		EXT	TENDED TO MA	AY 1	17, 2021	_			
Form 990-T	E	Exempt Orgai					ax Return) -	OMB No 1545-0047
- 40 .	For ca		nd proxy tax und				700° 130. 202	۱ ٥	2019
•	10,02	or calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Go to www.irs.gov/Form990T for instructions and the latest information						2013	
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number	•						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (THE FRED A.	Check box if name c BARBARA I			,		Emple	yer identification number byees' trust, see ctions)
B Exempt under section	Print	FOUNDATION		_				2	0-5966333
X 501(c)/3_)	or	Number, street, and room	or suite no. If a P.O. box	x, see ir	nstructions.				ted business activity code istructions)
408(e) 220(e)	Туре	215 S. CENT] (000	,
408A 530(a) 529(a)		City or town, state or prov	vince, country, and ZIP o	r foreig				900	099
C Book value of all assets	L	F Group exemption numb		<u> </u>				<u> </u>	
295,394,6	82.	G Check organization type		poration	501(0	c) trust	401(a)	trust	Other trust
H Enter the number of the				1		•	he only (or first) ur	related	
trade or business here	► PAI	RTNERSHIP IN	VESTMENTS		If c	only one, o	complete Parts I-V.	If more	than one,
		ce at the end of the previou		rts I an	d II, complete a S	Schedule I	M for each addition	al tradc	or
business, then complete				_					
		oration a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controlled	group?	▶ [Ye	s X No
If "Yes," enter the name a	ınd iden	ofying number of the paren	t corporation 🕨						
J The books are in care of	<u>▶ 1</u>	NEIL C. HAWK	INS				ne number 🕨 (248	
Part I Unrelated	Trac	le or Business Inc	ome		(A) Incom	ne	(B) Expense:	•	(C) Net
1a Gross receipts or sale	S								
b Less returns and allow	vances		c Balance	1c					
2 Cost of goods sold (S	chedule	A, line 7)		2					<u> </u>
3 Gross profit. Subtract	line 2 f	rom line 1c		3				\longrightarrow	
4a Capital gain net incom	•	•		4a	24,6	509.	/_		24,609.
b Net gain (loss) (Form	4797, F	art II, line 17) (attach Form	1 4797)	4b					
 Capital loss deduction 				4c	22 (116	am m		22 210
` '	•	ship or an S corporation (at	ttach statement)	5	-33,2	٠ ١٠٠	STMT	20	-33,210.
6 Rent income (Schedu		(a. 1.1. m)		6					
7 Unrelated debt-financ		` '		7					-
· · ·		nd rents from a controlled o	-	8/9		+			
		on 501(c)(7), (9), or (17) or	rganization (Schedule G)	10					
10 Exploited exempt acti11 Advertising income (\$\frac{1}{2}\$	•	` '		11			·· ·		
11 Advertising income (S 12 Other income (See in:		•		12					
13 Total. Combine lines		•		13	-8,6	501.			-8,601.
Part II Deductio	ns No	ot Taken Elsewher	e/See instructions for						<u> </u>
(Deductions	must b	oe directly connected wi	th the unrelated busin	ess in	come)	,			
14 Compensation of off	ıcers. dı	rectors, and trustees (Sche	dule K)	7				14	
15 Salaries and wages				lo				15	
16 Repairs and mainten	ance	A R	ECEIVE	<u>الآ</u>				16	
17 Bad debts				6				17	
18 Interest (attach sche	dule) (s	ee instructions)	AY 2021	101				18	
19 Taxes and licenses		101 "		邧				19	
20 Depreciation (attach	Form A	562) n Schedule A and elsewhet	TABEN UT	لسا	2	0		<u> </u>	
21 Less depreciation cla	aimed oi	n Schedule A and elsewhet	E) Com A		2.	1a		21b	
22 Depletion	/	-						22	
23 Contributions to def		mpensation plans						23	
24 Employee benefit pro								24	
25 Excess exempt expe								25	
26 Excess readership of						a=		26	25 540
27 Other deductions (at					SEE	STAT	EMENT 21	27	35,742.
28 Total deductions A								28	35,742.
		ncome before net operating						29_	-11,313.
,	erating	loss arlsing in tax years be	gillilling on or after Janua	иу 1, 20		GW V W.	EMENT 22		
(see instructions)	oveble :	nooma Cubirant line 20 fin	am line 20		200	DIAL	PHIDINI 77	30	-44,343.
31 Unrelated business 1 923701 01-27-20 LHA Fe		ncome. Subtract line 30 fro				_		31	Form 990-T (2019)
gestutut-21-20 L⊓A FC	.ı raµe≀	MOIV MERRORIALI WAS INDIRES	, 266 11121146110112						(2013)

Form 9	90-T (2019) THE FRED A. & BARBARA M. ERB FAMILY FOUNDATION	20-5966333 Page 2
Par	t III Total Unrelated Business Taxable Income	
32	fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{32}{}$ -44,343.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules) STMT 24 STMT 25	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 30	35 -44,343.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2,3	36 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -44,343.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39/	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
1	enter the smaller of zero or line 37	$\frac{1}{39}$ $-44,343.$
Par	t 📈 Tax Computation	
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates See instructions for tax computation, income tax on the amount on line 39 from:	
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Par		70
46a		
	· · · · · · · · · · · · · · · · · · ·	1
b	One of the same and A Mach Farm 2000	1
C		†
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits Add lines 46a through 46d	46e
_	•	47 0.
47	Subtract line 46e from line 45 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
48		48 0.
49	Total tax Add lines 47 and 48 (see instructions)	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 2 Payments A 2018 overpayment credited to 2019 5,000.	50 0.
		1
	•	1 1
	: Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) 51d	- 1
		1 1
(Backup withholding (see instructions)	- 1
	Credit for small employer health insurance premiums (attach Form 8941)	-
(Other credits, adjustments, and payments: Form 2439	
	Form 4136 Other Total ▶ 51g	<u>-i-</u> 52 15,000.
52	Total payments. Add lines 51a through 51g	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 15,000.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 15,000. Refunded	<u> 56 0.</u>
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions)	
57	At any time during the 2019 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	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file	
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is true,
Sign		ay the IRS discuss this return with
Here		e preparer shown below (see
	Signature of officer Date Title in	structions)? X Yes No
	1 1 1 1 1 1	
	Print/Type preparer's name Preparer's signature Date Check i	f PTIN
Pai	d self- employed	
	d LYNNE M. HUISMANN LYNNE M. HUISMANN 05/07/21 self-employed	P00053811
Pre	d LYNNE M. HUISMANN LYNNE M. HUISMANN 05/07/21 Self- employed of the parer Firm's name PLANTE & MORAN, PLLC Firm's EIN	
Pre	to parer LYNNE M. HUISMANN LYNNE M. HUISMANN 05/07/21 Firm's name PLANTE & MORAN, PLLC Firm's EIN PLANTE & MORAN, PLLC PLANTE	P00053811 38-1357951
Pre	to parer LYNNE M. HUISMANN LYNNE M. HUISMANN 05/07/21 Firm's name PLANTE & MORAN, PLLC Firm's EIN P 2601 CAMBRIDGE CT., STE. 500	P00053811

<u> </u>	0.00								
Schedule A - Cost of Goods	Sold. Enter	method of invent	r						
1 Inventory at beginning of year	1		6 Inventory at end of yea			6			
2 Purchases	2		7 Cost of goods sold. S						
3 Cost of labor	3		from line 5 Enter here	and in f	Part I,				
4a Additional section 263A costs	1 1		line 2			7			
(attach schedule)	48		8 Do the rules of section	•	•		Yes	No	
b Other costs (attach schedule)	4b	_	property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>	
Schedule C - Rent Income (From Real	Property and	Personal Property L	ease.	d With Real Prop	erty)			
(see instructions)									
1. Description of property									
(1)									
(1) (2)									
(3)									
(4)		_							
(4)	2 Rent receiv	ed or accrued							
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for pe	nd personal property (if the percenta arsonal property exceeds 50% or if is based on profit or income)	ıge	3(a) Deductions directly columns 2(a) at	connecte nd 2(b) (at	ed with the income in tach schedule)	1	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns		ter			(b) Total deductions. Enter here and on page 1,				
here and on page 1, Part I, line 6, column				0.	Part I, line 6, column (B)	<u> </u>		<u> </u>	
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstructions)						
			2. Gross income from		3 Deductions directly con to debt-finance				
1 Description of debt-fir	senced property		or allocable to debt-	(a) Straight line depreciation			(b) Other deduction	18	
1 Bassinplion of dask in	ianosa proparty		financed property		(attach schedule)		(attach schedule)		
				-		-			
(1)				-		-			
(2)				 					
(3)						-			
(4)		·				+	_		
Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8 Allocable deduct olumn 6 x total of co 3(a) and 3(b))		
(1)		(%	ļ					
(2)			%_						
(3)			%_						
(4)			%%	ļ					
					Enter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column		
Totals			•		0	•		0.	
Total dividends-received deductions in	icluded in columi	n 8				• L		0.	
·							Form 990-T	(2019)	

0.

Form 990-T (2019)

(3)

0.

0.

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

Part II Income From Perio	dicals Reports	ed on a Senar	ate Basis (For on	ch portedical	lested in Da	ort II fill in	Tago (
Part II Income From Perio			ate basis (For ea	cri periodicai	iisteu iii ra	,	
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	on 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	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 26
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensatio	n of Officers, D	Directors, and	Trustees (see in	structions)			
1. Name			2 Title	time	Percent of devoted to business		pensation attributable nrelated business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total Enter here and on page 1, Part II,	line 14						0.

Form 990-T (2019)

FORM, 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 20
DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P ORDINARY BUSINESS	6,600
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P NET RENTAL REAL E	13
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P INTEREST INCOME	35
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P DIVIDEND INCOME	1
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P ROYALTIES COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P	252
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L.P OTHER INCOME (LOS PENN SOUARE GLOBAL REAL ESTATE FUND I, LP - ORDINARY	430
PENN SQUARE GLOBAL REAL ESTATE FUND I, LP - ORDINARI BUSINESS INCOME (LOSS) PENN SQUARE GLOBAL REAL ESTATE FUND I, LP - NET RENTAL	429
REAL ESTATE INCOME COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - ORDINARY	-189
BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - INTEREST	-190
INCOME COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - DIVIDEND	73
INCOME COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - OTHER	44
PORTFOLIO INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND IV, LP - ORDINARY BUSINESS	13
INCOME (LOSS)	-25,054
DEERFIELD PRIVATE DESIGN FUND IV, LP - INTEREST INCOME	4,589
DEERFIELD PRIVATE DESIGN FUND IV, LP - OTHER INCOME (LOSS) DEERFIELD RE HOLDINGS IV, L.P ORDINARY BUSINESS INCOME	304
(LOSS) DEERFIELD RE HOLDINGS IV, L.P NET RENTAL REAL ESTATE	126
INCOME COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - INTEREST	2,124
INCOME COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - OTHER	60
PORTFOLIO INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - OTHER INCOME	1
(LOSS) DEERFIELD RCA HOLDINGS IV, L.P ORDINARY BUSINESS INCOME	10.54
(LOSS) DEERFIELD PH HOLDINGS IV, LP - ORDINARY BUSINESS INCOME	-19,640
(LOSS) DEERFIELD PH HOLDINGS IV, LP - OTHER NET RENTAL INCOME	-3,165 -69
(LOSS) DEERFIELD PH HOLDINGS IV, LP - INTEREST INCOME	- 65 1
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-33,210

FORM 990-T		OTHER DEI	OTHER DEDUCTIONS	
DESCRIPTION				AMOUNT
RESOURCES PAFROM PASS-THE PARTNERS XI PARTNERS XI FROM PASS-THE PARTNERS XI PARTNERS XI PARTNERS XI PARTNERS XI	HROUGH ENTITY - Co , LP HROUGH ENTITY - Co I, LP HROUGH ENTITY - Co	OMMONFUND CAL	PITAL VENTURE	25,658. 4,832. 3,278. 1,974.
TOTAL TO FOI	RM 990-1, PAGE 1,	DINE 27		35,742.
FORM 990-T			DSS DEDUCTION	35,742. STATEMENT 22
			•	STATEMENT 22 AVAILABLE
FORM 990-T	NET	OPERATING LOSS PREVIOUSLY	LOSS	STATEMENT 22 AVAILABLE THIS YEAR

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 23
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	28,029.	28,029.	0.	0.
06/30/15	46,578.	46,578.	0.	0.
06/30/17	100,963.	100,963.	0.	0.
06/30/18	297,235.	287,933.	9,302.	9,302.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	9,302.	9,302.

FORM, 990-T	CONTRIBUTIONS	STATEMENT 24
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM PASS-THROUGH ENTITIY - COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI	N/A	6.
FROM PASS-THROUGH ENTITIY - PENN SQUARE GLOBAL REAL ESTATE FUND I, LP	N/A	1.
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34	7.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	25
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018		
TOTAL CARE	RYOVER		
	PRIBUTIONS AVAILABLE 7 NCOME LIMITATION AS ADJUSTED 0	-	
EXCESS 100	NTRIBUTIONS 7 O'S CONTRIBUTIONS 0 ESS CONTRIBUTIONS 7	-	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	_	0
TOTAL CON	TRIBUTION DEDUCTION		0

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

OMB No 1545-0123

Name

THE FRED A. & BARBARA M. ERB FAMILY FOUNDATION

Employer identification number

Did the corporation dispose of any investme	ent(s) in a qualified opportun	ity fund during the lax ye	tal?		Yes X Nu
If "Yes," attach Form 8949 and see its instru			gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	nstructions)	,		
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(0) Adjustments to gain or loss from Form(s) 8949) 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
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					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on		1			
Form(s) 8949 with Box C checked					819.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 37	•		4	
5 Short-term capital gain or (loss) from like-kii	id exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	tation)			6	()
7 Net short-term capital gain or (loss). Combin	ne lines 1a through <u>6 in column</u>	h		7	819.
Part II Long-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894! Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.		· · · · · · · · · · · · · · · · · · ·	ļ		
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		<u> </u>			
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	_				21,073.
11 Enter gain from Form 4797, line 7 or 9			ļ	11	2,717.
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kii	nd exchanges from Form 8824			13	
14 Capital gain distributions			′	14	
15 Net long-term capital gain or (loss). Combin	ne lines 8a through 14 in columi	n h		15	23,790.
Part III Summary of Parts I an	d II				
16 Enter excess of net short-term capital gain (I	lne 7) over net long-term capita	l loss (line 15)		16	819.
17 Not capital gain Enter excess of not long-ter	m capital gain (line 15) over net	short-term capital loss (line	e 7)	17	23,790.
18 Add lines 16 and 17. Enter here and on Forn	n 1120, page 1, line 8, or the pro	per line on other returns	İ	18	24,609.
Note: If losses exceed gains, see Capital Lo					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Form **8949**

Department of the Treasury 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

2019

Attachment Sequence No 12A

Name(s) shown on return

THE FRED A. & BARBARA M. ERB FAMILY FOUNDATION

Social security number or taxpayer identification no.

20-5966333

Before you check Box A, B, or C below statement will have the same informations broker and may even tell you which b	oox to check						bstitute S by your
Part I Short-Term. Transact transactions, see page 2 Note: You may aggregate all	ions involving capit						liustments or
codes are required. Enter the	totals directly on S	Schedule D, line 1a	, you aren't required	to report these transe	actions on F	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo I fit on this page for on-	X. If more than one be or more of the boxes	ox applies for your shore, complete as many for	t-term transactions, comp ns with the same box che	ilete a separat cked as you n	e Form 8949, page 1, for eed	each applicable box
(A) Short-term transactions rep			-		Note ab	ove)	
(B) Short-term transactions rep X (C) Short-term transactions no	•	•	_	eported to the IHS			
				(e)	Adjustmer	nt, if any, to gain or	(h)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other	loss If y	où enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	in column column (f	(g), enter a code in). See instructions	Subtract column (e)
, ,		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
COMMONFUND CAPITAL							
VENTURE PARTNERS							
XI,							797.
COMMONFUND CAPITAL							
VENTURE PARTNERS							
XII,							22.
			-				
	_				<u> </u>		
				ļ			
				ļ			
					<u> </u>		
				<u> </u>	!		
	 						
				 			
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		 		-			
	+			 	<u> </u>		
-	<u> </u>			 	 	 	-
	-				 	†	
2 Totals. Add the amounts in colui	mns (d) (e) (d) a	nd (h) (subtract					
negative amounts) Enter each to	1 / 1 / 10/	. , ,	1				
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	•						819.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 THE FRED A. & BARBARA M. ERB FAMILY

Social security number or taxpayer identification no.

20-5966333

FOUNDATION

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 II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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 below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on thip page for one or more of the boxes, complete as many forms with the same box checked as you must (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (a) (b) (c) (e) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in column (f). See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) In Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL NATURAL RESOURCES PAR 1,366. COMMONFUND CAPITAL VENTURE PARTNERS 16,793. XI, COMMONFUND CAPITAL VENTURE PARTNERS 2,914. XII, 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

21,073. above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D 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

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negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E