Form 990-T	E	Exempt Orga					ax Retur	n	OMB N	lo 1545-0687
			nd proxy tax und					,	•	047
•	Forcal	endar year 2017 or other tax yea						<u> 18</u>	Z	017
Department of the Treasury Internal Revenue Service	▎▗	► Go to www Do not enter SSN numbe	irs.gov/Form990T for it rs on this form as it may					, F	Open to P	ublic Inspection for Organizations Only
A Check box if	<u> </u>	Name of organization (D Empl	1 /1 /	fication number
address changed		, _				,			uctions)	51, 566
B Exempt under section	Print	UNION PRESE						_		06428
X 501(c)(3 03	Type	Number, street, and room		x, see in	structions.				lated busin instruction:	ess activity codes s)
408(e) 220(e)	}	3401 BROOK						_		
408A 530(a)		City or town, state or prov		or foreigi	n postal code			525	990	511120
Book value of all assets	i	E Croup avamation numb		<u> </u>	.			525	770	<u> </u>
177,964,9	33.	G Check organization type		poration	5010	c) trust	401(a) trust		Other trust
H Describe the organization	n's prima	ary unrelated business activ	/ity. ▶ INVESTM	ENT	S IN PA	RTNEI	RSHIPS			
		oration a subsidiary in an a		nt-subsi	diary controlled	group?	>	Ye	es 🗓	No
		lifying number of the paren						004	0.7.0	1005
J The books are in care of Part I Unrelated		JENNIFER BRIT			(A) Incoi				278-	4235
		de of Busiliess inc	onie	T	(A) Incol	ne	(B) Expense	28		(C) Net
1 a Gross receipts or sale b Less returns and allow			c Balance	10						
2 Cost of goods sold (S		A. line 7)	C Daranec	2						
3 Gross profit. Subtract		•		3						
4a Capital gain net incon	ne (attac	h Schedule D)		4a						
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b			-			
c Capital loss deduction				4c	205	011	,			05 011
		ips and S corporations (att	ach statement)	5	-285,	911.			-2	85,911.
6 Rent income (Schedu7 Unrelated debt-financ		ne (Schedule F)		7						
		and rents from controlled o	rganizations (Sch. F)	8						
		on 501(c)(7), (9), or (17) or								
10 Exploited exempt acti	vity inco	me (Schedule I)		10						
11 Advertising income (S		•		11	4,	373.				4,373.
12 Other income (See in:		•		12	-281,	E 2 0	-			81,538.
13 Total. Combine lines Part II Deductio		^{gn 12} ot Taken Elsewher	e (See instructions f	13						01,530.
(Eyeant for	+	itiana dadilatiana milat	he directly connected	d with t			income.)			
14 Compensation of off	ficers, di	rectors, and trustees (Sche	dole K		1			14		
15 Salaries and wages			RECEIVE	<u>)</u> ,				15		
16 Repairs and mainten		i i						16		
17 Bad debts		8020	NOV 1 5 2018	RS-OSC				17		
18 Interest (attach sche		1 1						18	<u> </u>	
19 Taxes and licenses20 Charitable contributi	one /Sa	e instructions for limita lion 562)	<u>OGDEN, U</u>	Ŧ]			19 20		
21 Depreciation (attach	Form 4	562)	Tules)		1 :	21				
2.		n Schedule A and elsewher				2a	-	22b		
23 Depletion					_			23_		
24 Contributions to defe	erred co	mpensation plans						24		
25 Employee benefit pro	-							25		
26 Excess exempt expe		•						26	-	
27 Excess readership co					ਬਜ਼2	сπъπ	EMENT 1	27		7,430.
28 Other deductions (at29 Total deductions. A					000	DIAI	EMBN1 1	29		7,430.
		ncome before net operating	loss deduction. Subtrac	ct line 29	from line 13			30	-2	88,968.
		(limited to the amount on				STAT	EMENT 2	31		
• •		ncome before specific dedu		rom line	30			32	-2	88,968.
•		y \$1,000, but see line 33 in						33		1,000.
	taxable	income. Subtract line 33	trom line 32. If line 33 is	greater	than line 32, en	ter the sn	naller of zero or		,	99 060
line 32								34		88,968.

Part I	Tax Computation			_
35	Organizations Taxable as Corporations. See instructions for tax computation.		·	_
	Controlled group members (sections 1561 and 1563) check here See instructions and:	.		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	.		
_	(1) [\$ (2) [\$ (3) [\$.		
ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	.		
_	(2) Additional 3% tax (not more than \$100,000) \$.		
c	Income tax on the amount on line 34	35c	0	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			Ť
00	Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy tax. See instructions	37		_
38	Alternative minimum tax	38		_
39	Tax on Non-Compliant Facility Income. See Instructions	39		_
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0	-
Part I				Ť
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			_
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800			
_	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42	0	-
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		Ī
44	Total tax Add lines 42 and 43	44	0	-
	Payments: A 2016 overpayment credited to 2017			Ť
	2017 estimated tax payments			
	Tax deposited with Form 8868 45c			
	Foreign organizations Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
q	Other credits and payments Form 2439			
y	Form 4136 Other Total • 45g			
46	Total payments. Add lines 45a through 45g	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47		_
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0	_
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50		Ť
Part \)	_
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No	,
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here ▶		X	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х	_
	If YES, see instructions for other forms the organization may have to file.			
53	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 knowledge	ige and belief, it is tru	ue,	
Sign	correct, and complete Declaration of proparer (other than taxpayer) is based on all information of which preparer has any knowledge TREASURER/VP FIN	ay the IRS discuss the	e return with	_
Here	AND ADMIN the	preparer shown belo		
	Signature of officer Date Title ins	structions)? X Y	/es No)
	Print/Type preparer's name Preparer's signature Date Check I	PTIN		_
Paid	Amend Alam 2018 11.08 12:07:28 self- employed			
Prepa	rer AMANDA ADAMS / -0500	P00748		
Use (INIV Firm's name CHERRY BEKAERT LLP Firm's EIN	56-057	74444	_
	200 SOUTH 10TH ST., STE. 900			
	Firm's address ► RICHMOND, VA 23219 Phone no. 8	04-673-5	700	

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	_2		7	Cost of goods sold. Su	ıbtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income ((From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)								
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 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	3(a) Deductions directly columns 2(a) ar		eted with the income in 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	t-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		3 Deductions directly con to debt-finance	nected v	vith or allocable perty
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1				1	
(2)							1	
(3)							1	
(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 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)	 		+	%		-	\top	
(2)		•		%			+	
(3)				%			 	
(4)				%			\top	
<u></u>				7		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals						0	- 1	0.
Total dividends-received deductions in	ncluded in columi	n 8						0.

Form **990-T** (2017)

				Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	on	2. Emp identific numb	ation		elated income instructions)		al of specified nents made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
1)											
2)											
3)											
4)				`							
onexempt Controlled Organiz	ations										
7. Taxable Income	8. Net unrela (see ii	ated incom- nstructions		9. Total	of specified payi made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgai s income	nization's	11. De with	ductions directly connected income in column 10
(1)				 		-	<u> </u>				
2)											
3)											
4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals						>			0.		0.
Schedule G - Investmer	nt Income	of a S	ection	501(c)(7	'), (9), or (17) Org	ganization				
(see instru	uctions)										
1. Descr	ption of income				2. Amount of	ıncome	3 Deduction directly connected (attach schedu	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							(attach school				(coi o pias coi 4)
(2)											<u> </u>
(3)											
(4)									-		
					Enter here and				1		Enter here and on page 1,
					Part I, line 9, co	olumn (A)	•				Part I, line 9, column (B)
otals				•		0.					0.
Schedule I - Exploited E (see instru		ctivity	Incom	e, Other	Than Adv	ertisin	g Income		-		
(See IIISII di	ctions)				1 4				1		1
Description of exploited activity	2. Gross unrelated bus income fro trade or busi	iness om	directly of with pro of un	penses connected oduction related as income	4. Net incon from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1	-								
(2)											
(3)											1
4)	-		_								
	Enter here ar page 1, Pa line 10, col	rt I, (A)	page 1	ere and on 1, Part I, , col (B)	-		,				Enter here and on page 1, Part II, line 26
otals		0.		<u> </u>							0.
Schedule J - Advertisin					1:-1-41	Dania					
Part I Income From F	'eriodical	з Керс	orted o	n a Con	solidated	Basis					
1. Name of periodical	ad	. Gross vertising ncome	adv	3. Direct rertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circulat		6. Read		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 (5))	▶i	().	0	.				1		0.

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.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (toss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) INTERPRETATION	4,373.		4,373.	124,275.	102,809.	-
(2)					<u> </u>	
(3)						
(4)						
Totals from Part I	0.	0.	l .	~ -	A 2004	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)	4,373.	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 (2017)

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-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

UNION PRESBYTERIAN				<u> 54 -</u>	<u>0506428</u>
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year o	r Less		
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 gair or loss from Form(s) 894 Part I, line 2, column (g)) 9,	(h) Gain or (loss) Subtract column (e) from column (d) and 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 Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	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	ı h		7	
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
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 gair or loss from Form(s) 894 Part II, line 2, column (g	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		18,897.			-18,897.
11 Enter gain from Form 4797, line 7 or 9				11	3,431.
12 Long-term capital gain from installment sales	from Form 6252 line 26 or 3	7		12	0,2020
13 Long-term capital gain or (loss) from like-kin		•		13	
14 Capital gain distributions	b exchanges from 1 orm 6024			14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	n h		15	-15,466.
Part III Summary of Parts I and				10	10,400
16 Enter excess of net short-term capital gain (lii		of loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			7)	17	
18 Add lines 16 and 17. Enter here and on Form					
has qualified timber gain, also complete Part	· · · ·	ope. mio on omor journor il u		_18	0.

Note: If losses exceed gains, see Capital losses in the instructions.

JWA

Part IV Alternative Tax for Co	orporations with Qualified Timb	er Gain. Complete P	art IV only if the corpo	ration has	
	ion 1201(b). Skip this part if you are filing For		-		
19 Enter qualified timber gain (as defined in sec		19			-
20 Enter taxable income from Form 1120, page	1, line 30, or the applicable line				
of your tax return		20			
21 Enter the smallest of: (a) the amount on line	19; (b) the amount on line 20; or			•	*
(c) the amount on Part III, line 17		21			
. ,					<u>.</u>
22 Multiply line 21 by 23.8% (0.238)			22		.,
				+	
23 Subtract line 17 from line 20. If zero or less,	enter -0-	23			٠,
24 Enter the tax on line 23, figured using the Ta	x Rate Schedule (or applicable tax rate) appro	priate for	7		
the return with which Schedule D (Form 112	0) is being filed		24		_
		1		-	•
25 Add lines 21 and 23		25			٠.
26 Subtract line 25 from line 20. If zero or less,	enter -0-	_26		\	•
27 Multiply line 26 by 35% (0.35)			27		
28 Add lines 22, 24, and 27			28		
29 Enter the tax on line 20, figured using the Ta	x Rate Schedule (or applicable tax rate) appro	priate for the			
return with which Schedule D (Form 1120) is	s being filed		29		
30 Enter the smaller of line 28 or line 29. Also e	nter this amount on Form 1120, Schedule J, li	ne 2, or the			
applicable line of your tax return			30		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

	<u>SBYTERIAN S</u>						506428
Before you check Box D, statement will have the sa	me information as Fort	n 1099-B Either will	/ Form(s) 1099-B o show whether you	or substitute statem or basis (usually you	ent(s) from y cost) was i	your broker A sub reported to the IR	ostitute IS by your
	Transactions involving gregate all long-term transed Enter the totals directly	ng capital assets you insactions reported on F	Form(s) 1099-B show	ing basis was reported	d to the IRS a	ind for which no adji	ustments or
You must check Box D, E, c If you have more long-term transact (D) Long-term trans (E) Long-term trans	r F below. Check only or	ne box. If more than one b for one or more of the boxes orm(s) 1099-B showin	pox applies for your long s, complete as many form ng basis was repor	term transactions, complins with the same box chected to the IRS (see	ete a separate F ked as you nee	Form 8949, page 2, for e	
X (F) Long-term trans	actions not reported to	you on Form 1099-E	3				
1 (a) Description of prop (Example 100 sh XY		yr.) disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (, if any, to gain or u enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr.)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ROCKET INTERN	ਸਾ					aujustinent	107
CAPITAL PARTN							
SCS TAIL TAILT	BRB			18,897.			<18,897.>
<u>aca</u>				10,097.			(10,097.)
				<u> </u>			
			-			<u> </u>	
				 			
				 			
					+		
							
 ,.							
			<u> </u>				ļ
			ļ				
							
					+		
···							
2 Totals. Add the amounts) F	unts in columns (d), (e) nter each total here an						
_	of Box D above is chec						
· ·	line 10 (if Box F above			18,897.			<18,897.>
Note: If you checked Box	D above but the basis	s reported to the IRS					
adjustment in column (g)	to correct the basis. S	ee <i>Column (g)</i> in the	separate instructi	ons for now to figur	e the amou	nt of the adjustm	ent.

OTHER	DEDUCTIONS	STATEMENT 1
		AMOUNT
		7,430.
E 1, LINE 28		7,430.
		OTHER DEDUCTIONS E 1, LINE 28

FORM 990-T INCOME (LOSS)	HIPS	STATEMENT 3		
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
FIFTH AVENUE PRIVATE EQUITY 6 LLC	-2.	0.	-2.	
WP XI PARTNERS, LP	1,817.	0.	1,817.	
WP XI PARTNERS (CAYMAN), LP	-335.	0.	-335.	
JUNIPER CAPITAL II, LP DAVIDSON KEMPNER INSTITUTIONAL	-282,247.	0.	-282,247.	
PARTNERS LP ROCKET INTERNET CAPITAL PARTNERS	-4,909.	0.	-4,909.	
SCS	694.	929.	-235.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-284,982.	929.	-285,911.	