PUBLIC INSPECTION COPY

Cand proxy tax under section 6033(e) Department of the Treasury Section 4003(e) Department of the Treasury Section 4003(e) Department of the Treasury Section 4003(e) Department of the Treasury Section 4004 Department of the Trea	Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is 301(c) (3). Do not enter SSN numbers on this form as it may be made public if your organization is 301(c) (3). Do not enter SSN numbers on this form as it may be made public if your organization is 301(c) (3). Do not enter SSN numbers on this form as it may be made public if your organization is 301(c) (3). Do not enter SSN numbers on this form as it may be made public if your organization is 301(c) (3). Do not enter SSN numbers on this form as it may be made public if your organization. Do not enter SSN numbers on this form as it may be made and your public interventions. Do not public your				(and proxy tax under section 6033(e))	<u>,</u>	2020
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Return to the authors of thinged B Exempt under section Type THE CHILDRENS MUSEUM 04-2103993 04	Depart Interna	tment of the Treasury al Revenue Service	•			
X s01(c)(3) 408(e) 220(e) 408A 509(a) 5298 CNORRESS STREET Check box if a power patient of the patient of t	A			Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
Type	B Ex	kempt under section	Print	THE CHILDRENS MUSEUM	0	4-2103993
S29(a)	X					
G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity H Check if filling only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation ▶ J Enter the number of attached Schedules A (Form 990-1) ▶ 2 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		``		BOSTON, MA 02210	F	Check box if
H Check if filing only to ▶ Claim credit from Form 8941				,		an amended return.
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ 2	G (Check organization	type 🕨	• X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity
Section State S	H (Check if filing only to	o •	Claim credit from Form 8941 Claim a refund shown on Form 2439		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<u>l</u> (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u> ▶□
If "Yes," enter the name and identifying number of the parent corporation. ▶ It he books are in care of ▶ AMY AUERBACH Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 3 Add lines 1 and 2 3 50,041. 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 50,041. 6 Deduction for net operating loss. See instructions 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 Specific deduction (generally \$1,000, but see instructions for exceptions) 9 Trusts. Section 199A deduction. See instructions 10 Total deductions. Add lines 8 and 9 10 Total deductions. Add lines 8 and 9 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 10 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:						<u> </u>
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6 Tax on noncompliant facility income. See instructions 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7						
1 Can ride in the Canada in the Canada Canad		-				<u> </u>
					/	

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) b 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 1e 0. Subtract line 1e from Part II, line 7 2 2 3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Uther (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 Payments: A 2019 overpayment credited to 2020 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ ► ____ 6b b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Form 4136 U Other Total payments. Add lines 6a through 6g 7 R Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 10 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2021 estimated tax Statements Regarding Certain Activities and Other Information (see instructions) Part IV At any time during the 2020 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ \ \bigs \ \sigma_ X Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Signature of officer	Date SVP & CFO		May the IRS discuss this ret the preparer shown below (s instructions)? X Yes		· `				
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN			
Paid Preparer	EUGENE BORGONZI			04/19/22	self- employ	ed	P01269879			
Use Only	Firm's name ► EDELSTEIN AND COMPANY LLP						04-2442519			
OUC OIN	160 FEDERAL STREET, 9TH FLOOR									
	Firm's address ▶ BOSTON, MA	Firm's address ► BOSTON, MA 02110								

Form 990-T (2020)

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT	1
PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION INCI		254,346. 50,041.	
SCHEDULE A PORTION OF PRE-2 SCHEDULE A ENTITY	2018 NOL SCHEDULE A SHARE		
1 3	0. 0.		
TOTAL SCHEDULE A SHARE OF INTERPOLICY OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOLEXPIRING NET OPERATING LOSS CARRY FORWARD OF NET OPERATIONS	0. 50,041. 0. 0. 204,305.		

Department of the Treasury

Internal Revenue Service

1

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

► 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).

501(c)(3) Organizations Only

A	lame of the organization THE CHILDRENS MUSEUM		B Employer identification number 04-2103993		
c (Inrelated business activity code (see instructions) > 53112	0		D Sequence:	1 of 2
E [Describe the unrelated trade or business UNRELATED DE	BT-	FINANCED INCO	ME	
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
			,		
	Gross receipts or sales				
	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form		0		
	1120)) (see instructions)	4a	0.		
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
_	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	_			
_	statement)	5			
6	Rent income (Part IV)	6 7	811,999.	761,958	50,041.
7	Unrelated debt-financed income (Part V)	-	011,999.	701,930	50,041.
8	Interest, annuities, royalties, and rents from a controlled	ا ۾ ا			
0	organization (Part VI)	8			+
9	Investment income of section 501(c)(7), (9), or (17)	9			
10	organizations (Part VII) Exploited exempt activity income (Part VIII)	10			+
		11			
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	811 999	761,958	50,041.
			•		
Pa	TII Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			luctions) Deduction	ons must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9	Depletion				
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				+
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. S				F0 044
	column (C)				
17	Deduction for net operating loss (see instructions)				
18	Unrelated business taxable income. Subtract line 17 from line 16	3			
LHA	For Paperwork Reduction Act Notice, see instructions.			Sched	lule A (Form 990-T) 2020

	ule A (Form 990-1) 2020				<u></u>	age 2
Part		hod of inventory valuat				
1	Inventory at beginning of year					
2	Purchases			2		
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)			4		
5	Other costs (attach statement)			5		
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8		
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes	No
Part	IV Rent Income (From Real Property an	d Personal Prope	rty Leased with	Real Property)		
1	Description of property (property street address, city,	state, ZIP code). Checl	k if a dual-use (see ins	tructions)		
	A					
	В					
	С					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
_	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
b						
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c columns and Deductions directly connected with the income	A through B. Enter here	and on rare, mic o,			0.
4	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through D. El		line 6, column (B)	>		0.
Part	1					
1	Description of debt-financed property (street address,					
	A X OFFICE SPACE @ 308 CO	308 CO	NGRESS ST.,	BOSTON, MA	02110	
	в 🔛					
	С					
	D					
		A	В	С	D	
2	Gross income from or allocable to debt-financed					
	property	1,935,635.				
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)	0.				
b	Other deductions (attach statement) STMT 5	1,816,349.				-
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)	1,816,349.				
4	Amount of average acquisition debt on or allocable	2,020,020				
7	to debt-financed property (attach statement) STMT	6 1,125,000.				
_		WI, IZJ, 000.				
5	Average adjusted basis of or allocable to debt-	26 521 272				
_	financed property (attach statement) STMT 4	26,521,272. 41.95%				
6	Divide line 4 by line 5		%	%		%
7	Gross income reportable. Multiply line 2 by line 6	811,999.			011	100
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)	>	811,9	199.
9	Allocable deductions. Multiply line 3c by line 6	761,958.				
10	Total allocable deductions. Add line 9, columns A th	-	d on Part I, line 7, colu	mn (B)	761,9	
11	Total dividends-received deductions included in line	10		_		0.

Schedule A (Form 990-T) 2020 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 4. Total of specified 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2) (3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3) (4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 0. **Totals** Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Part VII 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (add cols 3 and 4) (attach statement) (1) (2)(3) (4) Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I. here and on Part I, line 9, column (A) line 9, column (B) **Totals** 0 Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, 3 line 10, column (B) Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

lines 5 through 7 Gross income from activity that is not unrelated business income

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Expenses attributable to income entered on line 5

Schedule A (Form 990-T) 2020

4

5

6

5

6

4. Enter here and on Part II, line 12

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on	a consolidated bas	is.	
	A 🔲				
	в 📖				
	c 🗀				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or		<u> </u>	<u> </u>	0.
а	, iaa oo ah in oo ga ah ah ah in oo ah ia oo				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
u	Add coldmins A through b. Enter here and or				
4	Advertising gain (loss). Subtract line 3 from li	ine			
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column is	in			
	-				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero		+		
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7			<u>.</u>	
а	Add line 8, columns A through D. Enter the g			_	0.
Part	X Compensation of Officers, Di	rootore and Trustage	/ ! t +! \	·····	<u></u>
rait	Compensation of Officers, D	rectors, and musices	(see instructions)	2 Dawsontone	4. Commonantian
	4 Name	O T211-		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Takal	Fisher have and an Dort II line 4				0.
Part					<u> </u>
Part	XI Supplemental Information (se	ee instructions)			

DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVITY NUMBER		
OFFICE SPACE @ 308 CONGRESS ST.		1	AMOUNT	•
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST I			27,309,1 25,733,3	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR TH	HE YEAR		26,521,2	72.
TOTAL TO FORM 990-T, SCHEDULE A, PART V,	LINE 5			
FORM 990-T (A) PART V - OTHER	DEDUCTIONS		STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
TRAVEL & MEETINGS BUILDING OPERATING EXPENSES CONTRACT SERVICES REPAIRS AND MAINTENANCE TELEPHONE, INTERNET & FAX POSTAGE AND DELIVERY COMPUTER AND EQUIPMENT MATERIALS AND SUPPLIES INSURANCE PROFESSIONAL FEES DEPRECIATION AND AMORTIZATION BOND EXPENSE INCLUDING INTEREST DUES AND SUBSCRIPTIONS UTILITIES EQUIPMENT AND RENTALS MISCELLANEOUS SALARIES PAYROLL TAXES BENEFITS PROFESSIONAL DEVELOPMENT PRINTING AND DUPLICATING OTHER FEES INTEREST BOND COST EXCLUDING INTEREST - SUBTOTAL -	1	623. 595,269. 130,178. 73,618. 10,515. 78. 3,851. 3,152. 50,454. 22,603. 531,197. 96,953. 619. 180,504. 1,037. 369. 84,107. 6,082. 11,946. 106. 963. 2,125. 4,613. 5,387.	1,816,3	49.

FORM 990-T (A)	AVERAGE ACQUISITIC LLOCABLE TO DEBT-FI			STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION	INDEBTEDNESS - SUBTOTAL	- 1	11,125,000.	11,125,00	00.
TOTAL OF FORM 990-T,	SCHEDULE A, PART V	, LINE 4		11,125,00	00.

3

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

► 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

	lame of the organization THE CHILDRENS MUSEUM		3 Employer identification number 04-2103993				
С	Jurelated business activity code (see instructions) ▶ 52300	0			D Seque	nce: 2	2 of 2
<u>E </u>	Describe the unrelated trade or business QUALIFYING P	ARTN	ERSHIE	IN	TERESTS		
Pa	t I Unrelated Trade or Business Income		(A) Inc	ome	(В) Ехреі	nses	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	-					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a							
	1120)) (see instructions)	4a			0.		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	5		-1	3.		-13.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	11 12					
12 13	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12	vr limitatio	- <u>1</u>		oduction	-13.
12 13	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	12 13 ions fo		ns on	deductions) D		
12 13 Pa	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Tet II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	12 13 ions fo		ns on	deductions) D	1	
12 13 Pa	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Tet II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	12 13 ions fo		ns on	deductions) D	1 2	
12 13 Pa	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TIII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	12 13 ions fo		ns on	deductions) D	1 2	s must be
12 13 Pa 1 2 3	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TIII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	12 13 ions fo		ns on	deductions) D	1 2 3	
12 13 Pa 1 2 3 4	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	12 13 ions foncome	SEI	ns on	deductions) D	1 2 3 4 5	s must be
12 13 Pa 1 2 3 4 5	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TIII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	12 13 ions foncome	SEI	ns on	deductions) D	1 2 3 4 5	s must be
12 13 Pa 1 2 3 4 5 6	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 TII Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	12 13 ions foncome	SEI	ns on	deductions) D	1 2 3 4 5	s must be
12 13 Pa 1 2 3 4 5 6 7	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 It II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return	12 13 ions foncome	SEI	ns on	deductions) D	1 2 3 4 5 6 8b	s must be
12 13 Pa 1 2 3 4 5 6 7 8	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Pet II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions)	12 13 ions foncome	SEI	ns on	deductions) D	1 2 3 4 5 6 8b 9	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	12 13 ions foncome	SEF	ns on	deductions) D	1 2 3 4 5 6 8b 9 10 11	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	12 13 ions foncome	SEF	ns on	deductions) D	1 2 3 4 5 6 8b 9 10 11 12	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9 10	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	12 13 ions foncome	SEF	ns on	deductions) D	1 2 3 4 5 6 8b 9 10 11 12	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	12 13 ions fo ncome	SEF	ns on	deductions) D	1 2 3 4 5 6 8b 9 10 11 12 13 14	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	12 13 ions fo ncome	SEE	ns on	deductions) D	1 2 3 4 5 6 8b 9 10 11 12 13 14 14	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. See instructions (See instructions)	12 13 ions foncome	SEF	ns on ST. 7 8a Part I,	ATEMENT 3	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	s must be
12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	12 13 ions foncome	SEF	ns on ST. 7 8a Part I,	deductions) D ATEMENT 3	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	s must be

Schedu	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				_
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,		_		
•	A	state, ZIF Codej. Onec	t ii a duaruse (see iiis	structions)	
	В				
	<u>c</u>				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6,	Column (A)	0.
_	T. I. I. I.		II 0 1 (D)	_	0.
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s		line 6, column (B)	>	<u></u>
1	Description of debt-financed property (street address,			:	
'		city, state, ZIP code).	Sheck ii a dual-use (si	ee instructions)	
	А				
	D				
•	Out to the second form and the select form and	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	>	0.
	,				
9	Allocable deductions. Multiply line 3c by line 6				_
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here an	d on Part I, line 7, colu	umn (B)	0.
11	Total dividends-received deductions included in line				0.

ENTITY 3

Schedule A (Form 990-T) 2020

	VI Interest, Annu		ovalties. and R	ents fro	m Contro	olled O	rganization	1S (see	e instruct	ions)	rage 3
		, 11	,	Exempt Controlled Organizations							
	Name of controlled organization	d	2. Employer identification number			al of specified nents made sometiments made controlling or tion's gross i		t of colur included Iling orga	nn 4 in the iniza-	5. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
				 	Controlled O						
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specit syments mad		that is incontrolling gross	luded in	n the ation's	C	Deductions directly connected with one in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals	otals • 0 •						0.				
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee instru	uctions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connicattach states	ected (4. Set-attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	unto in					Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	. Other	Than Adv	ertisir	ng Income	see inst	ructions)		
1	Description of exploite										
2	Gross unrelated busin			iness. Ente	er here and o	on Part I	, line 10, colum	nn (A)		2	
3	Expenses directly con		•							3	
4	line 10, column (B) Net income (loss) from									-	
•	lines 5 through 7						· .			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen	ses. Subtr	act line 5 from line 6								
	1 Enter here and on E	Part II lino	10							7	

Part	IX Advertising Income					i ago i
1	Name(s) of periodical(s). Check box if reporting	two or more	periodicals on a	consolidated basi	S.	
	A \square		•			
	В					
	c \square					
	D					
Enter a	amounts for each periodical listed above in the c	orresponding	r column			
Lintor	arrounte for each periodical noted above in the c		A	В	С	D
2	Gross advertising income					
_	Add columns A through D. Enter here and on F		column (A)	1		0.
а	Add Coldmins A through b. Enter here and on t	arti, iiie i i,	Column (A)			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on F		column (R)	1		0.
а	Add coldnins A through D. Enter here and on i	-aiti, iiii c iii,	Column (b)			
4	Advertising gain (loss). Subtract line 3 from line	,				
7	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6						
7	Circulation income Excess readership costs. If line 6 is less than					
′		,				
	line 5, subtract line 6 from line 5. If line 5 is less					
8	than line 6, enter zero					
0	Excess readership costs allowed as a	,				
	deduction. For each column showing a gain or					
_	line 4, enter the lesser of line 4 or line 7		o Oo oolumna ta	 	d on	
а						0.
Part	X Compensation of Officers, Dire	ectors an	d Trustees (s	ee instructions)		•
	Z componeduen er emeere, z n		<u> </u>	ice instructions)	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	ii riame		21 1100		to business	unrelated business
(1)					%	diffolated baointoo
(2)					%	
(3)					%	
(4)					%	
(. /					, , ,	
Total	. Enter here and on Part II, line 1					0.
Part		instructions)				
· uit	Zu Cappiemental information (see	ilistructions)	'			

FORM 990-T (A)	INCOME (LOSS) FROM PAR	TNERSHIPS STATEMENT	2
DESCRIPTION		NET INCOMOR (LOSS	
THE TIFF CENTERSTONE FUN (LOSS) THE TIFF CENTERSTONE FUN THE TIFF CENTERSTONE FUN (LOSS)	D LP - DIVIDEND INCOME		-7. 3.
TOTAL INCLUDED ON SCHEDU	LE A, PART I, LINE 5		-13.
FORM 990-T (A)	INTEREST PAID	STATEMENT	3
DESCRIPTION		AMOUNT	
THE TIFF CENTERSTONE FUN	D LP - INVESTMENT INTE	REST EXPENSE	2.
TOTAL TO SCHEDULE A, PAR	T II, LINE 5		2.

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-REIT, 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

Employer identification number

THE CHILDRENS MUSEUM 04					4-2103993		
Did the corporation dispose of any investmen	nt(s) in a qualified opport	unity fund during the tax y	/ear?		Yes X No		
If "Yes," attach Form 8949 and see its instruc	ctions for additional requ	irements for reporting you	ır gain or loss.				
Part I Short-Term Capital Gai	ns and Losses - A	ssets Held One Yea	r or Less				
dee instructions for how to figure the amounts of enter on the lines below. (d) (e) (g) Ado or loss to complete if your proceeds		(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(9)	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					-694.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or	37		4			
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 882	4		5			
6 Unused capital loss carryover (attach computa	ition)			6	()		
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in colun	nn h		7	-694.		
Part II Long-Term Capital Gai	ns and Losses - As	ssets Held More Tha	an 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 go or loss from Form(s) 89 Part II, line 2, column	949,	(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					, south that condition (g)		
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked			1				
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					-59.		
				11			
12 Long-term capital gain from installment sales				12			
13 Long-term capital gain or (loss) from like-kind	l exchanges from Form 882	4		13			
				14			
15 Net long-term capital gain or (loss). Combine		mn h		15	-59 .		
Part III Summary of Parts I and							
16 Enter excess of net short-term capital gain (lin				16			
17 Net capital gain. Enter excess of net long-term				17			
18 Add lines 16 and 17. Enter here and on Form	18	0.					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

Schedule D (Form 1120) 2020

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

04-2103993

THE CHILDRENS MUSEUM

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (d) (e) loss. If you enter an amount **Proceeds** Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment THE TIFF CENTERSTONE FUND <694. $\overline{\text{LP}}$ 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

023011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

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.

THE CHILDRENS MUSEUM

04-2103993

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or line for the page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or long-term transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) \perp (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (a) (c) (d) (e) (h) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment THE TIFF CENTERSTONE FUND $\overline{ ext{LP}}$ <59.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

023012 12-11-20

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-REIT, 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

Employer identification number

THE CHILDRENS MUSE	UM			04-	2103993
Did the corporation dispose of any investme	nt(s) in a qualified opport	unity fund during the tax y	/ear?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional requi	irements for reporting you	ır gain or loss.		
Part I Short-Term Capital Ga	ins and Losses - As	ssets Held One Yea	r or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	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					-694.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824	ļ		5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in colum	n h		7	-694.
Part II Long-Term Capital Gai	ns and Losses - As	sets Held More Tha	an One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	ain	(h) Gain or (loss)
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	949,	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					-59 .
44 Fator pain from Form 4707 line 7 or 0				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
44.0 11.1 11.11.11	•			14	
15 Net long-term capital gain or (loss). Combine				15	-59.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin		tal loss (line 15)		16	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2020

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LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Attachment Sequence No. **12A**

Social security number or taxpayer identification no.

04 - 2103993

THE CHILDRENS MUSEUM

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transac	tions involving capi	tal assets you held	1 year or less are g	enerally short-term (se	ee instructio	ns). For long-term	_
transactions, see page 2. Note: You may aggregate a	all short-term transa	ctions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the IF	RS and for which no	adjustments or
codes are required. Enter th	ne totals directly on	Schedule D, line 1	a; you aren't require	ed to report these tran	sactions on	Form 8949 (see inst	ructions).
You must check Box A, B, or C below. If you have more short-term transactions than v	vill fit on this page for o	one or more of the box	es, complete as many	forms with the same box	checked as yo	ou need.	for each applicable box.
(A) Short-term transactions re		•	-	·	e Note ab	ove)	
(B) Short-term transactions re				eported to the IRS			
X (C) Short-term transactions n	ot reported to yo	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or ou enter an amount	1 1
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	in column	(g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(Sales price)	basis. See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
THE TIFF						, , , , , , , , , , , , , , , , , , ,	
CENTERSTONE FUND							
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2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	and (h) (subtract					
negative amounts). Enter each to	otal here and incl	ude on your					
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					
above is checked) or line 3 (if F	Rox C above is ch	necked)					<694.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

023011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2020)

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.

	THE CHILDRENS							103993
	efore you check Box D, E, or F belo atement will have the same informa roker and may even tell you which		you received any 99-B. Either will	y Form(s) 1099-B show whether yo	or substitute stater ur basis (usually yo	ment(s) from ur cost) was	your broker. A s reported to the I	ubstitute RS by your
_	Part II Long-Term. Transaction		al assets you held	more than 1 year ar	e generally long-term	see instruction	ns). For short-term	transactions,
	see page 1. Note: You may aggregate al	II long-term transac	tions reported on F	Form(s) 1099-B show	wing basis was report	ed to the IRS a	and for which no a	djustments or
γ	codes are required. Enter the course check Box D, E, or F below.	e totals directly on Check only one be	Schedule D, line 8	a; you aren't require	ed to report these tran	sactions on Fo	orm 8949 (see insti	ructions).
lf y	ou have more long-term transactions than wi	II fit on this page for or	ne or more of the boxe	es, complete as many for	orms with the same box o	hecked as you n	eed.	
Ļ	(D) Long-term transactions re					e Note above	e)	
L	(E) Long-term transactions rep	,	•	•	eported to the IRS			
_	K) (F) Long-term transactions no				(2)	Adjustment	if any, to gain or	(1-)
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount	(h) Gain or (loss).
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f). S), enter a code in See instructions.	Subtract column (e)
			(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
Т	HE TIFF						•	
	ENTERSTONE FUND							
L	P							<59.>
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2	Totals. Add the amounts in colu	mns (d). (e) (a) a	ind (h) (subtract					
_	negative amounts). Enter each to							
	Schedule D, line 8b (if Box D abo		•					
	above is checked), or line 10 (if E	Box F above is cl	necked)					<59 . >

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2020)

023012 12-11-20