forr	ns with the same box che	cked as you need		
(D) Long-term transactions re					Note above	e)	
(E) Long-term transactions rep X (F) Long-term transactions no				eported to the IHS			
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you	enter an amount	Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo , day, yr.)	disposed of	(sales price)	basis See the	column (f). S), enter a code in See instructions.	Subtract column (e
		(Mo., day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
MAKENA CAPITAL							
SPLITTER X, L.P.							28,243.
METROPOLITAN REAL							
ESTATE PARTNERS							
GLOBAL							788.
METROPOLITAN REAL							
ESTATE PARTNERS	ļ			ļ			
INTERN							466.
METROPOLITAN REAL ESTATE PARTNERS			· · · · · · · · · · · · · · · · · · ·				
IV-A,]		-				<41.
METROPOLITAN REAL					_		<41.
ESTATE PARTNERS V,							
L.P		-		-	-		<3,540.
			-				(3,3±0.
				· · ·			
							
							
		-					
· · · · · · · · · · · · · · · · · · ·				-			
			-				
	· -						
				1			
						-	
2 Totals. Add the amounts in colum	nns (d), (e), (g), ar	nd (h) (subtract					·
negative amounts). Enter each tot							
Schedule D, line 8b (if Box D abo	ve is checked), I	ine 9 (if Box E					
above is checked), or line 10 (if B	ox F above is ch	ecked)		1	1		25,916.

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)