| - | ٠ |
|---|---|
| • | - |
| T | |
| I | |
| L | |
| | |

| Form 990-T | E | Exempt Organization Bus | | | V/ A | ~ | OMB No 1545-0687 | | | | |
|---|---------------|---|---------------|-----------------------------|------------------------|--------------|--|--|--|--|--|
| | Far. aa | (and proxy tax und lendar year 2018 or other tax year beginning JUL 1, | | | • | اس | 2012 | | | | |
| | Força | Go to www.irs.gov/Form990T for in | | | | - | 2010 | | | | |
| Department of the Treasury Internal Revenue Service | | Do not enter SSN numbers on this form as it may | | | ation is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only | | | | |
| A Check box if address changed | | Name of organization (| | | | | | | | | |
| | ļ | GOVERNOR DUMMER ACADEMY THE GOVERNOR'S ACADEMY | i | 4-2103564 | | | | | | | |
| B Exempt under section X 501(c 93) | Print or | | E Unrel | ated business activity code | | | | | | | |
| 408(e) 220(e) | Type | I NUMBEL SUBSE AND TOUR OF SUBSE NO. 11 & 1 .O. DOM, SEE MISH DUMONS. | | | | | | | | | |
| 408A 530(a) | | City or town, state or province, country, and ZIP o | r foreigi | n postal code | | | 000 | | | | |
| 529(a) Book value of all assets | | BYFIELD, MA 01922 | | | | 713 | 990 | | | | |
| at end of year | 60. | F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp | ooration | 501(c) trust | 401(a) | trust | Other trust | | | | |
| | | ition's unrelated trades or businesses. | 1 | | the only (or first) un | | | | | | |
| | _ | MMER PROGRAMS | | | complete Parts I-V. | | than one, | | | | |
| describe the first in the b | lank spa | ace at the end of the previous sentence, complete Pa | irts I and | d II, complete a Schedule | M for each additiona | al trade | or | | | | |
| business, then complete | | | | | | | . | | | | |
| | | poration a subsidiary in an affiliated group or a parei | nt-subsi | diary controlled group? | ▶ L | Ye | s X No | | | | |
| | | tifying number of the parent corporation. CHRISTOPHER V. WEJCHERT | | Telephi | one number > 9 | 78- | 465-1763 | | | | |
| | | de or Business Income | | (A) Income | (B) Expenses | | (C) Net | | | | |
| 1a Gross receipts or sale | es | | | | * | * '%' | . ' | | | | |
| b Less returns and allow | wances | c Balance | 1c | | ,, | ٠. | | | | | |
| 2 Cost of goods sold (S | | y y 1 | 2 | | - | | , [| | | | |
| 3 Gross profit. Subtract | | | 3 | 21,119. | | | 21,119. | | | | |
| 4a Capital gain net incon | • | ะก ระกอบแอ บ) Part II, line 17) (attach Form 4797) | 4a 4b | 21,119. | | • | 21,119. | | | | |
| b Net gain (loss) (Form c Capital loss deduction | | | 4c | | | • | | | | | |
| • | | ship or an S corporation (attach statement) | 5 | 100,173. | STMT 1 | L 4 | 100,173. | | | | |
| 6 Rent income (Schedu | - | , | 6 | | | | | | | | |
| 7 Unrelated debt-finance | ed incor | me (Schedule E) | 7 | | | | | | | | |
| <u> </u> | | nd rents from a controlled organization (Schedule F) | | | | | | | | | |
| D | | on 501(c)(7), (9), or (17) organization (Schedule G) | $\overline{}$ | | | | | | | | |
| 10 Exploited exempt acti | - | | 10 11 | | | | | | | | |
| 12-1 Other income (See in: | | • | 12 | | 1 , | | | | | | |
| 13 Total. Combine lines | | • | 13 | 121,292. | | | 121,292. | | | | |
| Part II Deductio | ns No | ot Taken Elsewhere (See instructions for | or limita | itions on deductions) | | | | | | | |
| | | utions, deductions must be directly connected | with the | he unrelated business | income) | | | | | | |
| N. | icers, di | rectors, and trustees (Schedule K) | | | | 14 | | | | | |
| Salaries and wages | 2000 | | | | | 15 16 | | | | | |
| Repairs and maintent Repairs and maintententer Repairs and maintenter | ance | RECEIVED | i | | | 17 | | | | | |
| 18 Interest (attach sche | dule) (s | ee instructions) | ଅଧା | | | 18 | | | | | |
| 19 Taxes and licenses | | 121 MAY 0 € 2020 | ΙὄΙ | | | 19 | | | | | |
| 20 Charitable contributi | ons (Se | e instructions for limitation rules) | SS | | | 20 | | | | | |
| 21 Depreciation (attach | Form 4 | GODEN UT | | 21 | | • | | | | | |
| 22 Less depreciation cla | aimed oi | n Schedule A and elsewhere on return UT | | [22a] | | 22b | | | | | |
| 23 Depletion24 Contributions to defe | arred co | magnestian plane | | | | 23 24 | | | | | |
| 24 Contributions to defe25 Employee benefit pre | | impensation plans | | | | 25 | | | | | |
| 26 Excess exempt expe | | chedule I) | | | | 26 | | | | | |
| 27 Excess readership co | • | | | | | 27 | | | | | |
| 28 Other deductions (at | | | | , | | 28 | | | | | |
| 29 Total deductions. A | | | | | | 29 | 121 202 | | | | |
| | | ncome before net operating loss deduction. Subtrac | | | | 30 | 121,292. | | | | |
| | | loss arising in tax years beginning on or after Janua | ry 1, 20 | io (see instructions) | 31 | 31 32 | 121,292. | | | | |
| 32 Unrelated business t | axaule I | ncome. Subtract line 31 from line 30 | | | | <u> </u> | Earm 990-T (2018) | | | | |

| Form 990-T | 1112 00 (210,001 2 010010 | 04-2103564 | Page 2 |
|------------|---|-------------------------------|-------------------------|
| Part II | Total Unrelated Business Taxable Income | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 121,292. |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | |
| | lines 33 and 34 | 36 | 121,292. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 38 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | 1 1 | |
| | enter the smaller of zero or line 36 | 39 38 | <u>120,292.</u> |
| Part I | / Tax Computation | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 40 > 39 | 25,261. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | ▶ 40 | |
| 41 | Proxy tax See instructions | ► 4 <u>1</u> 1 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| | Tax on Noncompliant Facility Income. See instructions | 43 | |
| | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 45 44 | 25,261. |
| Part V | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| b | Other credits (see instructions) | | |
| C | General business credit. Attach Form 3800 | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| | Total credits. Add lines 45a through 45d | \$5e | 05 061 |
| | Subtract line 45e from line 44 | 46 | 25,261. |
| | | attach schedule) 47 | 25 261 |
| | Total tax. Add lines 46 and 47 (see instructions) | 49 18 | 25,261. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 12 712 49 | 0. |
| | | 13,712. 49,288. | |
| | | 19,200. | |
| | Tax deposited with Form 8868 | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) | | |
| | Backup withholding (see instructions) | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | |
| 9 | Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total | | |
| -4 | | | 63,000. |
| | Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □ | 53 51 52 | 34. |
| 52 50 | | 52 ► \$3 | 34. |
| 53 54 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | SS > 54 | 37,705. |
| 54 | 25 525 | unded 55 | 0. |
| Part V | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| 30 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 130 130 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | here > | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | eign trust? | |
| • | If "Yes," see instructions for other forms the organization may have to file. | ŭ | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | est of my knowledge and belie | ef, it is true, |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAI | Manufacilino di | scuss this return with |
| Here | Lat Well # 4/24/20 OFFICER | | nown below (see |
| | Signature of officer Date Title | instructions)? | |
| | Print/Type preparer's name | Check if PTIN | |
| Paid | ATTO CREATE A TO PORTE | self- employed | |
| Prepa | rer ALEX REGAN ALEX REGAN 04/21/20 | | 2179800 |
| Use C | I ECTMOTH COORDANN C COMDINIV IID | Firm's EIN ► 22- | -2428965 |
| - J- J- C | 10 FORBES ROAD WEST | _ | |
| | Firm's address ► BRAINTREE, MA 02184 | | 6-2000 |
| 823711 01- | 09-19 | F | orm 990-T (2018) |

| Schedule A - Cost of Goods | Sold. Enter | method of inver | ntory valuation N | /A | | | | |
|--|--------------------------------------|-----------------|---|----------------------------|--|--|---|--|
| | i I | | | 6 Inventory at end of year | | | | |
| 2 Purchases | 2 | | 7 Cost of goods sold | | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter l | ere and II | n Part I, | | | |
| 4 a Additional section 263A costs | | | line 2 | 7 | | | | |
| (attach schedule) | 4a | | 8 Do the rules of sec | | Yes No | | | |
| b Other costs (attach schedule) | 4b | | property produced | or acquir | ed for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | nes 1 through 4b 5 the organization? | | | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Personal Propert | y Leas | ed With Real Prop | erty) | | |
| Description of property | | | | | • | - | | |
| (1) | | | | | | | | |
| (2) | | | | | | <u>, </u> | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | - | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | centage of than | ` of rent for | and personal property (if the peropersonal property exceeds 50% on the based on profit or income) | entage or if | 3(a) Deductions directly columns 2(a) a | y connected with and 2(b) (attach sc | the income in hedule) | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0 . | | | - | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | n (A) | | • | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | 0. | |
| Schedule E - Unrelated Deb | t-Financed | Income (see | instructions) | | | | | |
| | | | 2 Gross income from | | Deductions directly cor to debt-finan | | ocable | |
| 1 Description of debt-fir | nanced property | | or allocable to debt- financed property | (1 | Straight line depreciation (attach schedule) | | ner deductions ch schedule) | |
| (1) | ···· · | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | · | | |
| (4) | | | | | | | _ | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | | | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6 | cable deductions s x total of columns (a) and 3(b)) | |
| (1) | | | - | % | | | | |
| (2) | | | | % | | 1 | _ | |
| (3) | | _ | | % | | | | |
| (4) | | | · | % | | | | |
| | | | · | | Enter here and on page 1, | Enter her | and on page 1, | |
| | | | | | Part I, line 7, column (A) | | e 7, column (B) | |
| Totals | | | | | 0 | | 0. | |
| Total dividends-received deductions in | ncluded in columi | n 8 | | | | > | 0. | |

| orm 990-T (2018) THE GO | VERNOR'S A | CADEMY | | | | | 4-210 | <u> 3564</u> | l Page |
|--------------------------------------|---|---|--|--|--|--|--|--------------|---|
| chedule F - Interest, / | Annuities, Roya | Ities, and Re | nts From Co | ntrolle | d Organiza | tions | (see inst | tructions | |
| · | | Exer | npt Controlled O | rganizati | ons | | | | |
| Name of controlled organizat | Name of controlled organization 2. Employer identification number | | Net unrelated income (loss) (see instructions) 4 Total of specified payments made | | tal of specified | included | of column 4 th d in the contro tion's gross in | olling | 6. Deductions directly connected with income in column 5 |
| | | | | | | | | | |
| | | | | <u> </u> | | <u> </u> | | | |
|) | | | | | | | | | |
|) | | - | | | | <u> </u> | | | |
|) nexempt Controlled Organi | zations | | | | | <u> </u> | _ | | |
| <u>'</u> <u>'</u> | 1 | umo (laces) 0 | Total of apperlied nav | monte | 10 Part of colur | nn G that i | s included | 11 Dec | fuctions directly connecte |
| 7. Taxable Income | 8 Net unrelated inco (see instructio | | Total of specified pays made | nents | in the controlli | | | | income in column 10 |
| 1) | | | | | | | | | |
| 2) | | _ | | | | | | | |
| 3) | | | - | | | | | | |
| <u> </u> | | - | | | | | | | |
| | , | | | | Add colum Enter here and line 8, c | | i, Part I, | Enter he | d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B) |
| tals | | | | • | | | 0. | | 0 |
| chedule G - Investme | nt Income of a | Section 501(| c)(7), (9), or (| 17) Ord | anization | | | | |
| | ructions) | , | -/(-/, (-/, (| , | , | | | | |
| 1 Desc | cription of income | | 2. Amount of | income | Deduction directly conne (attach sched) | cted | 4. Set-a | | 5. Total deductions and set-asides (col 3 plus col 4) |
|) | | | | | | 1 | | | |
|) | | | | | | | | | |
|) | | | | | | | | | |
| · }) | | | | | | | | | |
| | | | Enter here and Part I, line 9, co | | | . 1 | | | Enter here and on page Part I, line 9, column (B |
| tals | | | • | 0. | | ************************************** | nça: | 1. 1.2 | - 0 |
| chedule I - Exploited (see instri | - | y Income, Oti | her Than Adv | vertisin | g Income | | | | |
| | 2. Gross | 3. Expenses | 4 Net incor | | 5. Gross inco | ·me | | | 7. Excess exempt |
| Description of exploited activity | unrelated business income from trade or business | directly connected with production of unrelated business income | business (co | olumn 2 in 3) If a e cols 5 | from activity t is not unrelat business inco | hat ed | 6 Expe attributa colum | ble to | expenses (column 6 minus column 5, but not more than column 4) |
|) | | | | | | | | | |
|) | 1 | | | | | | | | |
|) | | | | | | | | | 1 |
| i) | | <u> </u> | | | | | | | , |
| <u></u> | Enter here and on page 1, Part I, line 10, col (A) | Enter here and o page 1, Part I, line 10, col (B) | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 To 1 | | | Enter here and on page 1, Part II, line 26 |
| tals | 0. | | 0. | சட் அடி | | | 설시 교실 | * 15 F F1. | 1 0 |
| chedule J - Advertisi | | instructions) | | B | | | | | |
| art I Income From | Periodicals Rep | oorted on a C | onsolidated | Basis | | | | | |
| 1 Name of periodical | 2. Gross advertising income | 3 Direct advertising of | or (loss) (costs col 3) If a g | tising gain of 2 minus ain, comput hrough 7 | 5. Circulate | | 6 Reader | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|) | | | P. C. 4000 | 710,00 | 7 | | | | The second second |
|) | | -· ·· | 2.3 | والمهر والأومة | : | | | | |
|)) | | | " . e.e | 泛州 对 | | -+ | | | |
|)) | | | | 1 | ?" | \dashv | | | |
| <u> </u> | | | - 17 T 14 | , T , A | ` | -+ | | | G For C 1 Awar 4.2 |
| tals (carry to Part II, line (5)) | • | 0. | 0. | | | | | | 0 |
| | | | | | | | | | Form 990-T (201 |

Form 990-T (2018) THE GOVERNOR'S ACADEMY

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

| columns 2 through 7 of | n 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 | Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | ▶ 0. | 0. | | A | 14 m m m m m m m m m m m m m m m m m m m | 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, | | La Company of the State of the | | 0. |
| Schedule K - Compensati | ion of Officers, l | Directors, and | Trustees (see in | nstructions) | | |
| 1. Name | | | 2. Title | 3 Percer time devot busines | ed to to | mpensation attributable unrelated business |
| (1) | | | | | % | |
| | | | | 1 | I | |

Form 990-T (2018)

(3) (4)

Total. Enter here and on page 1, Part II, line 14

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|---|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, L | 4.0 |
| ORDINARY BUSINESS INCOME | 19. |
| COMMONFUND CAPITAL VENTURE PARTNERS VII, L.P ORDINARY | 2 |
| BUSINESS INCOME (LO | -2. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L - | 3,155. |
| ORDINARY BUSINESS INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L - | 3,133. |
| ORDINARY BUSINESS INCOME | 603. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L - | 003. |
| ORDINARY BUSINESS INCOME | -99. |
| COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - ORDINARY | |
| BUSINESS INCOME (| 13. |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - | |
| ORDINARY BUSINESS INC | 124,545. |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - | |
| ORDINARY BUSINESS IN | 16,927. |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX - | |
| ORDINARY BUSINESS INCOME | 559. |
| COMMONFUND CAPTIAL VENTURE PARTNERS X, LP - ORDINARY | F11 |
| BUSINESS INCOME (LOSS) | -511. |
| COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - ORDINARY | -1,083. |
| BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - ORDINARY | -1,005. |
| BUSINESS INCOME (LOS | -1. |
| COMMONFUND CAPITAL VENTURE PARTNERS XI, L.P ORDINARY | |
| BUSINESS INCOME (LOS | -20. |
| COMMONFUND STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY, LP - | |
| ORDINARY BUSINESS | -2,143. |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X, - | |
| ORDINARY BUSINESS INCOME | -1,856. |
| DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, L.P ORDINARY | |
| BUSINESS INCOME (LO | -263. |
| LEXINGTON MIDDLE MARKET INVESTORS IV, LP - ORDINARY | 00 100 |
| BUSINESS INCOME (LOSS) | -29,192. |
| COMMONFUND CAPITAL VENTURE PARTNERS X, L.P ORDINARY | 10 470 |
| BUSINESS INCOME (LOSS | -10,478. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | 100,173. |
| TOTAL TROUGHD ON LORGE 330 I LINE I DIME 3 | |

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.

2018

Mama

GOVERNOR DUMMER ACADEMY
THE GOVERNOR'S ACADEMY

Employer identification number

04-2103564

Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (g) Adjustments to gain or loss from Form(s) 8949 to enter on the lines below This form may be easier to complete if you (sales price) (or other basis) Part I, line 2, column (g) round off cents 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 with Box A checked 2 Totals for all transactions reported on 21,719. 600. 21,119. Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 6 Unused capital loss carryover (attach computation) 119 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and (d) (g) Adjustments to gain or loss from Form(s) 8949, to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Part II, line 2, column (g) ombine 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 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III | Summary of Parts I and II 21,119. 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 ,119. 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

JWA 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) 2018

Department of the Treasu Internal Revenue Service

GOVERNOR DUMMER ACADEMY

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D Name(s) shown on return

Sequence No 12A Social security number or taxpayer identification no.

04-2103564

THE GOVERNOR'S ACADEMY 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 If you 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 loss If you enter an amount (h) (d) (e) (b) Proceeds Gain or (loss). Cost or other Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co) disposed of (Mo, day, yr) column (f). See instructions. from column (d) & Note below and (Mo., day, yr) (f) (g) Amount of see Column (e) In combine the result Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP 744. 744. COMMONFUND CAPITAL PRIVATE EQUITY 92. 92. PARTNERS VII, LP COMMONFUND CAPITAL PRIVATE EQUITY 393. PARTNERS VIII, 393. ROCK SPRINGS 17. CAPITAL 17. COMMONFUND CAPITAL INTERNATIONAL 2. PARTNERS VI, LP COMMONFUND CAPITAL NATURAL RESOURCES 101. 101. PARTNERS VI, LP COMMONFUND CAPITAL NATURAL RESOURCES 600. <600.> PARTNERS VII, LP COMMONFUND CAPITAL NATURAL RESOURCES 6,299. PARTNERS IX, LP 6,299. COMMONFUND STRATEGIC SOLUTIONS GLOBAL 5,145. 5,145. PRIVATE EQUITY, LP COMMONFUND CAPITAL NATURAL RESOURCES 4,529. 4,529. PARTNERS X, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

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)

Form 8949 (2018)

21,119.

21,719.

600

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

Name(s) shown on return

GOVERNOR DUMMER ACADEMY

Social security number or taxpayer identification no.

| THE GOVERNOR'S | ACADEMY | | | | | 04-2 | 103564 |
|--|-------------------------------------|--|---|--|-----------------------------|---|---|
| Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b | ow, see whether tion as Form 109 | you received any 99-B Either will s | / Form(s) 1099-B o show whether your | or substitute statem basis (usually you | ent(s) from r cost) was | your broker A su reported to the IF | bstitute IS by your |
| Part I Short-Term. Transacti | | al assets you held | 1 year or less are ger | nerally short-term (see | nstructions | s) For long term | |
| transactions, see page 2 Note: You may aggregate all codes are required Enter the | totals directly on S | Schedule D, line 1a | i, you aren't required | to report these transa | actions on F | orm 8949 (see instru | ctions) |
| You must check Box A, B, or C below. Of you have more short-term transactions than will | fit on this page for on | e or more of the boxes | s, complete as many form | ns with the same box che | cked as you n | eed | each applicable box |
| (A) Short-term transactions rep (B) Short-term transactions rep | • | • | • | | Note abo | JVe) | |
| (C) Short-term transactions no | t reported to you | on Form 1099- | B | | l a 41 a | | |
| 1 (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo., day, yr) | (c) Date sold or disposed of (Mo, day, yr) | (d) Proceeds (sales price) | Cost or other basis See the Note below and see Column (e) in | loss. If you not column (f) | t, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of | Gain or (loss). Subtract column (e) from column (d) & combine the result |
| | | | | the instructions | Code(s) | adjustment | with column (g) |
| COMMONFUND CAPITAL | | | | | | | |
| VENTURE PARTNERS | | | 4 205 | | | | 4 207 |
| XI, LP | | | , 4,397. | | | | 4,397. |
| | | | | - | ļ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | <u> </u> |
| 144 | | | | | | | |
| | | | | | | | |
| | · · · · · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | ٠ | | |
| | | | | | | | |
| | | | | | | | |
| | | <u></u> | | | | | |
| 2 Totals. Add the amounts in colun | nns (d), (e), (g), a | nd (h) (subtract | | | | | |
| negative amounts) Enter each to | tal here and inclu | ude on your | | | | | |
| Schedule D, line 1b (If Box A abo | ove is checked), | line 2 (If Box B | | | | | |
| above is checked), or line 3 (if Be | ox C above is ch | necked) | | | L | | |

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.

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)