Extended to May 15, 2020 FORM 990-T **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection f 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization (Check box if name changed and see instructions.) Check hox if (Employees' trust, se address changed Breck School 41-0693894 B Exempt under section Print E Unrelated business activity code X 501(ci03) or Number, street, and room or suite no. If a P.O. box, see instructions. See instructions 1 Type 7220(e) 7408(e) 123 Ottawa Ave N City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 529(a) Minneapolis, MN 55422 525990 C Book value of all assets F Group exemption number (See instructions) 143,817,623. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶ Investments in Partnerships . If only one, complete Parts I-V. If more than one. 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. X No 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. Telephone number \triangleright 763-381-8454 The books are in care of ▶ Ted Forbath (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales c Balance b Less returns and allowances 1c Cost of goods sold (Schedule A. line 7) 2 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 34,010 Stmt 34,010 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 34,010 34,010 Total, Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 RECEIVED 15 Salaries and wages 15 16 16 Repairs and maintenance MAY 2 2 2020 17 17 **Bad debts** 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses OGDEN, UT Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562), 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 Depletion Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 0. Total deductions Add lines 14 through 28 29 29 34,010. 30 Inrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 34,010. Unrelated business taxable income. Subtract line 31 from line 30 Form 990-T (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

FOLU: 680-						41-0	093094		raye
Part	111/	Total Unrelated Business Tax	able Income						
33	Tota	of unrelated business taxable income comp	uted from all unrelated trad	ies or businesse	es (see instructions)		33	34,(010.
34	Amo	unts paid for disallowed fringes				•	34		
35	Dedu	ction for net operating loss arising in tax yea	ars beginning before Janua	ry 1, 2018 (see	instructions) S	tmt 2	35	34,(010.
36	Total	of unrelated business taxable income before	e specific deduction. Subtra	act line 35 from	the sum of				
	lines	33 and 34				∇	36		
37	Spec	ific deduction (Generally \$1,000, but see line	37 instructions for except	ions)		13	8 29	1,(000.
38		lated business taxable income. Subtract lin			line 36,	G			
	enter	the smaller of zero or line 36		_			3,8		0.
Part	IV :	Tax Computation		• •					
39		nizations Taxable as Corporations. Multiply	/ line 38 by 21% (0.21)				▶ 39		0.
40	-	s Taxable at Trust Rates. See instructions f		e tax on the amo	ount on line 38 from):			
		Tax rate schedule or Schedule D (F				ı	▶ 40		
41	Prox	tax See instructions	,			i	41		
42	-	native minimum tax (trusts only)				•	42		
43		n Noncompliant Facility Income. See instri	ictions				43		
44		. Add lines 41, 42, and 43 to line 39 or 40, w					44		0.
Part		Tax and Payments							
		gn tax credit (corporations attach Form 1118	3: trusts attach Form 1116)	· · · · · · · · · · · · · · · · · · ·	45a			-	
		credits (see instructions)	,,,		45b				
C	_	ral business credit. Attach Form 3800			45c				
-		t for prior year minimum tax (attach Form 88	301 or 8827)		45d				
		credits. Add lines 45a through 45d	001010027)		100		45e		
46		act line 45e from line 44					46		0.
47		taxes. Check if from: Form 4255	Form 8611 Form 8	R697 Form	m 8866 Other	(attach schedul			
48		tax Add lines 46 and 47 (see instructions)] 10/11/00/11 [110/11/0	30371011		(attach school	48		0.
49		net 965 tax liability paid from Form 965-A o	r Form 965-R Part II colur	mn (k) line 2			49		0.
		ents: A 2017 overpayment credited to 2018		iiii (k), iiiie z	50a		43		
	-	estimated tax payments	•		50b				
		eposited with Form 8868			50c		\dashv \mid		
		gn organizations: Tax paid or withheld at sou	urce (cae instructions)		50d				
			irce (see ilistructions)		50e		\dashv \vdash		
		up withholding (see instructions) t for small employer health insurance premit	ima (attach Earm 9041)		-		\dashv		
			Form 2439		50f		\dashv		
g			Other	Total	▶ 50g				
		-	Other		50g		- • •		
51		payments. Add lines 50a through 50g	Form 2000 is attached				51		
52 52		ated tax penalty (see instructions). Check if		- Durad					
53		ue. If line 51 is less than the total of lines 48 payment. If line 51 is larger than the total of			d		► 53 ► 54		
54 55		the amount of line 54 you want: Credited to		amount overpar	1	ofundad A	55		
Part V		Statements Regarding Certain		her Inform		efunded	33		
								Yes	No
56		y time during the 2018 calendar year, did the a financial account (bank, securities, or othei	-					162	NU
		• • •			=				
		N Form 114, Report of Foreign Bank and Fin	ianciai Accounts. II 165, e	mer me name o	i ille foreign country	у			\ .
	here	·						— 	X
57		g the tax year, did the organization receive a		i ille graffior of,	or transferor to, a to	oreign irustr		-	┼^
50		s," see instructions for other forms the organ	•	one 🕨 C					
58		the amount of tax-exempt interest received der penalties of perjury, I declare that I have examin			and statements, and to	the best of my	knowledge and h	elief it is true	٠
Sign		rrect, and complete Declaration of preparer (other th						01101, 11 10 11 110,	
Here		クークをもか	15/11/20	A CEO			-	cuss this return	with
		Signature of officer	Date	CFO	_		the preparer shinstructions)?		ا No.
			Duto Duto	- 11110	Data	Chast		169	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid		Deb Melese CD3	Dob Walass	CID 3	OF /11 /20	self- employ	I	264750)
Prepa		Deb Nelson, CPA	Deb Nelson,	CPA	05/11/20	Comple City		264758	
Use (Only	Firm's name ► Eide Bailly		- 1200		Firm's EIN	▶ 45-	025095	0
			let Mall, St			Dhara	C10 05		
		Firm's address Minneapol:	<u>18, MN 55402</u>	-/033		J Phone no.	<u>612-25</u>	<u> </u>	<u> </u>

Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year					6				
2 Purchases		7 Cost of goods sold. Subtract			line 6				
3 Cost of labor	from line 5. Enter here a			and in	Part I,				
4 a Additional section 263A costs		line 2				7			
(attach schedule)	4a		8 Do the rules of section 263A (with 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		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas 	ed With Real Pro	per	ty) 	
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 mor 10% but not more than 509	e than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directli columns 2(a) a		ected with the income i (attach schedule)	.n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	•	0.
Schedule E - Unrelated De	bt-Financed	l Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	(-)	Deductions directly cor to debt-finan-	nected ced pro	perty	
1. Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	.s
(1)							+		
(2)			1						
(3)									
(4)			1						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a 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 col 3(a) and 3(b))	
(1)				%		···	_		
(2)				%				-	
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions in	ncluded in column	8				•			0.

Schedule F - Intere	,	1	-, <u>-</u>		Controlled O						
1. Name of controlled organization		identif	nployer lication nber		nrelated income 4. To pay		yments made inc		5. Part of column 4 that is included in the controlling organization's gross incom		Deductions directly connected with income in column 5
(1)		+								+	
(2)	•										
(3)											
(4)											
Nonexempt Controlled C	rganizations					-					, == '
7 Taxable Income	8. Ne	it unrelated incoi (see instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross		nization's	11. D	eductions directly connected th income in column 10
(1)	-			1	 						
(2)		•	•								
(3)			•								
(4)											
	·						Add colum Enter here and line 8, c		e 1, Part I,	l	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.		0
Schedule G - Inves	stment Inc e instructions)		Section	1 501(c)((7), (9), or	(17) Oı	ganization				
1	Description of in	come			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)	-										
(3)											
(4)										_	
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Explo	ited Exempinstructions)	ot Activity	/ Incom	e, Othe	r Than Ad	vertisi	ng Income)			
1 Description of exploited activity	unrelat inco	. Gross ed business ome from or business	directly of with pre of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus columr gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6 Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									<u> </u>		
(2)					<u> </u>				<u> </u>		
(3)	- 			_					l		-
(4)							•				
	page	nere and on a 1, Part I, 0, col (A)	page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	>	0.		0.							0
Schedule J - Adve											
Part I Income Fr	om Period	icals Rep	orted o	n a Con	solidated	Basis					
1 Name of periodi	cal	2. Gross advertising income		3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5 Circulati e income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (51)		0.							_	0

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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)

• • • • • • • • • • • • • • • • • • •	in 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 (B)				Enter here and on page 1, Part II, line 27
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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	-	%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T Income (Loss) from Partnerships	Statement 1
Description	Net Income or (Loss)
Commonfund Capital Partners 2000, LP - Ordinary Business Income (loss) Commonfund Capital Partners V, LP - Ordinary Business	203.
Income (loss) Commonfund Capital Venture Partners VII, LP - Ordinary	-530.
Business Income (loss Commonfund Capital Private Equity Partners VI, L -	-2.
Ordinary Business Income Commonfund Capital Private Equity Partners VII, - Ordinary	3,899.
Business Income (Commonfund Capital International Partners VI, LP -	6,155.
Ordinary Business Income Commonfund Capital Venture Partners VIII, LP - Ordinary	180.
Business Income (los One Rock Capital Partners, LP - Ordinary Business Income (loss)	-10. 24,117.
Commonfund Global Distressed Investors LLC #110 - Ordinary Business Income (-1.
Commonfund Global Distressed Investors LLC #107 - Ordinary Business Income (-1.
Total Included on Form 990-T, Page 1, line 5	34,010.