		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				0 2 OMB No 1545-0687			
	Form <b>990-T</b>	(a	nd proxy tax unde	r section 6033(e))		<del></del>			
		For calendar year 2016 or other	tax year beginning	, 2016, and ending		2016			
	Department of the Treasury Internal Revenue Service			tions is av <mark>ailable at www.ii</mark> e made public if your organizatio		Open to Public Inspection for 501(c)(3) Organizations Only			
	△ ☐ Check box if	*		changed and see instructions		mployer identification number Employees' trust, see istructions )			
	B Exempt under section	on Print The Hyan	ms Foundation,	Inc.	l l				
	X 501( C )(03)	- I <del>-</del> ID	ral Street, 9th MA 02110	Floor		04-6013680 Inrelated business activity			
7.2-1 75.2-1		(B)			1.6				
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Form 990-T (2016) The Hyams Foundation, Inc.	04	4-6013680	Page 2
Part(III) Tax Computation		,	
35 Organizations Taxable as Corporations. See instructions for tax computation		78.73	
Controlled group members (sections 1561 and 1563) check here ► ☐ See instruction	ons and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (	in that order).		
(1)  \$   (2)  \$   (3)  \$	Į		
b 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	<u> </u>	35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on ti	he amount		
on line 34 from 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 V Tax and Payments			
41 5		Communication of the communica	

Form 990-T (2016) The Hya	ms Founda	tion, Inc.				04	1-6013680	Page 3
Schedule A - Cost of Goo			entory valuat	tion >				
1 Inventory at beginning of ye		1			itory at	end of year	6	
2 Purchases		2			-	ds sold. Subtract		
3 Cost of labor		3		line 6	from I	ine 5 Enter here		
4 a Additional section 263A costs (atta-	ch schedule)	<del></del>		and i	n Part I	l, line 2	7	<del>., </del>
,	<b>,</b>	4a	Ĭ					Yes No
<b>b</b> Other costs		4b				of section 263A (w		
(attach sch)  5 Total. Add lines 1 through 4	1h	5				duced or acquired f ization?	or resale) apply	X
Schedule C - Rent Incom		<u> </u>	d Persona				ronerty) (see	
1 Description of property		oporty uni	u 1 015011u	Troper	y Lea		1000107 (300	
(1)							<del></del>	
(2)								
(3)			<del> </del>					
(4)								
	2 Rent receiv	red or accrued		<del></del>				
(a) From personal prop	perty	(b) From r	eal and perso	onal proper	rtv		ns directly conne n columns 2(a) a	
(if the percentage of rent fo	(if the percentage of rent for personal property is more than 10% but not property exceed			nt for perso	nal		tach schedule)	anu 2(D)
(1)						<del> </del>		
(2)								
(3)								
(4)								
Total		Total					·	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Enter				(b) Total deductions here and on page 1, Pa I, line 6, column (B)	Enter rt	
Schedule E - Unrelated De	ebt-Finance	d Income (see	instructions)			<del></del>		
1 Description of deb	t-financed prop	nerty.	2 Gross inc		3 De	eductions directly co debt-fina	onnected with or nced property	allocable to
-	r maneca prop	- -	or allocable to debt- financed property  (a) Straig depreciation			(a) Straight line eciation (attach sch	(b) Other of (attach s	
(1)								
(2)					1		1	
(3)					7			
(4)							1	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	djusted basis of to debt-financed tach schedule)	6 Colu divide colun	ed by		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of
(1)				8				
(2)					5		7	
(3)				8	; ]			
(4)			1		;			
					Enter	here and on page I, line 7, column (A	1, Enter here an	d on page 1,
Takala					اً ، شار	., /, column (A	, , , , , , , , , , , ,	SSIGITIF (D)
Totals				,			<del></del>	
Total dividends-received deduction	ons included in						Form	000 T /001C
BAA		1E	EA0203L 09/19/	16			Form	990-T (2016)

		[	Exempt Co	ntrolled O	rganizations					
1 Name of controlled organization	ıden	mployer httfication umber	3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		eductions directly connected with come in column 5
(1)						_	ļ.		_	
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organiz			1						44 =	
<b>7</b> Taxable Income	ince	et unrelated ome (loss) instructions)		of specified ents made	ıncluded	in the	in 9 that is controlling oss income		connecte	ctions directly d with income olumn 10
(1)	·									
(2)										<u>.                                    </u>
(3)										
(4)										
					Add column here and on 8, c		, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Totals.	. 4 1		<u>F</u> 01	(-)(T) (O	\ (17) O			<u></u>		
Schedule G - Investmer	it incor	me of a Sec	tion 501			anizati		_		I deductions and
1 Description of income		2 Amount o	2 Amount of Income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedul		set-a	I deductions and sides (column 3 us column 4)
(1)										
(2)				1		4				
(3)	-									
(4)				, *@1						
Totals ·		Enter here and Part I, line 9, o						nerinanise.	Part I, I	re and on page 1 ne 9, column (B)
Schedule I - Exploited E	xempt	<b>Activity Inc</b>	come, Ot	her Tha	n Advertising	Incor	ne (see ins	truction	s)	
1 Description of exploited a	activity	2 Gross unrelated business income fror trade or business	conn pro m of i busin	nses directly lected with oduction unrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activi unrela	s income from ty that is not ated business income	attrıbi	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)
(1)										
(2)										
(3)										
(4)						<u> </u>				
Totals	•	Enter here a on page 1 Part I, line column (A	I, on 10, Part	here and page 1, I, line 10, imn (B)						Enter here and on page 1, Part II, line 26
Schedule J – Advertisin	a Incor	NA (See instri	uctions)			2228888A*	<u> </u>	` \	<u>"&gt;</u>	<u> </u>
Part I Income From Pe				ncolida	tod Pacic					<u> </u>
Faiti income From Fe	riouica	2 Gross		Direct		, EC	roulation	<b>6</b> Doo	dorobin	7 Fyansa raadarahin
1 Name of periodical		advertising income	g adv	ertising costs	4 Advertising gain of (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		rculation icome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)								_		
(2)						<u> </u>				
_(3)						<b></b>				
(4)		-			* * * * * * * * * * * * * * * * * * * *	<del> </del>				## \$49/#E75
Totals (carry to Part II, line (5))	) <b>&gt;</b>									

Part II Income From Periodica 7 on a line-by-line basis )	ls Reported o	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
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 (col 6 minus col. 5, but not more than col 4)
(1)						
(2) (3) (4)						
(3)					<del></del>	
(4)				7 1000	7.000.700000.00000	
Totals from Part I ►						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instru	ıctıons)	The Control of the State of St	1
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ited business
				90	:	
				90	:	
				90		
				90		
Total. Enter here and on page 1, Part II,	line 14	•			<b>&gt;</b>	
BAA		TEEA0204 L (	09/19/16			orm <b>990-T</b> (2016)

#### **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.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545 0123

Employer identification number

Name	The Hyams Foundation, Inc.			Employer	dentific	ation number
	The figure Foundation, The.			04-60	1368	0
Par	til Short-Term Capital Gains and I	_osses – Assets I	leld One Year or L	.ess		
ente	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmento gain or loss form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
	form may be easier to complete if you round ents to whole dollars	(sales price)	(or other basis)	line 2, column		result with column (g)
	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 <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					7.
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	d exchanges from Form	1 8824		5	
6	Unused capital loss carryover (attach computa	ation).			6	
	Net short-term capital gain or (loss) Combine			- Vaar	7	7.
	t II Long-Term Capital Gains and L	.osses – Assets H	ieid Wore Than On		- 4 -	(h) C-i(h)
ente This	instructions for how to figure the amounts to r on the lines below.  form may be easier to complete if you round ents to whole dollars	<b>(d)</b> Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss the Form(s) 8949, Pline 2, column	rom art II,	(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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					10,584.
11	Enter gain from Form 4797, line 7 or 9				11	19,069.
12	Long-term capital gain from installment sales	from Form 6252, line 2	26 or 37		12	
13	Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13	
14	Capital gain distributions (see instructions)		14			
	Net long-term capital gain or (loss) Combine		15	29,653.		
Par	t III Summary of Parts I and II				ı T	<del></del>
	Enter excess of net short-term capital gain (lin				16	7.
17	Net capital gain Enter excess of net long-term capital loss (line 7).			l	17	29,653.
18	Add lines 16 and 17 Enter here and on Form If the corporation has qualified timber gain, also a second seco	so complete Part IV	or the proper line on ot	ner returns	18	29,660.
	Note: If losses exceed gains, see Capital loss	es in the instructions				

# Form **8949**

### Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► 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 2016

Attachment Sequence No 12A SSN or taxpayer identification number

Department of the Treasury Internal Revenue Service Name(s) shown on return

The Hyams Foundation, Inc.

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 | Short-Term. Transactions involving capital assets you held 1 year or less are short term. 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)

	, in it ia, you c						tructions).
You must check Box A, B, or C Form 8949, page 1, for each complete as many forms wit	below. Check only on applicable box. If the the same box ch	<b>ne box.</b> If more thar f you have more s necked as you ne	n one box applies fo short-term transac ed	r your short-term tra tions than will fit	insactions, co on this pag	omplete a separate e for one or more	of the boxes,
(A) Short-term transact							
(B) Short-term transa			-	•	-		
X (C) Short-term transa				asint reported to	ine into		
1 (a) Description of property (Example 100 shares XYZ Co )	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, If you enter a enter a c See the se	(h) Gain or (loss) Subtract column (e)	
(2.4	(Mo, day, yr)	(Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<del> </del>	from column (d) and combine the result with column (g)
Passthrough K-1 ca	pital gain						7.
							}
		^	-		-		<del></del>
							<del> </del> -
					-		
2 Totals. Add the amount (subtract negative amount include on your Schedu	s in columns (d), i unts) Enter each t lle D, <b>line 1b</b> (if <b>B</b> o	(e), (g), and (h) total here and bx A above is					

		120	

of the adjustment

Attachment Sequence No 12A Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side SSN or taxpayer identification number

The Hyams Foundation, Inc.

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 Il Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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 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 I Form 8949, page 2, for each complete as many forms wit	i applicable box	if you have more I	ong-term transac	r your long-term trai tions than will fit o	nsactions, co on this page	mplete a separate e for one or more	of the boxes,
(D) Long-term transacti		,		ed to the IRS (see 1	Note above)		
(E) Long-term transa			- '	•			
X (F) Long-term transa			=	·			
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, If you enter ar enter a c See the se	(h) Gain or (loss) Subtract column (e)	
		(Mo , day, yr )	(see instructions)	and see Column (e) in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Passthrough K-1 ca	pital gain						10,584.
	,						
	-						
	,		-				
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E	ts) Enter each to D, line 8b (if Bo)	tal here and <b>D</b> above is					
<b>Note:</b> If you checked Box D a	above but the bas	is reported to the	0. IRS was incorrect	0.1 t, enter in column	(e) the bas	0.	10,584. 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

2016

# **Federal Statements**

Page 1

The Hyams Foundation, Inc.

04-6013680

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Name	Gross Income	Deductions	Income (Loss)
Commonfund Cap Intl Partners VI Commonfund Cap Nat Resources Ptrs VII Commonfund Cap Nat Resources Ptrs IX Commonfund Cap Private Equity Ptrs V Commonfund Cap Venture Ptrs VII Commonfund Cap Venture Ptrs VIII Commonfund Cap Venture Ptrs VIII Endowment Private Equity Partners IV Endowment Venture Partners V Legacy Venture VI Metropolitan Real Estate Ptr Glob II Metropolitan Real Estate Ptr Glob IV Metropolitan Real Estate Ptr Intl II Metropolitan Real Estate Ptr IV-A Park Street Cap Nat Resource Fd IV Park Street Cap Nat Resource Fd IV Park Street Cap Private Eqty Fd IX Park Street Cap Private Eqty Fd V Park Street Cap Private Eqty Fd VI Park Street Cap Private Eqty Fd VI Park Street Cap Private Eqty Fd VII Park Street Cap Private Eqty Fd VII Park Street Cap Private Eqty Fd VIII	\$ 35. -2,978. -702. -870. -206. -8. -24. -831. -11. -57. -50. 116. -1,059. -5,225. -1,280. 6,911. 7,512. 866. -281. 8,969. 3,306. -1,029. 458. 4,627. -48. -25. 636.	\$ 56. \$ 3,087. 17,161. 60.	-216,06517,8639302688913115757. 1161,0845,2331,306. 6,44748295342. 8,794. 9702,390608. 4,513. 28. 62. 1574827482748.

Statement 2 Form 990-T, Part II, Line 28 Other Deductions

Accounting fees Investment management fees

\$ 575. 3,885. Total \$ 4,460.

Page 2 2016 **Federal Statements** 04-6013680 The Hyams Foundation, Inc. Statement 3 Form 990-T, Part Jl. Line 31