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Earm	990-T	Ex	empt Organization (and proxy tax	Bus	siness Incon	ne T	Tax Retur	,00 n	OMB No 1545-06	87
FOLI	000.	Ear anion	and proxy tax) Idar year 2018 or other tax year begin			•	• •	, 19	മെ 4 0	•
Depart	ment of the Treasury	r or cale	► Go to www irs gov/Form990					° 	<u> </u>	•
	al Revenue Service	▶ Do	not enter SSN numbers on this form					:)(3)	Open to Public Inspect 501(c)(3) Organization	ion for is Only
A _	Check box if address changed		Name of organization (Check bo	x if nar	ne changed and see instr	ructions	s)		loyer identification nui oyees' trust, see instruction	
R Eve	empt under section		 EMMA ECCLES JONES E	ות ז ו	חאייד∩או					
	501(C 1/3)	Print	Number, street, and room or suite no					87-	6155073	
1	408(e) 220(e)	or Type			,			E Unre	lated business activity	code
	408A 530(a)	Type	79 S. MAIN STREET,	SUI	TE 1300			(See ii	nstructions)	
	529(a)		City or town, state or province, country		• •					
	ok value of all assets and of year		SALT LAKE CITY, UT						900099	
c	5 221 400	-	up exemption number (See instructi			-0.1(-)		404/-1		
			ck organization type 501 itzation's unrelated trades or busine			501(c) 2		101(a)	trust Other	er trust
	ade or business her	•	STMT 1	3363				•	than one, describe	the
			end of the previous sentence, comp	lete P			•			
tra	ade or business, the	en comple	ete Parts III-V			_				
I D	uring the tax year, v	was the c	orporation a subsidiary in an affiliat	ed gro	oup or a parent-subsidi	ary co	ntrolled group?		▶ Yes	X No
-			lentifying number of the parent cor	porati				00 50	0.4000	
	ne books are in care		Pusings Income		(A) Income	phone			0-4933	
1a	Gross receipts or		or Business Income	Γ	(A) income		(B) Expen	ses	(C) Net	 -
b	Less returns and allowa		c Balance ▶	1c]
2			ile A, line 7)	2			*** ****		 	 i
3			? from line 1c	3				.,		
4a	Capital gain net in	come (at	tach Schedule D)	4a	NO	ONE				NONE
b	Net gain (loss) (Fo	rm 4797, I	Part II, line 17) (attach Form 4797)	4b		ONE			· · ·	NONE
С	Capital loss deduc	tion for t	rusts ,	4c		<u>ONE</u>				<u>NON</u> E
5		•	an S corporation (attach statement)	5	8,06	67.	STMT	2		<u>8,067</u> .
6				7					 	
7 8			come (Schedule E)				<u> </u>			
9			1(c)(7), (9), or (17) organization (Schedule G)				····			
10			ncome (Schedule I)			\neg				
11			ule J)							
12	Other income (Se	e instruct	ions, attach schedule)	12						
13			ough 12		8,06					<u>8,067</u> .
Par			Taken Elsewhere (See instr					xcept f	or contributions	,
14			be directly connected with the directors, and trustees (Schedule K)					144	 	
14 15			RECEIVED							
16	Repairs and main	tenance	<u></u>					16	<u> </u>	
17	Bad debts							17		
18	Interest (attach so	hedule) (see instructions MAR 0.2 2020	0				18		
19	Taxes and license	s	. 	 -⊌	: [19		
20	Charitable contrib	utions (S	ee instructions for in the first fulles		4			20		<u>4,033</u> .
21			4562)						-	
22			on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·			22b		
23 24			ompensation plans							
25			S						 	
26			Schedule ()							
27			chedule J)							
28			chedule)					2/8		
29			s 14 through 28				,			4,033.
30			le income before net operating							<u>4,034</u> .
31			loss arising in tax years beginning							1 034
32	Unrelated busines	s taxable	income Subtract line 31 from line	30 .	<u> </u>	<u></u>	<u></u>	<u>h./1 3þ</u>		<u>4,034</u> .

Form !	990-T (2018)		Page 2
Part	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	7,320.
34	Amounts paid for disallowed fringes	34	•
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
33	Instructions)	35	
00			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		7 220
	of lines 33 and 34	36	7,320.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<u>1,000</u> .
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36		
	enter the smaller of zero or line 36	38	<u>6,320</u> .
Pari	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	_ _	
	the amount on line 38 from Tax rate schedule or X Schedule D (Form 1041)	4/0	558.
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only).		
43	Tax on Noncompliant Facility Income See instructions	1 1 2	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	10	558.
		1 404	
Pari		 	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	{	
b	Other credits (see instructions)	 	
C	General business credit Attach Form 3800 (see instructions)	1 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	i	
е	Total credits Add lines 45a through 45d		
46	Subtract line 45e from line 44		<u>558</u> .
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	<u>558</u> .
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.,	49	
	Payments A 2017 overpayment credited to 2018		
b	2018 estimated tax payments	1	
	Tax deposited with Form 8868	1	
	Foreign organizations Tax paid or withheld at source (see instructions)	ĺ	
	Backup withholding (see instructions)	1	
e	Backup withholding (see instructions)	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	1	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		F 000
51	Total payments Add lines 50a through 50g	51	<u>5,000</u> .
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	<u>NON</u> E
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	<u>4,442</u> .
9 <u>55</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax > 560 . Refunded		<u>3,882</u> .
Par	VI Statements Regarding Certain Activities and Other Information (see instruction	s) 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here ▶		X
E 7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ian trust?	
57		igii tiusti	
F0	If "Yes," see instructions for other forms the organization may have to file		}
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax year \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements, and to the tax years \$\ \Bar{\text{Under penalties of gerjury, but lare that I baye examined this return, including accompanying schedules and statements.}	best of my knowledge	and belief, it is
٥.	true correct, and cogniter a charation of preparet (other than taxpaver) is based on all information of which preparer has any knowledge		
Sig		ay the IRS discus	s this return
Her		th the preparer	
	Cignata Communication Communic	e instructions)?	Yes No
n ·	Print/Type preparer's name Preparer's signature Date Chec	k X If PTIN	
Paic	UUSEPH J. CASTRIANU	employed P01	<u>251603</u>
	parer Firm's name PRICEWATERHOUSECOGERS LLP	's EIN ▶ 13 -	4008324_
Use	Only Firm's address ► 600 GRANT STREET Phon	e no 412	-355-60 <u>0</u> 0
ISA	PITTSBURGH, PA 15219	Form !	990-T (2018)
JSA	•		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >	101111 330-1 (2010)								- r byc
2 Pyrchases	Schedule A - Cost of G	oods Sold. En	ter method	of invent	ory valuation I	<u> </u>		···	
2 Purchases	1 Inventory at beginning of y	ear . 1			6 Inventory a	at end of yea	ar	6	
A Additional section 263A costs (attach schedule) . 4a b	2 Purchases	2							
(attach schedule) 4a	3 Cost of labor	3			6 from I	ine 5 En	iter here and in		
4a 8 Do the rules of section 263A (with respect to 4s No No No No No No No N	4a Additional section 263A co	osts	-		Part I, line	2		7	
b Other costs (attach schedule) 4b 5 to the organization?	(attach schedule)	4a							Yes No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (ii) (ii) (iii) (iii) (iv) Total deductions Enter here and on page 1, Part I, line 6, column (a). Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property (iii) (iv) Total deductions Enter here and on page 1, Part I, line 6, column (ii) (iv) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 6, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 6, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 6, column 6) (iv) Total deductions Enter here and on page 1, Part I, line 6, column 6) (iv) Total deductions Enter here and on page 1, Part I, line 6, column 6) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) (iv) Total deductions Enter here and on page 1, Part I, line 7, column (iii) Enter here and on page 1, Part I, line 7, column (i					property	produced	or acquired for	resale) apply	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentag			•		to the orga	inization?			
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(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (A) Totals	(1)								
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(2)	acquisition debt on or allocable to debt-financed	of or alloca debt-financed	ble to property		divided			(column 6 x total	of columns
(2)	(1)			1	%				
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)					%				
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)									
Enter here and on page 1, Part I, line 7, column (A) Totals									
		<u> </u>			· · · · · · · · · · · · · · · · · · ·				
	Totals				▶				

Schedule F Interest, Annu	aities, novaities			Controlled Org			ations (see	ilisti uctio	11137		
1 Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)										· · · - ··	
(4)					1					· · · · · · · · · · · · · · · · · · ·	
Nonexempt Controlled Organiz			1			10	Part of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of specifi payments made		incl	uded in the coi	ntrolling		nected with income in column 10	
(1)			<u> </u>							· · · · · ·	
(2)											
(3)										•	
						Ent	ld columns 5 a er here and on t I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, 1 l, line 8, column (8)	
Totals					▶) Orga	nizatio	on (see inst	ructions)			
1 Description of income	2 Amount of	-		3 Deduc directly cor (attach sci	tions nnected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)					_						
(2)											
(3)											
(4)	Enter here and		.							Enter here and on page 1	
Totals ▶ Schedule I –Exploited Exer	Part I, line 9, co	olumn (A)		Than Advert	isina In	come	(see instru	ctions)		Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 E d conne prod un	ected wi duction of duction of duction of the lated	4 Net incorfrom unrela or business 2 minus co If a gain, c	me (loss) ted trade (column lumn 3) ompute	5 G from	ross income activity that of unrelated ness income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)									•		
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and 1, Part 0, col (I	l,						Enter here and on page 1, Part II, line 26	
Totals ▶	5 .5, 55. (, ,,		., II								
Schedule J-Advertising Ir											
Part I Income From Per	iodicals Report	ed on	a Cor	solidated Ba	sis						
1 Name of periodical	2 Gross advertising income	3	Direct tising co	4 Adver	rtising ss) (col ol 3) If impute	5	Circulation	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>		-								
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5)) ▶										Form 990-T (2018	

87-6155073 Page **5**

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) ▶						1

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	e 14		

Form 990-T (2018)

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www irs gov/F1041for instructions and the latest information

OMB No 1545-0092

2018

Name of estate or trust Employer identification number 87-6155073 EMMA ECCLES JONES FOUNDATION Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments Subtract column (e) (d) the lines below. to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents (sales price) (or other basis) Form(s) 8949. Part I. combine the result with line 2, column (g) column (g) to whole dollars 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 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 5 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2017 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments Subtract column (e) the lines below. to gain or loss from from column (d) and Proceeds Cost (sales price) (or other basis) Form(s) 8949, Part II. combine the result with This form may be easier to complete if you round off cents column (g) line 2, column (g) to whole dollars 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 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 12 1,240,495 13 Capital gain distributions. 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on ,240,495

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

Schee	dule D (Form 1041) 2018				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Tatal
	Caution: Read the instructions before completing this pa	art.	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			1,240,495.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b			350.
c	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19			1,240,495.
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T, Part I, line 4	la) If lines 18a and	19, column (2), are net
-	s, go to Part V, and don't complete Part IV If line 19, column (3), is a no ssary	et ioss	, сотрівів Рагі іў апс	ine Capital Loss Ca	arryover vvorksneet, as
	t IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, Iı	ne 4c, if a trust), the sn	naller of.	
а	The loss on line 19, column (3) or b \$3,000			20 ()
Note	e: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99)	0-T, line 38), is a los:	s, complete the Capita i
	t V Tax Computation Using Maximum Capital Gains Rate				
_	1 1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains or an a	mount is entered in	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo			inount is cincica ii	i i ait i oi i ait ii aita
	ion: Skip this part and complete the Schedule D Tax Worksheet in the				
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
• B	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
	n 990-T trusts. Complete this part only if both lines 18a and 19 are g				
	T, and Form 990-T, line 38, is more than zero. Skip this part and con	nplete	the Schedule D Tax	Worksheet in the	instructions if either
line	18b, col (2) or line 18c, col. (2) is more than zero				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	38)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24 If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27]	
28	Enter the smaller of the amount on line 21 or \$2,600		. 28		
29	Enter the smaller of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is	taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		. 31		
32	Subtract line 30 from line 26		. 32		
33	Enter the smaller of line 21 or \$12,700		. 33		
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0		. 35		
36	Enter the smaller of line 32 or line 35		. 36		
37	Multiply line 36 by 15% (0 15)			▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38. If zero or less, enter -0				
41	Multiply line 40 by 20% (0 20)			▶ 41	
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for		1 1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1		
43	Add lines 37, 41, and 42				

Schedule D (Form 1041) 2018

Figure the tax on the amount on line 21 Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

FORM 990T - ITEM H - DESCRIPTION OF UNRELATED TRADE OR BUSINESS ______

KEYSTONE PRIVATE EQUITY OPPORTUNITIES II(Q), LP

8,067.

8,067.

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FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS _____

ORDINARY INCOME - KEYSTONE LLP

TOTAL INCOME (LOSS) FROM PARTNERSHIPS

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

7 CARRYOVER LOSS	
6. CURRENT YEAR LOSS	
5. , NET UBTI	4,034 3,286 7,320
4 ALLOWABLE LOSS ===================================	
3 CURRENT YEAR UBTI	4,034. 3,286 7,320
2 PRIOR YEAR LOSS	
1. ACTIVITY DESCRIPTION	KEYSTONE PRIVATE EQUITY OPPORTUNITIES CARLYLE GLOBAL FS COLUMN TOTALS

STATEMENT 3

FORM	990T	- TA	X,DEPOSITE	D WITH	EXTENSION
=====	=====	====	========	======	========

TAX DEPOSITED WITH FORM 8868 5,000. TOTAL TAX DEPOSITS MADE 5,000. FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY INCOME - CARLYLE INV

6,573.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS

6,573. =========