28

29

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31

8X2740 1 000

Unrelated business taxable income. Subtract line 31 from line 30.

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .

28

29

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31

-59,284.

-59,284.

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					_			_	_
_	990-T (2								Page 2
	t III	Total Unrelated Business Taxable Income	 	 	_				
33		of unrelated business taxable income computed from		•				-59,	201
		ions)			—	3		<u> </u>	126
34		ts paid for disallowed fringes				4			120
35		ion for net operating loss arising in tax years be				_		42E	006
••		ions)			_	5		425,	808
36		of unrelated business taxable income before specific dec						151	064
~~		33 and 34			<u> </u>	6		-454,	
37		deduction (Generally \$1,000, but see line 37 instructions for				7		<u> </u>	000
38		ed business taxable income. Subtract line 37 from line				.		-151	061
Dan		e smaller of zero or line 36		· · · · · · · · · · · · · · · · · · ·	· · 3	8		-454,	904
		Tax Computation							
39		rations Taxable as Corporations. Multiply line 38 by 21% (0 2				9			
40	Trusts	Taxable at Trust Rates. See instructions for	•						
		ount on line 38 from Tax rate schedule or Sche							
41		ax. See instructions							
42		ive minimum tax (trusts only)				_			
43		Noncompliant Facility Income. See instructions							
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			• • 4	4			
		Tax and Payments							
		tax credit (corporations attach Form 1118, trusts attach Form $$							
		redits (see instructions)							
		business credit Attach Form 3800 (see instructions)							
		or prior year minimum tax (attach Form 8801 or 8827)							
		edits. Add lines 45a through 45d							
		t line 45e from line 44							
		ces Check if from Form 4255 Form 8611 Form 869							
48	Total ta	x. Add lines 46 and 47 (see instructions)			4	8			0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II		1	4	9			
		its A 2017 overpayment credited to 2018							
		timated tax payments							
		osited with Form 8868							
		organizations Tax paid or withheld at source (see instructions)							
		withholding (see instructions)							
		or small employer health insurance premiums (attach Form 894	1) <u> 5(</u>	Of					
g	Other cr	edits, adjustments, and payments Form 2439							
	F	orm 4136 Other	Total ▶ <u>50</u>)g					
51	-	syments. Add lines 50a through 50g		Г	<u> 5</u>	1			
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attache	j	▶	_5	2			
		. If line 51 is less than the total of lines 48, 49, and 52, enter a			· -				
54	Overpa	ment. If line 51 is larger than the total of lines 48, 49, and 52	, enter amount over	paid	· ► <u>5</u>	4			
		amount of line 54 you want		Refunded		5			
<u>P</u> art		Statements Regarding Certain Activities an							т —
	-	time during the 2018 calendar year, did the organization		_			-		No
	over a	financial account (bank, securities, or other) in a forei	gn country? If "ነ	es," the organization	may	have 1	to file	ł	ł
	FinCEN	Form 114, Report of Foreign Bank and Financial Acc	ounts If "Yes," (enter the name of t	the for	eign c	ountry		
	here 🕨								X
57	During t	he tax year, did the organization receive a distribution from, o	was it the grantoi	r of, or transferor to, a t	foreign	trust?.			X
	If "Yes,"	see instructions for other forms the organization may have to fi	е						
58	Enter th	e amount of tax-exempt interest received or accrued during the	tax year ▶ \$					1	l
	Un	der penalties of penjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than taxpayer) is based on	accompanying schedu	les and statements, and to	the best	of my ki	nowledge	and bel	ief, it is
Sign		o, correct, and complete Decidiation of propare (other than taxpayer) is based off-			May t	he IRS	discus	s this i	retum
Here		AMIE ALLISON (1/01/2019	₹ EXECUT	IVE DIRECTOR				show <u>n</u> 1	
_	Sı	gnature of officer \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title		(see ins	tructions)	?	Yes	No
		Print/Type preparer's name Preparer's signa	ure	Date	Check	ıf	PTIN		
Paid				i i	elf-emplo	oyed			
Prepa		Firm's name		F	irm's EIN	 			
Use (עוחט	Firm's address		F	Phone no				

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Total dividends-received deductions included in column 8.

Schedule F-Interest, Anni	inioo, reo, anioc			trolled Org					,	
Name of controlled organization	2. Employer identification numb	er			of specified included		of column 4 that is d in the controlling ation's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)					ļ					
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc	1		otal of specific		incl	Part of columnuded in the constant of the cons	introlling	con	I. Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sec	tion 501(c	· · · · · ;)(7), (Pa	•	tructions)		er here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	ıncome		3. Deduction directly cor (attach sch	nected			et-asides schedule)		and set-asides (col 3 plus col 4)
(1)			ļ							
(2)			ļ		_					
(3)			. 							·
(4)	Enter here and		ļ							Enter here and on page
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co		er Tha			come	(see instru	uctions)		Part I, line 9, column (B
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelated business inc	with of d	4. Net incor from unrelat or business 2 minus co- lf a gain, co- cols 5 thre	ted tradé (column lumn 3) ompute	5 Gross income		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			Ť							
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	irti,				r			Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J– Advertising In										<u> </u>
Part I Income From Per	iodicals Report	ed on a Co	onsolio	dated Bas	SIS	ſ		1		
1. Name of periodical	2. Gross advertising income	3. Direc advertising o	1	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)			
(1)					<u> </u>				-	,
(2)										│
(3)										7
(4)			\dashv							7
· · ·										
Totals (carry to Part II, line (5))				<u></u>						Form 990-T (20

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 (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)						
Schedule K - Compensatio	n of Officers. D	irectors, and Tr	ustees (see instru	uctions)		

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total. 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

NET INVESTMENT INCOME (UBTI RELATED) FROM PSHIPS: PARK STREET CAPITAL NR III (FEIN: 20-5033090)	15,322.
PARK STREET CAPITAL NR II AIV (FEIN:20-1936702) PARK STREET CAPITAL NR II (FEIN: 20-1195774)	8,137.
LEGACY VENTURE III (FEIN: 20-1863080) LEGACY VENTURE IV (FEIN: 20-4468805) PARK STREET CAPITAL NR V (FEIN: 45-3001979)	9,406. -55,669.
THE TIFF KEYSTONE FUND (FEIN: 76-0847743) METROPOLITAN RE PARTNERS GLOBAL II (FEIN: 26-2214434	-63,012. 1,656.
COMMON FUND PRIVATE EQUITY VII (FEIN: 20-8306306)	24,876.
INCOME (LOSS) FROM PARTNERSHIPS	-59,284.

ATTACHMENT 2

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
10/01/1000			
12/31/1998			
12/31/1999			
12/31/2000			
12/31/2001			
12/31/2002			
12/31/2003			
12/31/2004			•
12/31/2005			
12/31/2006			
12/31/2007			
12/31/2008			
12/31/2009			
12/31/2010			
12/31/2011	68,042.	41,215.	
12/31/2012	95,135.	95,135.	
12/31/2013			
12/31/2014	45,913.	45,913.	
12/31/2015	48,192.	48,192.	
12/31/2016	63,593.	63,593.	
12/31/2017	131,758.	131,758.	
TOTAL:	452,633.	425,806.	
	·		
NEW ODERAWING TO	CC AUATIADIC CDOM 1	PRIOR YEARS	425,806.
		4 ON PAGE 2, 990T))	<u>•</u>
TAXABLE INCOME (S	ON OF TIME 33 % 3.	- ON PAGE 2, 9501//	25,150.
	NET OPERATING LOS	SS DEDUCTION	425,806.
			