Form 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0047									
	(and proxy tax under section 6033(e))										
	For calendar year 2019 or other tax year beginning, and ending	_ 2019									
Department of the Treasury Internal Revenue Service	 ▶ 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) 										
A Check box if address changed	Name of organization (D Employer identification number (Employees' trust, see instructions)									
B Exempt under section		36-4812310									
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions. Type 1. The more PMAN, DRIVE CHAPTER CA - 4.20	E Unrelated business activity code (See instructions)									
408(e) 220(e)	I LETTERMAN DRIVE, SUITE C4-420	4									
529(a)	9(a) SAN FRANCISCO, CA 94129 525										
C Book value of all assets at end of year	F Group exemption number (See instructions.)	Other trust									
	676. G Check organization type X 501(c) corporation 501(c) trust 401(a e organization's unrelated trades or businesses. 1 Describe the only (or first) u	n) trust Other trust									
	PARTNERSHIP INVESTMENTS / If only one, complete Parts I-V.										
	blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	·									
business, then complete											
I During the tax year, was	is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No									
	and identifying number of the parent corporation.	• (
J The books are in care of		(415) 549-4970 ₍₄₁₅₎									
	ed Trade or Business Income (A) Income (B) Expense	s (C) Net									
1a Gross receipts or sal											
b Less returns and allo											
2 Cost of goods sold (· · · · · · · · · · · · · · · · · · ·	 '									
•	ct line 2 from line 1c ome (attach Schedule D) 4a 49,229.	49,229.									
4a Capital gain net incom	ome (attach Schedule D) m 4797, Part II, line 17) (attach Form 4797) 48 49, 229 4b	43,223.									
b Net gain (loss) (Form c Capital loss deduction											
,	a partnership or an S corporation (attach statement) 5 -389,602. STMT	18 -389,602.									
6 Rent income (Sched											
,	nced income (Schedule E)										
	oyalties, and rents from a controlled organization (Schedule F)										
9 Investment income of	of a section 501(c)(7), (9), or (17) organization (Schedule G)										
10 Exploited exempt act	ctivity income (Schedule I)										
11 Advertising income (· · · · · · · · · · · · · · · · · · ·										
•	Instructions; attach schedule)	240 272									
13 Total Combine line	es 3 through 12 13 340, 373.	-340,373.									
(Deductions	ons Not Taken Elsewhere (See instructions for limitations on deductions described in must be directly connected with the unrelated business income.)										
14 Compensation of of	officers, directors, and trustees (Schedule K)	14									
15 Salaries and wages	7 107 / 3 /11/11	15									
16 Repairs and mainte	/	16									
17 Bad debts	nedule) (see instructions)	17									
18 Interest (attach school19 Taxes and licenses	weeks (con members of	18									
20 Depreciation (attach		18									
·	claimed on Schedule A and elsewhere on return	216									
22 Depletion	Statings on concesso A and dissimilate on rotalin	22 54.									
•	eferred compensation plans	23									
24 Employee benefit pr		24									
25 Excess exempt expe		25									
26 Excess readership		26									
27 Other deductions (a	attach schedule)	27									
28 Total deductions.	Add lines 14 through 27	28 0.									
	s taxable income before net operating loss deduction. Subtract line 28 from line 13	$\frac{29}{-340,373}$.									
	operating loss arising in tax years beginning on or after January 1, 2018										
(see instructions)	SEE STATEMENT 19	30 0.									
-	s taxable income. Subtract line 30 from line 29	31 -340,373. Form 990-T (2019)									

:	Form 99	0-T (2019) THE LIBRA FOUNDATION	<u> 36-48</u>	312310 Page 2
1	Part	Total Unrelated Business Taxable Income		
1	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -	-340,373.
	33	Amounts paid for disallowed fringes	33	
	34	Charitable contributions (see instructions for limitation rules)	34	0.
ı	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33		-340,373.
			86	310,0,01
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		-340,373.
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	240 252
\		enter the smaller of zero or line 37	39 -	<u>-340,373.</u>
	Parl			
' '	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
		Tax rate schedule or Schedule D (Form 1041)	41	
	42	Proxy tax. See instructions	42	
	43	Alternative minimum tax (trusts only)	43	
	44	Tax on Noncompliant Facility Income. See instructions	44	
	45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
(Parl			
,		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1746) , 11		
		Other credits (see instructions) 46b		
		General business credit. Attach Form 3800		
	C	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	a	, , , , , , , , , , , , , , , , , , , ,	400	
		Total credits. Add lines 46a through 46d	46e	0.
	47	Subtract line 46e from line 45	47	
	48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		Payments: A 2018 overpayment credited to 2019 5/1a 23,768.		
	b	2019 estimated tax payments		
		Tax deposited with Form 8868		
	d	Foreign organizations: Tax paid or withheld at source (see instructions)	l.	
	е	Backup withholding (see instructions)		
	f	Credit for small employer health insurance premiums (attach Form 8941)		
	g	Other credits, adjustments, and payments: Form 2439		
		☐ Form 4136 ☐ Other ☐ Total ► 51g		
	52	Total payments. Add lines 51a through 51g	52	23,768.
	53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	23,768.
1	/ 56°	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	23,768.
1	Part		7-1	
-	57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	-	Yes No
	٠.	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		100 110
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
		here		<u>x</u>
	58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{x}{x}$
	30	If "Yes," see instructions for other forms the organization may have to file.		- 1 - 1
	59			
		Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ne and helief if	
	Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	go arro borror, re	
	Here		-	ss this return with
		TRUMBURER	preparer show tructions)?	— ——
				Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
	Paid	TOAN S. MCMAHON ORGH. Wo. Wahan, 11/16/20 self-employed	1 2000	
	Prep	parer boilt b. Manual Charles Translation		066494
	Use	Only Firm's name ► DELOITTE TAX Firm's EIN ►	86-1	.065772
		555 MISSION STREET	415\ -	100 1000
				783-4000 m 990-T (2019)
	023711 (01-27-20	Far	m 2014 12010\

Form 990-T (2019) THE LIBRA FOUNDATION

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6	6 Inventory at end of year					
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3	from line 5. Enter here				Part I,			
4a Additional section 263A costs			7	line 2					
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b]	property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					X
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)							_	. <u></u> .	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	4 000000	tod with the income in	
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b) (attach schedule)	
(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	ınstru	ctions)		_			
	··		Ι,	2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fin	oneod proporty		'	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		s
i. Description of debt-in	anced property			financed property	``	(attach schedule)		` (attach schedule)	
		<u>.</u>	-				-		
(1)			—				_		
(2)			-				+		
(3)			—				-		
(4)			4				+		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt on or allocable to debt-financed of or allocable to			Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	-	-				inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				>		0	\cdot		0.
Total dividends-received deductions	cluded in column	n 8							0.
								Form 990-T	(2019)

11451116 136069 41010000

Form 990-T (2019) THE LI	BRA F	OUNDAT	OION						36-48	12310)	Page 4
Schedule F - Interest,	Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	l Organiza	tions	(see ins	tructions	s)	
			E	xempt (Controlled O	rganizatı	ons					
1. Name of controlled organization				3. Net unrelated income (loss) (see instructions) 4. Total payment		al of specified nents made 5. Part of column 4 th included in the control organization's gross in		olling	olling connected with income			
(1)												
(2)							٠					
(3)												
(4)	-											
Nonexempt Controlled Organ	ızatıons								_			
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of column the controlling gross	mn 9 tha ng orgar s income	uzation's	11. Dec with	luctions directly a income in column	onnected 10
(1)												
(2)												
(3)												
(4)		-										
							Add colum Enter here and line 8, c		1, Parti,	Enter he	d columns 6 and ere and on page 1 line 8, column (B)	
Totals						▶			0.			0.
Schedule G - Investme (see inst	ent Incon ructions)	ne of a S	Section 50	01(c)(7	'), (9), or (17) Org	anization					
1. Desc	cription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides chedule)	5. Total de and set- (col 3 plu	asides
(1)	· · · · ·											
(2)												
(3)												
(4)											<u> </u>	
				<u>. </u>	Enter here and a Part I, line 9, co						Enter here and Part I, line 9, co	
Totals				>		0.				•		0.
Schedule I - Exploited (see instri	=	Activity	Income,	Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated incom	iross business e from business	3. Expendirectly conductive with produce of unrelations of the conductive states of the conducti	nected iction ited	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a o cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess expenses (6 minus co but not mo column	column lumn 5, re than
(1)		-						_			<u> </u>	
(2)					<u> </u>							
(3)		<u>_</u>		-		Ì	****				1	· · · ·
(4)						j					<u> </u>	
•		e and on , Part I, col (A)	Enter here a page 1, Pa line 10, co	art I,		•					Enter her on page Part II, Iin	e 1,
Totals Schedule J - Advertisi	na Incor		nstructions)								1	
Part I Income From					solidated	Basis					•	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advert or (loss) (c col 3) If a gr cols 5 If	ain, compute	5. Circulat		6. Read		7. Excess rea costs (column column 5, but r than colum	6 minus not more
(1)			 				1					
(2)								_				
(3)		•										
(4)												
Totals (carry to Part II, line (5))	•).	0								0.
											Form 990-	T (2019)

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Form 990-T (2019)	THE	LIBRA	FOUNDATION

36-4812310 Page 5

Part II Inc	ome From	Periodicals	Reported on a	Separate B	lasis	(For each periodical listed in Pa	art II, fill in
colu	mns 2 throug	h 7 on a line-by-l	ine basis.)				

1. Name of periodical	I	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 (B)				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 18
DESCRIPTION	NET INCOME OR (LOSS)
MAKENA CAPITAL SPLITTER X, L.P ORDINARY BUSINESS INCOME (LOSS)	-60,385.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL II, L.P - ORDINARY BUSINESS INCOME	159.
METROPOLITAN REAL ESTATE PARTNERS IV-A, L.P ORDINARY BUSINESS INCOME (LOS METROPOLITAN REAL ESTATE PARTNERS V, L.P ORDINARY	-1,628.
BUSINESS INCOME (LOSS)	8.
CLEANFIBER LLC - ORDINARY BUSINESS INCOME (LOSS)	-175,260.
ECOTRUST FORESTS III LLC - ORDINARY BUSINESS INCOME (LOSS) MACRO CONTENT FUND I LLC - ORDINARY BUSINESS INCOME (LOSS)	-46,186. -21,788.
MACRO MEDIA, LLC - ORDINARY BUSINESS INCOME (LOSS) ADOBE MEZZANINE FUND II, LP - ORDINARY BUSINESS INCOME	-44,849.
(LOSS)	-39,673.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-389,602.

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 LIBRA FOUNDATION	ON			36-	4812310
Did the corporation dispose of any investme		uty fund during the tax ve			Yes X No
If "Yes," attach Form 8949 and see its instru		•			103 (23) 110
Part I Short-Term Capital Ga			<u></u>		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	 1 9	(h) Gain or (lose) 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 I, line 2, column (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					i
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kini	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)			
See instructions for how to figure the amounts	(4)	(0)	(2)		(1)
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)	(6) Cost (or other basis)	(f) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) 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		<u></u>			
9 Totals for all transactions reported on					1
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					49,229.
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 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in columi	n h		15	49,229.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			7)	17	49,229.
18 Add lines 16 and 17. Enter here and on Form				18	49,229.
Note: If losses exceed gains, see Capital Los		•	•		
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2019

Form 8949 (2019)					nent Sequence		Page 2
Name(s) shown on return Name and	SSN or taxpaye	er identification n	o not required if s	shown on page 1		Social secur taxpayer ide	ity number or ntification no.
THE LIBRA FOUN	DATION					36-4	812310
Before you check Box D, E, or F beld statement will have the same informa broker and may even tell you which b	w, see whether parties as Form 105	you received any 99-B Either will :	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from yo r cost) was rep	ur broker A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instructions)	For short-term t	ransactions,
see page 1 Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	i, you aren't required	to report these trans-	actions on Form	8949 (see instru	ctions)
You must check Box D, E, or F below. O If you have more long-term transactions than will	Theck only one bo fit on this page for one	X. If more then one be or more of the boxes	ox applies for your long- , complete as many form	term transactions, compl is with the same box chec	ete a separate Forr :ked as you need	n 8949, page 2, for (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	orted on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions not	reported to you	on Form 1099-B		,	ı		r-
1 (a)	(b)	(c)	(d)	(e)		any, to gain or nter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column (g),	enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo., day, yr.)	disposed of	(suiss pilos)	Note below and		e instructions.	from column (d) &
		(Mo , day, yr.)		see <i>Column (e)</i> in the instructions	l Code(s) l	(g) Amount of adjustment	combine the result with column (g)
MAKENA CAPITAL							
SPLITTER X, L.P.							49,340.
METROPOLITAN REAL							
ESTATE PARTNERS							
GLOBAL							<33.
METROPOLITAN REAL		,					
ESTATE PARTNERS V,							.70
L.P							<78.
			<u>.</u>		 		
							
			=				
					 		
	-		<u>.</u>	 	 		
	-			 			
				-	-		

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

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.

923012 12-11-19

Form **8949** (2019)

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