,		
	ている	;

P. G. C.

_	990-T	F	xempt Orga	nization Rus	sine	ss Income T	ax Return	 I	OMB No 1545-0687
Form میراند میراند	550-1	-		nd proxy tax und			19	00	
<i>,</i> –		For cale	endar year 2018 or other tax ye	•			N 30, 2019)	2018
Depar	tment of the Treasury					ons and the latest inform		- L_	and 10
	al Revenue Service	<u> </u>	Do not enter SSN number	ers on this form as it may	y be ma	de public if your organiz		50	en to Public Inspection for 1(c)(3) Organizations Only
A [Check box if		Name of organization (Check box if name of	changed	and see instructions)	į.	(Employ	er identification number ees' trust, see
	address changed		a		0535			Instructi	•
	xempt under section	Print or	CALVERT SCH						-0591510 d business activity code
<u> </u>] 501(c. \/3)] 408(e)	Туре	Number, street, and room 105 TUSCANY		x, see ir	istructions			ructions)
\vdash	」408(e)	ł	City or town, state or pro		r foroig	n nostal anda			
-	7529(a)		BALTIMORE,		ir ioreig	ii postai code	ľ	5259	9.0
C Box	ok value of all assets		F Group exemption num		<u> </u>			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
ate	106,267,61	15.	G Check organization typ		poration	501(c) trust	401(a) t	rust	Other trust
H En			tion's unrelated trades or I		1		the only (or first) unre		
tra	de or business here	. Si	EE STATEMENT	1			complete Parts I-V. If		ian one,
dos	scribo the first in the bla	ank spac	co at the ond of the provio	us sentence, complete Pa	arts I an	d II, complete a Schedule	M for each additional	trade or	•
bus	siness, then complete P	arts III-	V						
I Du	iring the tax year, was t	he corp	oration a subsidiary in an	affiliated group or a pare	nt-subsi	diary controlled group?	▶ □	Yes	X No
			fying number of the parer						
			HOMAS S. TR				one number > 4 1	<u> 10-2</u>	
Pa	rt i Unrelated	irad	le or Business Inc	ome	T	(A) Income	(B) Expenses		(C) Net
	Gross receipts or sales						,	i	-
	Less returns and allow			c Balance	1c				
	Cost of goods sold (So		•	~	2				•
3	Gross profit. Subtract I			V	3				
	Capital gain net income	•	•	- 4707)	4a		- •		
			art II, line 17) (attach Forn	n 4/9/)	4b				
	Capital loss deduction		is hip or an S corporation (a	ttach ctatement\	4c		B		
	Rent income (Schedule		inp or an 3 corporation (a	ttach statement)	6				
7	Unrelated debt-finance	•	ne (Schedule F)		7			-+	
8			nd rents from a controlled	organization (Schedule F)	-				
_	· · · · · · · · · · · · · · · · · · ·		n 501(c)(7), (9), or (17) o	=					
10	Exploited exempt activi			,	10				
11	Advertising income (So	chedule	J)		11				
12	Other income (See inst	truction	s; attach schedule) 🛮 🗴	PATEMENT 2	12	-101.			-101.
	Total. Combine lines 3				13	-101.			-101.
Pa			t Taken Elsewher						
			tions, deductions must				income)		
14	•	cers, dır	ectors, and trustees (Sche	edule K)		<u> </u>	-	14	 .
15	Salaries and wages				EI	18/	-	15	
16	Repairs and maintena	ınce		RE		- 20 131	}-	16	
17	Bad debts Interest (attach sched	lula) (ca	a instructions)		201	2 5050 /18/	-	17	
18 19	Taxes and licenses	iule) (se	e msuucuons)	19/ MA	YK B	١- السير "	}	19	
19		ns (See	instructions for limitation	rules)		ED 300 00 00 00 00 00 00 00 00 00 00 00 00	 	20	
20		•			GD	21	ļ.		
20 21	Depreciation (attach F	TOTALL 40				22a	· · · · · · · · · · · · · · · · · · ·	22b	
20 21 22	Depreciation (attach F Less depreciation clai		Schedule A and elsewher	e on recurri					
21	•		Schedule A and elsewher	e on recuri				23	
21 22	Less depreciation clai	med on		e on recurn				23	
21 22 23	Less depreciation clai Depletion	med on		e on return					
21 22 23 24	Less depreciation clar Depletion Contributions to defer	med on red con grams	npensation plans	e on recurn			-	24	
21 22 23 24 25	Less depreciation clar Depletion Contributions to defer Employee benefit prog	med on red con grams ses (Scl	npensation plans hedule I)	e on recurn			-	24 25	
21 22 23 24 25 26	Less depreciation clar Depletion Contributions to defer Employee benefit prog Excess exempt expens	med on rred con grams ses (Sch sts (Sch	npensation plans hedule I) nedule J)	e on recurn			-	24 25 26	
21 22 23 24 25 26 27 28 29	Less depreciation clar Depletion Contributions to defer Employee benefit prog Excess exempt expense Excess readership cos	med on red con grams ses (Scl sts (Sch ach sch	npensation plans hedule I) iedule J) edule)	e on recurn			-	24 25 26 27 28 29	
21 22 23 24 25 26 27 28 29 30	Less depreciation clar Depletion Contributions to defer Employee benefit prog Excess exempt expens Excess readership cos Other deductions (atta Total deductions Ad Unrelated business ta	red con grams ses (Sch sts (Sch ach scho d lines xable in	npensation plans hedule I) ledule J) edule) 14 through 28 come before net operating	g loss deduction Subtrac			-	24 25 26 27 28 29 30	
21 22 23 24 25 26 27 28 29	Less depreciation clar Depletion Contributions to defer Employee benefit prog Excess exempt expens Excess readership cos Other deductions (atta Total deductions Ad Unrelated business ta Deduction for net ope	red con grams ses (Sch ach schod lines xable in rating lo	npensation plans hedule I) iedule J) edule) 14 through 28	g loss deduction Subtrac ginning on or after Janua			3\	24 25 26 27 28 29	0. -101. -101.

Form 990-T	One vent bondon, incom orange		52	-059	1510	Page 2
if artill	II Total Unrelated Business Taxable Income				, , ,	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses	(see instru	ctions)		33	<u>-101.</u>
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see in	structions)	STMT	3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from th	e sum of				
	lines 33 and 34			~	36	$\frac{-101.}{1,000.}$
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			38	37	<u> 1,000.</u>
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than li	ine 36,		39		
<u> </u>	enter the smaller of zero or line 36			<u> </u>	38	<u>-101.</u>
Part	<u> </u>				· ·	
	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 amou	int on line (38 from:			
	Tax rate schedule or Schedule D (Form 1041)				40	
	Proxy tax See instructions				41	
	Alternative minimum tax (trusts only)				42	
	Tax on Noncompliant Facility Income. See instructions				43	0.
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments				44	
•		45.0				
-	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-		
	Other credits (see instructions) General business credit. Attach Form 3800	45b 45c				
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	45¢				
	Total credits. Add lines 45a through 45d	130	L		45e	
46	Subtract line 45e from line 44				46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866	Other (attach s	chedule)	47	
	Total tax Add lines 46 and 47 (see instructions)] ((110) (4.6601)		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.
	Payments: A 2017 overpayment credited to 2018	50a	l			
	2018 estimated tax payments	50b				
	Tax deposited with Form 8868	50c			1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
	Backup withholding (see instructions)	50e				
	Credit for small employer health insurance premiums (attach Form 8941)	50f				
	Other credits, adjustments, and payments Form 2439					
•	Form 4136 Other Total	▶ 50g				
51	Total payments. Add lines 50a through 50g	· ·			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	<u> </u>
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		i	>	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded		55	
[Part _x V	II Statements Regarding Certain Activities and Other Information	tion (se	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signati		-			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organiza	-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign	country			
	here >					$-\mid \frac{x}{x}\mid$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, o	ir transfero	r to, a foreign tr	ust?		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 S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	detataments	and to the best of	my knowla	doe and belief it	t is true
Sign	Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pre-	parer has any	knowledge	, CF —	-30 4.10 Dallai, I	
Here	12/1/2	IOK O	t tinyn	rv.	•	ss this return with
-	Signature of officer Date Signature of officer Signature of officer Signature of officer			_	e preparer show structions)?	
		Date	Chack	_		1 103 100
	Print/Type preparer's name Preparer's signature	Date	Check	ا لــــا mployed	If PTIN	
Paid	rer PAULA RAYNOR PAULA RAYNOR	03/03		pioyed	P010	081608
Prepa	- LOCKE MAY C ADVITODY GEDVICES I	TC		s EIN 🕨		5991824
Use O	910 RIDGEBROOK ROAD			- <u></u>		
	Firm's address > SPARKS, MD 21152		Phon	е по. (410) 4	103-1500
823711 01-						rm 990-T (2018)

•							
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold S	ubtract l	line 6	1	
3 Cost of labor	3	·	from line 5. Enter here and in Part I,				
4a Additional section 263A costs			line 2		L	7	
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No	
Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)	
(see instructions)			<u> </u>				
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued			0/->0		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ige	columns 2(a) and	onnected with the income in 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		ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb		Income (see	instructions)		. 		
			0 0		3 Deductions directly conne to debt-finance		
4			2 Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1 Description of debt-fin	anced property		financed property	(attach schedule)		(attach schedule)	
(1)			<u> </u>	<u> </u>			
(2)				<u> </u>			
(3)				↓			
(4)	г			-			
 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 h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%		<u></u>		
(4)			%	<u> </u>			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (6)	
Totals			>	L	0.	0.	
Total dividends-received deductions in	cluded in colum	1.8			<u> </u>	0.	
						Form 990-T (2018)	

1 Name of controlled organizat (1) (2) (3) (4)	ion	2. Emp identific numb	ation		lated income		al of specified		of column 4		6 Deductions directly
(2) (3) (4)			ner	(1055) (566)	instructions)	payn	nents made		ed in the contr ation's gross i		connected with income in column 5
(3) (4)											
(4)											
	_										
Nanayamet Controlled Organi		ļ									
Nonexempt Controlled Organi	zations										
7 Taxable Income		nrelated income see instructions)		9 Total o	of specified paym made	nents	10 Part of colur in the controlli gross	mn 9 that ng organi s income	is included zation s	11 Dec with	ductions directly connected income in column 10
(1)		_									
(2)											
(3)											
							Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals			<u>-</u>			▶			0.		0.
Schedule G - Investme		ne of a S	ection 5	01(c)(7)	, (9), or (⁻	17) Org	anization				
	ription of incom	me			2 Amount of	ıncome	3. Deduction directly conner (attach sched	cted	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							,				,
(2)											
(3)						İ					
(4)				i				Ī	•		
					Enter here and o Part I, line 9, co		NP.	•	•		Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income,	Other '	Than Adv	ertisin	g Income				
1 Description of exploited activity	<u> </u>	e from	3 Exper directly con with produ of unrela business in	inected iction ited	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed	6 Exp ettributi colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-							•	
(2)											
(3)											μ
(4)											
	Enter her page 1, line 10,		Enter here a page 1, P line 10, co	Parti, ol (B)		-					Enter here and on page 1, Part II, line 26
Totals •	l <u> </u>	0.		0.							0.
Schedule J - Advertisir Part I' Income From I			rted on		olidated	Basis	· -				
		2 Gross		D/	4 Advert		5 Circulat		6 Reade		7. Excess readership
1 Name of periodical		advertising income		Direct ising costs	or (loss) (co cot 3) If a ga cots 5 th	iin, compute			cost		costs (column 6 minus column 5, but not more than column 4)
(1)					4	_					
(2)					4						
(3)											
(4)					 		ļ				
Totals (carry to Part II, line (5))	•	0		0.							0. Form 990-T (2018

Page 5

0.

1 G 6

columns 2 through 7 on a line-by-line basis) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross 6 Readership 3 Direct 5 Circulation advertising income 1 Name of periodical advertising costs costs (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

Totals, Part II (lines 1-5)	>	0.	0.		
Schedule K - Com	pensatio	n of Officers, I	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.

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on page 1, Part II, line 27

(4) = "

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATE	D STATEMENT 1
	BUSINESS ACTIVITY	
	DODINESS ACIIVIII	

INVESTMENTS IN LIMITED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
GREENSPRING GLOBAL PARTNERS V-B, LP GREENSPRING GLOBAL PARTNERS VI-B, LP SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP CHESAPEAKE INVESTMENTS III NET SECTION 965 INCLUSION	-22. -7. -150. -369. 447.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	-101.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	490,681.	27,141.	463,540.	463,540.
06/30/13	375,898.	0.	375,898.	375,898.
06/30/16	18,677.	0.	18,677.	18,677.
06/30/17	9,349.	0.	9,349.	9,349.
06/30/18	8,657.	0.	8,657.	8,657.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	876,121.	876,121.