Form 990-T	Exe		nization Bus			ax Retur	y	OMB No 1545-0687
	For colondar w		nd proxy tax under the pro			אר, 30, 201 מו 30, 201	Ø	2018
December of the Tenant	1 or calerioar y		.irs.gov/Form990T for in:					
Department of the Treasury Internal Revenue Service	▶ Do no		rs on this form as it may				<u>. [</u>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	1	of organization ([STERN VIR	Check box if name cl				(Emp	loyer identification number sloyees' trust see uctions)
B Exempt under section	_	UNDATION					2	3-7053028
X 501(c <u>113</u>)	I Tuno I		or suite no. If a P.O. box	, see in	structions.	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lated business activity code instructions)
408(e)220(e)	" P •	O. BOX 5		***		· · · · · · · · · · · · · · · · · · ·	4	
408A 530(a) 529(a)			vince, country, and ZIP or 23501-0005		n postal code		523	000
C Book value of all assets at end of year	F Gro		per (See instructions.)	<u> </u>				
128,471,8			e 🕨 🗓 501(c) corp				a) trust	Other trust
H Enter the number of the	•			1		e the only (or first) u		
trade or business here						e, complete Parts I-V		
		ne end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedul	e M for each additio	nai trade	e or
business, then complete		a a subardiany ia an	affiliated group or a paren	t oubor	diana controlled group?			es X No
If "Yes," enter the name	•	•	• • •	11-50051	ulary controlled group?		<u></u> П	es [A] NU
J The books are in care of				IATE	TREAS Telep	hone number	(757) 446-6065
		Business Inc			(A) Income	(B) Expense	<u>, </u>	(C) Net
1 a Gross receipts or sal	les					1.7		1 1 1 1 1 1
b Less returns and allo			c Balance	10		, " B.	٠	1 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Cost of goods sold (Schedule A, line	7)	Λ	2		3	, (भ मार्थ । मार्थिकान् स
3 Gross profit. Subtract	ct line 2 from lin	e 1c 🔪	γι	3			. , ,	
4 a Capital gain net incoi	me (attach Sche	edule D)		4a	145,856.			145,856.
b Net gain (loss) (Forn	n 4797, Part II, 1	line 17) (attach Forn	n 4797)	4b		5 38 1	• •	
 Capital loss deduction 				4c	010 100		41 2	040 400
5 Income (loss) from a	•	an S corporation (a	ttach statement)	5	-210,182.	STMT	1'_ "	-210,182.
6 Rent income (Sched	•			6				
7 Unrelated debt-finan	•	•	annonization (Osberlik D	<u>7</u> 8		 		
	-		organization (Schedule F) rganization (Schedule G)	9		 		
10 Exploited exempt act			rganization (Schedule d)	10		† · · · · ·		-
11 Advertising income (,	onedale ty		11		 		
12 Other income (See in	•	ch schedule)		12		Late No. 1	.1 . " "	
13 Total. Combine line	s 3 through 12			13	-64,326.			-64,326.
			e (See instructions fo					
(Except for	contributions	, deductions mus	t be directly connected	with t	he unrelated busines	s income)		
14 Compensation of of	fficers, directors	, and trustees (Sch	edule K)				14	
15 Salaries and wages							15	1,947.
16 Repairs and mainte	enance						16_	
E17 Bad debts C18 Interest (attach sch C19 Taxes and licenses Charitable contribut C21 Depreciation (attack C22 Less depreciation of C23 Depletion							17	
interest (attach sch Taxes and licenses	leaule) (see inst	ructions)					18	
20 Charitable contribut	tione (Saa inetri	uctions for limitation	rules) STATEME	ידעו	4 SEE STA	TEMENT 2	19 20	0.
.21 Depreciation (attacl	•	octions for infination	ituics) Dilli	2212	21	12112111 2	1-20	
Less depreciation of		dule A and elsewher	e on return				22b	1
23 Depletion			RECEI	VEF	, ,	·	23	<u> </u>
	ferred compens	ation plans			IOI		24	
Employee benefit p	rograms		% NOV 21	201	a 1%1		25	
26. Excess exempt exp	enses (Schedul	e I)	181 110. 2		<u></u> <u>`</u>		26	<u> </u>
Contributions to de 25 Employee benefit p 26 Excess exempt exp Excess readership of Other deductions (29 Total deductions.)	•	•		NI I			27	<u> </u>
285 Other deductions (a			OGDE	17,	SEE STA	TEMENT 3	28	19,651.
			-				29	21,598.
		•	g loss deduction. Subtrac				30	-85,924
	_		ginning on or after Janua	ry 1, 20	118 (see instructions)		31	95 924
		Subtract line 31 fre					32	-85,924. Form 990-T (2018)
823701 01-09-19 LHA F	or raperwork	vennetinii Wet Mone	e, 566 manuchons.					FUITH 330-1 (2016)

FO	IIN	D	Α	ጥ	Т	ON

Form 990-T	25 705	3028	Page 2
Part I	I Total Unrelated-Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-85,924.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	-85,924.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
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	-85,924.
Part I	V Tax Computation		•
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
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	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \		77]	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
c	General business credit. Attach Form 3800 45c		
-	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	·	
48	Total tax. Add lines 46 and 47 (see instructions)	47	0.
	· · · · · · · · · · · · · · · · · · ·	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 6,240.	49	<u> </u>
	——————————————————————————————————————	i	
	2018 estimated tax payments 50b	1	
	Tax deposited with Form 8868 50c	{	
	Foreign organizations: Tax paid or withheld at source (see instructions) Solution withheld as source (see instructions)		
	Backup withholding (see instructions) 50e	f	
	Credit for small employer health insurance premiums (attach Form 8941) State advertises and asserted and asserted form 8941)	1	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total > 50g	-	6 240
51	Total payments. Add lines 50a through 50g	51	6,240.
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	6 240
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	6,240.
Part \	Enter the amount of line 54 you want: Credited to 2019 estimated tax 6, 240 . Refunded 1 Statements Regarding Certain Activities and Other Information (see instructions)	55	0.
			l v l N .
56	At any time during the 2018 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
57	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.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$ Under penalties of perifery, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	dge and hel	lef it in true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	go and bei	
Here	11/8/16 A GGT OFFEN OUT FOR	-	discuss this return with
	2011		shown below (see
		structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check if	f PTIN	
Paid	Self- employed	1 20	1699222
Prepa			1677333
Use C	Only Firm's name ► DIXON HUGHES GOODMAN LLP Firm's EIN ►	56	-0747981
	440 MONTICELLO AVE, SUITE 1400	7 C C '	COA 5100
		<u>757)</u>	
823711 01	-09-19		Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory		,		6		
2 Purchases	2		7 Cost of go	ods sold. Su	btract li	ne 6			
3 Cost of labor	3		from line 5	. Enter here a	and in P	art I,			
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the rule	s of section :	263A (v	vith respect to		Yes	No
 Other costs (attach schedule) 	4b		property p	roduced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organiz					·	<u> </u>
Schedule C - Rent Income ((see instructions)	(From Real	Property and ———	Personal Pr	operty Lo	eased	d With Real Prop	erty) 		
1. Description of property					_				
(1)									
(2)		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
(3)									
						- · · · ·			
		ed or accrued				3(a) Deductions directly	connected with	ho income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	nd personal property (ersonal property exce t is based on profit or	eds 50% or if	j o	columns 2(a) ar	nd 2(b) (attach sc	nedule)			
(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	ı (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 incor			3. Deductions directly con to debt-finance		ocable	
1. Description of debt-fir	nanced property		or allocable to financed pro	(@/ 508		Straight line depreciation (attach schedule)		er deduction :h schedule)	S
(1)									
(2)									
(3)								•	
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property n schedule)	6. Column 4 column			7. Gross income reportable (column 2 x column 6)	(column (cable deducti x total of co a) and 3(b))	
(1)				%					
(2)									
(3)	Ï			%					
(4)				%					
		 				nter here and on page 1, lart I, line 7, column (A)		and on page e 7, column (
Totals						0	.1		0.
Total dividends-received deductions in	ncluded in column	ı 8					-		0.
			·	·- · · · · · · · · · · · · · · · · · ·					10010

Form 990-T (2018) FOUNDA	TION								23-70	53028	Page
Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructions	
				Exempt (Controlled O	rganizati	ons				
Name of controlled organizat	tion	2. Em identifi num	cation	3. Net unr (loss) (see	elated income o instructions)	4. Tot payr	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)				-		 		 -			
(2)		_				 		-		-+	
								├─		-+	
_(3)		<u> </u>		 	 -	-		├	 .	-+	
(4)		L.,		<u> </u>		<u> </u>	- · · · · · · · · · · · · · · · · · · ·	L			
Nonexempt Controlled Organi	zations						-				
7. Taxable Income		nrelated incon see instruction:		9. Total	of specified payr made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nzation's		ductions directly connected income in column 10
(1)											
(2)											
(3)		_									
(4)	 	 :		<u> </u>							
	.						Add colur Enter here and line 8,		1, Part I	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Totals Schedule G - Investme	mt Imaa	20 26 2 6	Socti	E04/-\/3	7) (0) (17) 0~	unication				
	ructions)	ne or a s	section	501(0)(7), (9), or (17) Org	ganization				
(See inst	ructions)			•							T
1. Desc	cription of inco	eme			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides schedule)	Total deductions and set-asides (col 3 plus col 4)
(1)					ļ						
(2)										· <u>· </u>	<u> </u>
(3)					1						
(4)	·				1	-	**				
_ ``					Enter here and Part I, line 9 co		;				Enter here and on page 1 Part I line 9, column (B)
								•			1
Totals				<u> </u>	<u> </u>	0.	<u>, </u>		. 1		. 0.
Schedule I - Exploited (see instri	-	Activity	Incom	e, Other	Than Adv	vertisin	ig Income				
Description of exploited activity	2. (unrelated	Gross I business ne from business	directly of with pro	penses connected oduction related is income	4. Net incor from unrelated business (co minus colum gain, comput through	d trade or olumn 2 on 3) If a de cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)		_			1					_	
(3)	<u> </u>		 		t	-			 		
(4)	1				 				 		
(4)	page 1	re and on 1, Part I, , col (A)	page	ere and on 1 Part I, , col (B)				- /			Enter here and on page 1, Part II, line 26
7 -1-1-	1010		"""				~ P		; .		el .
Totals •	' <u> </u>	0.		<u> </u>	1		- "+	•	14.		'\0.
Schedule J - Advertisi Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (o	rtising gain col 2 minus gain, compu through 7			6. Read		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)			\dashv						<u> </u>		
(1)		_	-+-		⊣ ,		*		 		1.7
(2)	 				49	an a	£2'		┼		i i ga wang kang bangsara
(3)					— ` ·	'	·——		 		
_(4)						<u>, </u>			<u> </u>		
Totals (carry to Part II, line (5))	•		0.	0).				<u></u>		0.
			(Form 990-T (2018

Form 990-T (2018) FOUNDATION

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	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.	g miles of	44		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.	l			0.

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

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

Form 990-T (2018)

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
SPIDER MANAGEMENT (THE RICHMOND INCOME (LOSS) SPIDER MANAGEMENT (THE RICHMOND ESTATE INCOME SPIDER MANAGEMENT (THE RICHMOND INCOME (LOSS) SPIDER MANAGEMENT (THE RICHMOND SPIDER MANAGEMENT (THE RICHMOND SPIDER MANAGEMENT (THE RICHMOND SPIDER MANAGEMENT (THE RICHMOND INCOME (LOSS) SPIDER MANAGEMENT (THE RICHMOND INCOME (LOSS) SPIDER MANAGEMENT (THE RICHMOND (LOSS) TOTAL INCLUDED ON FORM 990-T, E	FUND) - NET RENTAL REAL FUND) - OTHER NET RENTAL FUND) - INTEREST INCOME FUND) - DIVIDEND INCOME FUND) - ROYALTIES FUND) - OTHER PORTFOLIO FUND) - OTHER INCOME	14,608. -3,844. -40,954. 2,454. 206. 205. 132. -182,989. -210,182.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
<u>-</u>	METHOD USED TO DETERMINE FMV	AMOUNT 23.
RICHMOND FUND, LP K-1	N/A	23.
RICHMOND FUND, LP K-1 TOTAL TO FORM 990-T, PAGE 1, LI	N/A	23.
RICHMOND FUND, LP K-1 TOTAL TO FORM 990-T, PAGE 1, LI FORM 990-T	N/A INE 20	23.
DESCRIPTION/KIND OF PROPERTY RICHMOND FUND, LP K-1 TOTAL TO FORM 990-T, PAGE 1, LI FORM 990-T DESCRIPTION MANAGEMENT AND CUSTODIAL FEES	N/A INE 20	23. 23. STATEMENT 3

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100%	LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBU YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	TIONS		
TOTAL CARR TOTAL CURR	YOVER ENT YEAR 10% CONTRIBUTIONS	23		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	23 0	_	
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	23 0 23	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONT	RIBUTION DEDUCTION		,	0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17 06/30/18	20,237. 320,552.	0.	20,237. 320,552.	20,237. 320,552.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	340,789.	340,789.

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

EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION

Employer identification number

23-7053028

Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(0) Adjustments to gair or loss from Form(s) 894	1	(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)
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					
Form(s) 8949 with Box C checked					9,753.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	37,350
5 Short-term capital gain or (loss) from like-kin		•		5	
6 Unused capital loss carryover (attach comput				6	
7 Net short-term capital gain or (loss). Combin	•	h		7	9,753.
Part II Long-Term Capital Gai					3,7,55.
See instructions for how to figure the amounts	10 4114 20000 (000)				· · · · · · · · · · · · · · · · · · ·
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(6) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2 column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine 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			<u> </u>		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					32,002.
11 Enter gain from Form 4797, line 7 or 9				11	104,101.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13_	,,
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in colum	<u>n h</u>		15	136,103.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (In	ne 7) over net long-term capita	il loss (line 15)		16	9,753.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	t short-term capital loss (lin	e 7)	17	136,103.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.		18	145,856.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Form **8949**

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

LU IO

Name(s) shown on return

EASTERN VIRGINIA MEDICAL SCHOOL

Social security number or taxpayer identification no.

23-7053028 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 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (h) (a) (e) Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) (Example 100 sh XYZ Co) basis See the disposed of (Mo, day, yr) Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment see Column (e) In combine the result Code(s) with column (g) the instructions SPIDER MANAGEMENT (THE RICHMOND 9,753. FUND) 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract 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

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)

9,753.

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No 12A

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 EASTERN VIRGINIA MEDICAL SCHOOL

Social security number or taxpayer identification no. 23-7053028

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.

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

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 this page for one or more of the boxes, complete as many forms with the same box checked as you need

(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 no	t reported to you	on Form 1099-B					
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)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustmer loss. If you no column (f) (f) Code(s)	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SPIDER MANAGEMENT							
(THE RICHMOND							
FUND)							32,002.
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2 Totals. Add the amounts in colunegative amounts) Enter each to Schedule D, line 8b (if Box D ab above is checked) or line 10 (if	otal here and incl ove is checked),	ude on your line 9 (if Box E					32,002.

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

Form 8949 (2018)