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7 30

30-6513520

Form	990-T (20						=:	Page 2
Part		<b>Total Unrelated Business Taxable</b>	e Income					
33		of unrelated business taxable income cor						
	instruct	ions)	· · STMT· 1 · · · · · · · · ·			33		798.
34	Amoun	ts paid for disallowed fringes				34		
35		on for net operating loss arising in						
		ions)	, -	•		35		
36		of unrelated business taxable income before				<del>  "                                   </del>		
30		33 and 34	•			36		798.
27		deduction (Generally \$1,000, but see line 37 ii				37		,000.
37					-		<del></del> +	<u>, 000</u> .
38		ed business taxable income Subtract line e smaller of zero or line 36						MONTE
					<u> </u>	38		<u>NON</u> E
		Tax Computation		<del></del>				
39	_	tations Taxable as Corporations Multiply line 3				39		
40	Trusts		structions for tax computation					
		ount on line 38 from $X$ Tax rate schedule o				40		<u>NON</u> E
41		ax See instructions				41	<del> </del>	<del></del>
42	Alterna	ive minimum tax (trusts only)				42		
43	Tax on	Noncompliant Facility Income See instructions				43		
44	Total A	dd lines 41, 42, and 43 to line 39 or 40, which	ever applies			44		<u>NON</u> E
Part	I V	Tax and Payments						
45 a	Foreign	tax credit (corporations attach Form 1118, trus	ts attach Form 1116) 45	5a				
b	Other c	redits (see instructions)	45	5b				
С	General	business credit Attach Form 3800 (see instruc	tions) 45	5c				
		or prior year minimum tax (attach Form 8801 or						
		edits Add lines 45a through 45d				45e		
46		t line 45e from line 44 · · · · · · · · · · ·				46		NONE
47		ses Check if from Form 4255 Form 8611				47		
48		x Add lines 46 and 47 (see instructions) · · ·		48		NONE		
49				49		_11011		
		et 965 tax hability paid from Form 965-A or Form	• • •	<del>                                     </del>	<del></del>			
		ts A 2017 overpayment credited to 2018						
		stimated tax payments						
		osited with Form 8868						
		organizations Tax paid or withheld at source (s						
		withholding (see instructions)		. —				
		or small employer health insurance premiums (a		<u> </u>		}		
g	Other co	edits, adjustments, and payments Form 24						
			Total ▶ 50					
51	•	syments Add lines 50a through 50g			اجے:	51		
52	Estimate	ed tax penalty (see instructions). Check if Form :	2220 is attached		$\cdot igsqcup  $	52		
53		If line 51 is less than the total of lines 48, 49,			▶	53		<u>NON</u> E
54	Overpa	ment. If line 51 is larger than the total of lines	48, 49, and 52, enter amount overp	paid	▶	54		<u>NON</u> E
55	Enter the	amount of line 54 you want		Refunde		55		NONE
Part	VI	Statements Regarding Certain A	ctivities and Other Inforn	nation (see instru	ctions	s)		
56	At any	time during the 2018 calendar year, did	the organization have an inter-	est in or a signatu	re or	other a	authority Yes	No
	over a	financial account (bank, securities, or oth	er) in a foreign country? If "\	es," the organization	on ma	y have	to file	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes," of	enter the name of	the	foreign	country	
	here 🕨							X
57	Durina	the tax year, did the organization receive a dist	ribution from, or was it the grantor	of, or transferor to.	a foreic	an trust?	,	X
	-	see instructions for other forms the organization	•	_ ,				
58		e amount of tax-exempt interest received or acc						
<u> </u>		nder penalties of perjury, I declare that I have examined	this return, including accompanying schedu		o the b	est of my	knowledge and be	lief, it is
Sign	, l	ie, correct, and complete Declaration of preparer (other than to ANK OF AMERICA N.A.	expayer) is based on all information of which p	reparer has any knowledge	_		<del></del>	
Here		Kare / Hiser	01/13/2020 MANAG	ING DIR		•	RS discuss this	
11616	~	gnature of officer	Date Title	ING DIK		n the p	oreparer shown the shown t	¬
		Print/Type preparer's name	Preparer's signature	Date		TT.	PTIN "	No
Paid		po propurar ariuma		Jace	Check		, , , ,	
Prep	arer		<u> </u>	<u> </u>	<del></del>	mployed		
Use		Firm's name				EIN ►		
		Firm's address			Phone	no		
JSA							Form <b>990-T</b>	(2018)

1 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	.   6	
<b>2</b> Purchases	2			7 Cost of	goods so	ld Subtract line	1	
3 Cost of labor	3			6 from	line 5 En	ter here and in		
4a Additional section 263A co	osts			Part I, line	2		. 7	
(attach schedule)	4a					section 263A (v	with respect to Yes No	
b Other costs (attach schedu			•	property	produced	or acquired fo	r resale) apply	
5 Total Add lines 1 through	· · · <del></del>			to the orga	anization?			
Schedule C - Rent Income	(From Real P	roperty a	nd Person					
(see instructions)	•	•		• •		•	•	
1 Description of property					-			
(1)								
(2)						<del> </del>		
(3)								
(4)								
141	2 Rent receiv	ed or accrus				1		
(a) From personal property (if the p for personal property is more the				ersonal property personal property			rectly connected with the income (a) and 2(b) (attach schedule)	
more than 50%)				ased on profit or			,	
(1)								
(1)								
(2)			<del></del>					
(3)		-						
(4)					<del> </del>		· · · · · · · · · · · · · · · · · · ·	
Total		Total		<del> </del>		(b) Total deduction		
(c) Total income Add totals of co						Enter here and or		
here and on page 1, Part I, line 6,					-	Part I, line 6, colu	mu (B) -	
Schedule E - Unrelated De	bt-rinanced in	icome (se	e instructio	ins)	3 [	Paductions directly con	nnected with or allocable to	
1 December of date	. 6			ncome from or	3.0		ced property	
1 Description of debi	-manced property		1			t line depreciation	(b) Other deductions	
	<del></del>		<u> </u>	· ,	(atta	ch schedule)	(attach schedule)	
(1)								
(2)			ļ		_			
(3)							<del></del>	
(4)			ļ					
4 Amount of average acquisition debt on or	5 Average adjust of or allocate		6 (	Column	7 Groce u	ncome reportable	8 Allocable deductions	
allocable to debt-financed	debt-financed p	roperty		divided		n 2 x column 6)	(column 6 x total of columns	
property (attach schedule)	(attach sche	dule)	Бу с	olumn 5			3(a) and 3(b))	
(1)								
(2)				%				
(3)		_		- %				
(4)				%				
						and on page 1,	Enter here and on page 1,	
					rart I, IIn	e 7, column (A)	Part I, line 7, column (B)	
Totals				▶				
Total dividends-received deducti	ons included in co	lumn 8	<u></u>			▶		

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Schedule F-Interest, Anni	uities, noyaities			ntrolled Org			10113 (566	mstructio	1115/		
Name of controlled organization	2 Employer identification number	uer	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		lling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)	<u>-</u>				<u> </u>						
Nonexempt Controlled Organiz	zations		_								
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		Total of specific payments made		includ	t of column ed in the co ation's gros	ntrolling		Deductions directly inected with income in column 10	
(1)								_		<u> </u>	
(2)											
(3)		_									
(4)							columns 5 a	10	<u> </u>	dd columns 6 and 11	
Totals	ncome of a Sec			(9), or (17		Part I,	nere and on line 8, colu	mn (A)		er here and on page 1, rt I, Irne 8, column (B)	
1 Description of income	2 Amount of	fincome		3 Deduction directly cor (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)			<u> </u>						}		
(2)	<u> </u>		-						.		
(3)			<del> </del>							<del></del>	
(4)	Enter here and	on nane 1	_							Enter here and on page 1,	
Totals ▶ Schedule I –Exploited Exer	Part I, line 9, c		er Th	an Adverti	sing In	icome (s	ee instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business inconstructions	/ with n of ed	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from ac	s income civity that nrelated s income	6 Expe attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del>                                     </del>						· <u> </u>				
(2)											
(3)									_		
(4)											
Total	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,		_		-		_	Enter here and on page 1, Part II, line 26	
Totals	some (see instri	uctions)								<u> </u>	
Part I Income From Per			nsol	idated Rac	eie .						
income from ref	Toulcais Report	eu on a ce	<u> </u>	luateu bas	515			<del></del>			
1 Name of periodical	2 Gross advertising income	3 Directising		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, but not more than column 4)				
(1)		_									
(2)										] .	
(3)											
(4)											
Totals (carry to Part II, line (5))			_							Form <b>990-T</b> (2018)	
										rorm 33U-1 (2018)	

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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 - 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)	_	%	
otal. Enter here and on page 1, Part II, line	14 . <u></u> <u></u>		

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STATEMENT 1

FORM 990-T, PART III, LINE 33 - UNRELATED BUSINESS TAXABLE INCOME

7 CARRYOVER LOSS		11 11 11 12 14 11 11 11 11 11
6 CURRENT YEAR LOSS		,
S NET UBTI	798	11 11 11 11 11 11 11 11
4 ALLOWABLE LOSS		## ## ## ## ## ## ## ## ## ## ## ## ##
3 CURRENT YEAR UBTI	798	## ## ## ## ## ## ## ## ## ## ## ## ##
2 PRIOR YEAR LOSS		#1 #4 #1 #1 #1 #1 #1
1 ACTIVITY DESCRIPTION	UST GLOBAL PRIVATE MARKETS FUND LLC COLUMN TOTALS	