723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (20

Form 990-1	(2017) BERKSHIRE SCHOOL, INC	04-2121313	Page 2
Part I		01 0101010	
35 a	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ▶ See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (3) \$ 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.		
00	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax See instructions	3 7	
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			
41a b c d	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 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 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta		0.
43		ach schedule) 43	0.
44	Total tax Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017		
	T A T		
	2017 estimated tax payments Tax deposited with Form 8868 45c	 -	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 45e		
	Credit for small employer health insurance premiums (Attach Form 8941)		
	Other credits and payments: Form 2439		
٧	Form 4136 Other Total 45g		
46	Total payments. Add lines 45a through 45g		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
	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		
Part V			
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 ► SEE STATEMENT 6		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	ın trust?	X
	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 > \$		<u> </u>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowledge and belief, it	s true,
Here	Signature or officer Date Property Pro	May the IRS discuss the preparer shown be instructions)?	The state of the s
	Print/Type preparer's name Preparer's signature Date Ch	eck if PTIN	
Paid		f- employed	
Prepa	TOTTO A OPERATION OF TAKE C. LANGE 114119	P01215	571 <u>5</u>
Use O	CHILD NOVED C D 1 C	rm's EIN ▶ 06-053	
JJ0 U	296 STATE STREET		
	Firm's address ► NORTH HAVEN, CT 06473-2165	hone no: 203-248-9	
		Eorm_C	90-T (2017)

Schedule A - Cost of Goods So	id. Enter i	method of invei	ntorv v	aluation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold Subtract line 6			line 6			
3 Cost of labor	3		7	from line 5. Enter here			ŀ	ļ	
4 a Additional section 263A costs		-	7	line 2		•	7	ł	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	acquired	d for resale) apply to		·	
_5 Total Add lines 1 through 4b	5		1	the organization?					
Schedule C - Rent Income (From (see instructions)	m Real I	Property an	d Pei	rsonal Property	Leas	ed With Real Pro	pert	y)	
1 Description of property									
(2)									
(3)									
_(4)									
2	Rent receive	d or accrued				2/2) 2-4-4-4			_
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	o of	of rent for p	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directl columns 2(a) a	y connec nd 2(b) (attach schedule)	in .
_(1)									
(2)									
(3)						<u> </u>			
_(4)									
Total	0.	Total			<u>0.</u>				
(c) Total income Add totals of columns 2(a) an here and on page 1, Part I, line 6, column (A)		<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-Fi	nanced	Income (see	instru	ctions)		·			
			,	. Gross income from		3 Deductions directly cor to debt-finan-	nected rop	with or allocable serty	
Description of debt-financed p	property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)							1-	· 	
(2)			T						
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(4	8 Allocable deducti column 6 x total of co 3(a) and 3(b))	
(1)			1	%			7	·	
(2)		· · · · · · · · · · · · · · · · · · ·	1	%					
(3)				%		<u> </u>			
(4)			1	%					
		-				nter here and on page 1, Part I, line 7, column (A)		inter here and on page Part I, line 7, column (
Totals				▶		0			0.
Total dividends-received deductions included	ın column	8							0.

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0.

(1) (2) (3) (4)

0

0

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Totals (carry to Part II, line (5))

	<u> </u>	
Part II	Income)From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, f	fill in
	columns 2 through 7 on a line-by-line basis)	

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)							<u> </u>
(2)							
(3)							
(4)							
Totals from Part I	>	0.	0.				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)		0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
SUMMER CAMP P PARTNERSHIP I			
TO FORM 990-T,	PAGE 1		
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
BLUESTEM PARTN COMMONFUND CAP COMMONFUND CAP COMMONFUND CAP LEXINGTON CAPI DEERFIELD PRIV AQR GLOBAL RIS	EQUITY FUND V-B, L.P.		25. 82. 15. 21. 74. 00. 31. 64.
			
FORM GGO_M	OMUED THOOME	CUNWEND	
FORM 990-T	OTHER INCOME	STATEMENT	3
	OTHER INCOME	STATEMENT	3
DESCRIPTION			3
FORM 990-T DESCRIPTION SUMMER CAMP PROTOTAL TO FORM		AMOUNT	57.
DESCRIPTION SUMMER CAMP PRO	OGRAMS	AMOUNT 570,4	57.
DESCRIPTION SUMMER CAMP PROTOTAL TO FORM FORM 990-T	OGRAMS 990-T, PAGE 1, LINE 12	AMOUNT 570,49	57.
DESCRIPTION SUMMER CAMP PRO TOTAL TO FORM FORM 990-T DESCRIPTION SUMMER CAMP-OPI SUMMER CAMP-GEI	OGRAMS 990-T, PAGE 1, LINE 12 OTHER DEDUCTIONS ERATION & MAINTENENCE OF PLANT (4% ALLOCATED) NERAL AND ADMINISTRATIVE (4% ALLOCATED) RECT EXPENSES - SUPPLIES	AMOUNT 570,49 570,49 STATEMENT	57. 57. 4 37. 34.

STATEMENT

FORM 990-T	NET NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/99	102,642.	0.	102,642.	102,642.
06/30/00	122,508.	0.	122,508.	122,508.
06/30/01	102,894.	0.	102,894.	102,894.
_06/30/02	139,728	O	1.39 , 7.28	<u>139,728.</u>
06/30/03	424,626.	0.	424,626.	424,626.
06/30/04	412,526.	0.	412,526.	412,526.
06/30/05	416,808.	0.	416,808.	416,808.
06/30/06	469,344.	0.	469,344.	469,344.
06/30/07	459,012.	0.	459,012.	459,012.
06/30/08	489,082.	0.	489,082.	489,082.
06/30/09	404,100.	0.	404,100.	404,100.
06/30/10	562,933.	0.	562,933.	562,933.
06/30/11	651,575.	0.	651,575.	651,575.
06/30/12	527,941.	0.	527,941.	527,941.
06/30/13	541,982.	0.	541,982.	541,982.
06/30/14	577,170.	0.	577,170.	577,170.
06/30/15	323,430.	0.	323,430.	323,430.
06/30/16	441,942.	0.	441,942.	441,942.
06/30/17	402,856.	0.	402,856.	402,856.
NOL CARRYO	VER AVAILABLE THIS	YEAR	7,573,099.	7,573,099.
				

NAME OF FOREIGN COUNTRY IN WHICH

ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

FORM 990-T

BERMUDA IRELAND CAYMAN ISLANDS BAHAMAS