



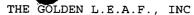
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_ 0	90-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687								
Form 3	, 30-1		(and proxy tax under section 6033(e))							
•	i	For cale	r calendar year 2018 or other tax year beginning $\frac{07/01}{}$ , 2018, and ending $\frac{06/30}{}$ , 20 $\frac{19}{}$ .							
Department Internal Revo	of the Treasury		► 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)  Open to Public Inspection for 501(c)(3) Organizations Only							
	Check box if	<b>▶</b> Do	Name of organization ( Check be		ay be made public in me changed and see			_	501(c)(3) O oyer (dentifica	
	ddress changed		· Name of organization ( Check be	UX II IIa	ille changed and see	: IIIStruction	5 )		oyees' trust, see	
B Evemnt	under section		THE GOLDEN L.E.A.F.	TN	rC					
	(C ) 3	Print	Number, street, and room or suite no			s		52-2	204473	
4086	·	_ or	or							s activity code
408		Type	301 N. WINSTEAD AVE	NUE				(See ii	nstructions)	•
529			City or town, state or province, country		ZIP or foreign postal	code		-		
	lue of all assets		ROCKY MOUNT, NC 278	•	•			5230	00	
at end o	of year	F Gro	up exemption number (See instruct		<b>&gt;</b>			1		
119	2806381.		ck organization type X 501	<u></u>		501(c	) trust	401(a)	trust	Other trust
H Enter	the number of		nization's unrelated trades or busine	• • •					/ (or first) uni	
			ESTMENTS IN PARTNERS			only one,	complete Parts	- I-V If mor	e than one, o	lescribe the
fırst ın	the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, con	nplete a S	chedule M for ea	ch additio	nal	
trade o	or business, the	en comple	ete Parts III-V							
1 During	the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-si	ubsidiary d	ontrolled group?		▶∟	Yes X No
If "Yes	s," enter the na	me and	identifying number of the parent co	rporati						
			TH EDMONDSON			Telephon	e number ▶ 25	2-442	-7474	
Part I	Unrelated 1	Trade o	or Business Income		(A) Incon	ne	(B) Exper	ises	(	C) Net
1a Gro	oss receipts or s	sales	,				r			1
<b>b</b> Less	s returns and allowa	nces	c Balance ▶	1c						
	•	•	ule A, line 7)	2					-	
			2 from line 1c	3						
			ttach Schedule D)	4a					+	
	•		Part II, line 17) (attach Form 4797)	4b	_		<u></u>		<del> </del>	
			rusts	4c	999	,262.	A TOOL 1		<del>- </del> -	998,262.
			an S corporation (attach statement)	5	998	, 202.	ATCH 1	•	<del> </del>	330,202.
			ome (Cabadula E)	7				•		
			come (Schedule E)				=		<del></del>	<del></del>
			nts from a controlled organization (Schedule F) 1(c)(7), (9), or (17) organization (Schedule G)							
			ncome (Schedule I)	10				<del></del>	-	
			lule J)	11						
			tions, attach schedule)	12						·········
	•		ough 12	-	998	,262.				998,262.
Part II	Deduction	ns Not	Taken Elsewhere (See instr	cuctio	ns for limitation	ons on d	eductions.) (	Except	for contrib	utions,
			be directly connected with t					•		
			directors, and trustees (Schedule K)			u				
15 Sal	aries and wage	s		门.	NOV 1 8 20	10 · JS		15		
<b>16</b> Rep	pairs and maint	tenance		5 .	NOV 1 6 20	'` ါက်	.			
17 Bac	d debts			. Ļ.	<del></del>	ੀ <u>स</u>		17		
			see instructions)					18		
			<del>.</del> -						ļ	27,706.
		•	See instructions for limitation rules)		1		. 2	20		10,964.
			4562)						-	
			on Schedule A and elsewhere on re					22b	)	<u>-</u>
			compensation plans						+	
			S						+	· · · · · · · · · · · · · · · · · · ·
			Schedule I)						-	
			chedule J)						+	860,915.
			chedule)						+	899,585.
			s 14 through 28,						+	98,677.
			g loss arising in tax years beginnir						1	
			e income Subtract line 31 from line	_	•	•				98,677.
For Pape	rwork Reducti		lotice, see instructions.		· · · · · · · · · · · · · · · · · · ·		<u></u>			990-T (2018)
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Form **990-T** (2018)



GOLDEN L.E.A.F.,	INC
ss Tayabla Income	<del></del>

Form	990-T (20	)18)				Page 2
Par	t III	Total Unrelated Business Taxable Income				
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see				
	ınstruct	ions)	33		98,	677.
34	Amount	s paid for disallowed fringes	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
33		ions)	35		98.	677.
26		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum	33	_		
36		33 and 34	1 20			
			36		7	000.
37	•	ededuction (Generally \$1,000, but see line 37 instructions for exceptions)	37		Τ,	<del>500.</del>
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				_
		e smaller of zero or line 36	38			0.
Par	t IV	Tax Computation	<del></del> _			
39	Organiz	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amo	ount on line 38 from Tax rate schedule or Schedule D (Form 1041),	40			
41	Proxy t	ax See instructions	41			
42	Alternat	ive minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See Instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		•	
Par		Tax and Payments	<del></del>			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	-	redits (see instructions)	1			
		business credit Attach Form 3800 (see instructions)	1			
		or prior year minimum tax (attach Form 8801 or 8827)	1			
			450			
		edits. Add lines 45a through 45d	45e			
46		t line 45e from line 44	46			
47		ses Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48		x Add lines 46 and 47 (see instructions)	48			<u>0.</u>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		its A 2017 overpayment credited to 2018	ł			
		stimated tax payments				
		osited with Form 8868				
d	Foreign	organizations Tax paid or withheld at source (see instructions)	1			
е	Backup	withholding (see instructions)	1			
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f	]			
g	Other cr	edits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total ▶ 50g				
51	Total pa	ayments. Add lines 50a through 50g	51			
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55		e amount of line 54 you want    Credited to 2019 estimated tax    Refunded	<del> 1</del>			
Par		Statements Regarding Certain Activities and Other Information (see instruction				
56		time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		-	<u> </u>	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			1
		IRELAND	roi eigi	Country	<u></u>	
	-				<u> </u>	х
57	_	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust	۲۰۰۰۰		1
		see instructions for other forms the organization may have to file			,	
<u>58</u>		e amount of tax-exempt interest received or accrued during the tax year > \$		un francis III		
٥.	l to	ider penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the tile, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge	and bel	Je≀, It IS
Sign	ו ו		y the	IRS discuss	this	return
Her	- 1 -	11-8-19 Atchn Asidest will	h the	preparer sh		
	S		e instructi		es	No
ייי-ם		Print/Type preparer's name Preparer's signature Date Chec	k 🔲 ıf	PTIN		
Paid		MADO DEDOCED ////// // // /// 11/5/19	mployed	P018	7156	3
	arer		EIN 🕨			
use	Only	Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phone	e no 70	03-893-0	0600	

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	THE GO	LDEN L.	E.A.F., INC				52-	2204473		
Form 990-T (2018)	***								F	Page 3
Schedule A - Cost of G	oods Sold. En	ter metho	d of inventory valuation	) ▶	•					
1 Inventory at beginning of	year . 1		6 Inventor	ry at	t end of yea	г	6			
2 Purchases			7 Cost of goods s			d. Subtract line	1 1			
3 Cost of labor	3		6 from	6 from line 5 Enter						
4a Additional section 263A c	osts		Part I, lı	ne 2	·		7			
(attach schedule)	4a		<b>8</b> Do the	e r	ules of	section 263A (v	with re	spect to	Yes	No
<b>b</b> Other costs (attach schedu						or acquired fo				
5 Total. Add lines 1 through			to the o	rgan	nization?		<u></u>		<u></u>	Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Proper	ty L	eased W	ith Real Prope	rty)			
(see instructions)										
Description of property										
(1)			<del>-</del>							
(2)	<del></del>									
(3)										
(4)										
	2. Rent receiv		•		_					
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percent	rom real and personal proper age of rent for personal proper of the rent is based on profit	erty e	exceeds	3(a) Deductions of in columns 2				me
(1)	<del></del>				-					
(2)										
(3)										
(4)			•							-
Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6	6, column (A)	▶				Part I, line 6, colu				
Schedule E - Unrelated D	ebt-Financed li	ncome (se	e instructions)							
			2 Gross income from or		3 D	eductions directly co debt-finan			le to	
1 Description of del	bt-financed property		allocable to debt-financed	$\vdash$	(a) Straigh	t line depreciation	<del>-</del>	o) Other dedu	ctions	—
			property			h schedule)		(attach sched		
(1)	<del></del> . <u>_</u>									
(2)										
(3)										
(4)										
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5 Average adjus of or allocal debt-financed (attach sche	ole to property	6 Column 4 divided by column 5			ncome reportable 2 x column 6)		Allocable dec mn 6 x total o 3(a) and 3(	of columi	ns
(1)				%						
(2)				%						
(3)				%						
(4)			(	%						
						e and on page 1, e 7, column (A)		here and o I, line 7, col		

Form **990-T** (2018)

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Total dividends-received deductions included in column 8 . . . .

Schedule F-Interest, Anne	uities, Royaltie	s, and Rer	nts Fro	om Contro	lled O	ganiza	tions (see	nstruction	ns)	Page 4
				ntrolled Or			,			
Name of controlled organization	2 Employer identification num	nei		ated income		of specifients made	5. Part of columns of specified included in the organization's e		lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										-
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8. Net unrelated a (loss) (see instruc			Total of specific ayments made		inclu	art of column ided in the co lization's gros	ntrolling	11 con	Deductions directly nected with income in column 10
(1)										
(2)	_									
(3)										
(4)										
Totals			······································	 (9) or (17	▶	Ente Par	d columns 5 at here and on 1, line 8, colu	page 1, mn (A)	Ente	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount o		(5)(1),	3 Deduction directly corting (attach sch	tions		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)							_			<u> </u>
(2)										
(3)										
(4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, o	column (A)	her Th	an Adverti	isina Ir	ncome	(see instri	ections)		Enter here and on page 1 Part I, line 9, column (B)
Concadie 1 Exploited Exc			1101 111				(see mand			_
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirect connected production unrelated business in	ly d with on of ed	4 Net inconfrom unrelated or business 2 minus collected for collected for the collec	ed tradé (column umn 3) ompute	from a	oss income activity that t unrelated ess income	6. Expen attributab column	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	•					-				
(2)	<del> </del>									
(3)										
(4)										-
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, P line 10, co	art I,			4.				Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	come (see inst	uctions)						<del>_</del> .		<u> </u>
Part I Income From Per			oneoli	idated Rad	eie .					
Paitt income From Fer		led on a C	OHSU	luateu Das	915					
1. Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adverting gain or (los 2 minus co a gain, coi cols 5 thro	s) (col of 3) If mpute	1	irculation icome	6. Reader costs	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										7
(3)				1				1		7
(4) .										7
Totals (carry to Part II, line (5)) ▶			,							
	•	-		•		•		•		Form 990-T (2018

THE GOLDEN L.E.A.F., INC Form 990-T (2018) 52-2204473 Page 5 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.) Part II

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 ▶						
	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) ▶			٥	•		

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)		%	
otal. Enter here and on page 1, Part II, line 14.			

Form **990-T** (2018)

## ATTACHMENT 1

## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AG REALTY FUND VII (TE) LP AG REALTY FUND VIII LP CAROUSEL CAPTIAL PARTNERS IV LP COLONY INVESTORS VIII LP DENHAM COMMODITY INVESTORS FUND V LP ENCAP ENERGY CAPITAL FUND VII LP LEXINGTON CAPITAL PARTNERS V LP Q-BLK PRIVATE CAPITAL II LP VARDE FUND IX LP VARDE FUND X(B) FEEDER LP VARDE FUND XI(B) FEEDER LP OCH-ZIEF PEAL ESTATE DARALLEL FUND	-29,619. 58,298. 294,14619,4341490,136. 44,785. 41. 6,57816920,09519,2856,010.
OCH-ZIFF REAL ESTATE PARALLEL FUND AG REALTY VALUE FUND X, LP TRUE BRIDGE CAPITAL PARTNERS FUND V, LP	803,359. -18,637. -510.
VARDE FUND XIII(B) FEEDER LP	-5,036.
INCOME (LOSS) FROM PARTNERSHIPS	<u>998,262.</u>



FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME	998,262.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	0. 888,621.
NOL CARRYOVER	98,677. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	10,964.
CHARITABLE CONTRIBUTION	59,453,799.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	10,964.

## ATTACHMENT 3

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES
INVESTMENT MANAGEMENT FEES

15,383.

845,532.

PART II - LINE 28 - OTHER DEDUCTIONS

860,915.

The Golden L.E.A.F., Inc.	52-2204473
2018 Form 990-T	
Attachment 4	
Net Operating Loss:	
Loss Originating in 2009	543,495
Loss Originating in 2011	1,083,463
Loss Utilized in 2013	(33,814)
Loss Utilized in 2014	(624,409)
Loss Utilized in 2015	(755,740)
Loss Utilized in 2016	(135,175)
Loss Originating in 2017	447,963
Loss Utilized in 2018	(98,677)
NOL Carryforward to 2019	427,106