المستناسية Form 990-T **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) and ending JUN 30, 2019 For calendar year 2018 or other tax year beginning  $\ensuremath{\, JUL}\ 1$  ,  $\ 2018$ ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization ( Check box if name changed and see instructions.) D Employer identification number Check hox if (Employees' trust, see address changed instructions ) COLORADO STATE UNIVERSITY FOUNDATION 23-7098397 B Exempt under section Print F Unrelated business activity code X 501(a )(()) Number, street, and room or suite no. If a P.O. box, see-instructions Type P.O. BOX 1870 408(e) [ 220(e) 408A City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80522 523000 529(a) C Book value of all assets F Group exemption number (See instructions ) at end of year 571,727,939. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here PRIVATE EQUITY INVESTMENTS . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ALLEN PADILLA Telephone number ▶ 970-491-7135 Unrelated Trade or Business Income Part I (A) Income (B) Expenses (C) Net 1a Gross receipts or sales h Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 3757 FE 5 26 ( M/V) 4a Capital gain net income (attach Schedule D) 4a 190 232. 190,232. Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479#) 4b Capital loss deduction for trusts 4c 726,207 726 207. Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 යා 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 916 439 916,439, Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 11,622, Salaries and wages 15 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 9,963. Taxes and licenses 19 19 STATEMENT 3 SEE STATEMENT 1 0. 20 Charitable contributions (See instructions for limitation rules) 20 .21 Depreciation (attach Form 4562) 21 RECEIVED 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22h 91,582. 23 Depletion 23 24 Contributions to deferred compensation plans 24 NOV 2 1 2019 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26 OGDEN, UT Excess readership costs (Schedule J) 27 27 SEE STATEMENT 2 356.877. Other deductions (attach schedule) 28 28 470,044. 29 Total deductions. Add lines 14 through 28 29

32 Unrelated business taxable income. Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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30

31

446.395

446,395.

30

31

Form 990-	(2018) COLORADO STATE UNIVER	RSITY FOUNDATION		23-70	98397			Page
Part I	II Total Unrelated Business	Taxable Income						
33	Total of unrelated business taxable incom-	e computed from all unrelated trades or bus	sinesses (see instruction	ns)	33		446,	395
34	Amounts paid for disallowed fringes				34	,		
35	Deduction for net operating loss arising in	tax years beginning before January 1, 201	8 (see instructions)	STMT 4	35	T -	446,	395
36		e before specific deduction. Subtract line 35						
•••	lines 33 and 34				36	: I		
37	Specific deduction (Generally \$1,000, but	see line 37 instructions for excentions)			37			000
38	• • • • • • • • • • • • • • • • • • • •	otract line 37 from line 36. If line 37 is great	er than line 36		<del>"</del>	<del>                                     </del>		
30	enter the smaller of zero or line 36	mact line 37 from line 30. If line 37 is great	er man inte 50,		38	.		0
Part I		<del></del>	<del></del>	··· ·· · · · · · · · · · · · · · · · ·				
39	Organizations Taxable as Corporations	Multiply line 38 by 21% (0.21)			▶ 39	T		0
40	·	ections for tax computation. Income tax on t	the amount on line 28 fr	rom:			-	
40		ule D (Form 1041)	ine amount on line 30 ii	om.		1		
44		ule D (FOITH 1041)			► 40			
41	Proxy tax See instructions			•	► 41			
42	Alternative minimum tax (trusts only)				42			
43	Tax on Noncompliant Facility Income S				43	Ì		
44	Total Add lines 41, 42, and 43 to line 39	or 40, wnichever applies		·	44			0
Part \			1.5.1		₩;, *	<u> </u>		
45 a	Foreign tax credit (corporations attach For	m 1118; trusts attach Form 1116)	45a			<i>[</i> ,]		
b	Other credits (see instructions)		45b		49.3			
C	General business credit. Attach Form 3800		45c	<del></del>		î. Fa		
d	Credit for prior year minimum tax (attach	Form 8801 or 8827)	45d			£		
е	Total credits. Add lines 45a through 45d				450	<u> </u>		
46	Subtract line 45e from line 44		_		46			0
47	Other taxes Check if from: Form 42	55 Form 8611 Form 8697	Form 8866 [ O	ther (attach schedule	» <u>47</u>			
48	Total tax. Add lines 46 and 47 (see instru	ctions)			48	i		0
49	2018 net 965 tax liability paid from Form 9	965-A or Form 965-B, Part II, column (k), li	ne 2		49			0
50 a	Payments: A 2017 overpayment credited	to 2018	50a			*3		
b	2018 estimated tax payments		50b			à.		
c	Tax deposited with Form 8868		50c					
d	Foreign organizations: Tax paid or withhel	d at source (see instructions)	50d		haj	ž		
е	Backup withholding (see instructions)		50e			\$ <b>1</b>		
f	Credit for small employer health insurance	premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments	Form 2439						
·	Form 4136	Other	Total ▶ 50g		*1	7		
51	Total payments. Add lines 50a through 50				51	com.		
52	Estimated tax penalty (see instructions) C				52			
53	Tax due If line 51 is less than the total of				► 53			
54		total of lines 48, 49, and 52, enter amount	overnaid		► 54			
55	Enter the amount of line 54 you want Cre			Refunded	► 55	1		
Part \		ertain Activities and Other Inf	formation (see in	structions)				
56		, did the organization have an interest in or		thority			Yes	No
		or other) in a foreign country? If "Yes," the	•	•			35.3	(M. )
	•	and Financial Accounts If "Yes," enter the					1.0	
	here	and manda Accounts in 103, onto the	idino or the foreign cod	y			1,1500000	X
57	· -	eceive a distribution from, or was it the gran	ator of ar transferor to	a foreign truct?				х
31			itor or, or transferor to,	a loreign trust.			S 30 888	28egg
	If "Yes," see instructions for other forms the	•					36	X4.
58	<del></del>	eceived or accrued during the tax year   sexamined this return, including accompanying schi		to the best of my know	wlodgo on	d ballof it is tri		,,789
Sign	correct, and complete Declaration of prepare	(other than taxpayer) is based on all information of	which preparer has any knov	vledge	Alada Bi	a beller, it is tru	16,	
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11/15/0 > 000	_			IRS discuss thi		vith
11010	Suggestive of attention	Date CFG	<del></del>	<del></del>		arer shown belo		٦
	Signature of office!	Date Title	T <sub>-</sub>			ons)? X Y	es L	No
	Print/Type preparer's name	Preparer's signature	Date	Check		PTIN		
Paid				self- employe			_	
Prepa	arer CRAIG R. CHOUN	CRAIG R. CHOUN	11/12/19			P00173718		
Use C	Only Firm's name PLANTE & MOF		<del></del>	Firm's EIN	<u> </u>	38-1357	951	
	8181 E TU	FTS AVE, SUITE 600						
	Firm's address DEMVER C	n 80237		Dhone no	303-7	740-9400		

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823711 01-09-19

Schedule A - Cost of Goods Sol	d. Enter	method of inven	tory v	aluation N/A		<del></del>	<u> </u>	
1 Inventory at beginning of year	1		1	Inventory at end of year	ır		6	
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6		
3 Cost of labor	3		1	from line 5. Enter here				
4a Additional section 263A costs		_		line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		310
5 Total Add lines 1 through 4b	5			the organization?				X
Schedule C - Rent Income (From (see instructions)	n Real I	Property and	Per	sonal Property L	.ease	d With Real Prope	rty)	
1 Description of property								
(1)				<del> </del>				
(2)								
(3)								
(4)								
2	Rent receive	ed or accrued						
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	of	of rent for p	ersonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly cocolumns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)			•					
(2)				<u>.</u>				
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns 2(a) ar here and on page 1, Part I, line 6, column (A)		<b>.</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Debt-Fir	nanced	Income (see	ınstru	ctions)				
			2	. Gross income from		<ol> <li>Deductions directly conne to debt-finance</li> </ol>		
Description of debt-financed p	property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								_
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)				%				_
(2)				%				
(3)				%				
(4)				%				_
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>•</b>		0.		Ο.
Total dividends-received deductions included	l ın column	18				<b>&gt;</b>		0.

			Exempt (	Controlled O	ganızatı	ons					
Name of controlled organizate	ıden	imployer trication umber		elated income instructions)		al of specified ments made	ıncludə	ert of column 4 that is uded in the controlling nization's gross income		6. Deductions directly connected with income in column 5	
)			1								
2)							<u> </u>				
3)	<u> </u>										
4)											
onexempt Controlled Organia	zations						_				
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that i ng organiz income	is included zation's		uctions directly connecte ncome in column 10	
1)						· · · · · · · · · · · · · · · · · · ·					
2)											
3)			I								
4)				•							
		<del>-</del>				Add colum Enter here and line 8, c		1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
otals schedule G - Investme	nt Income of a	Section	501/0\/7	(1) (9) or (	17) Ora	anization		0.			
(see instr		Jection	. 501(0)(1	<i>)</i> , ( <i>9)</i> , Or (	. , , 0, 6	juinzalivii					
1. Desc	ription of income			2 Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4 Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)	
1)											
2)											
3)											
(4)											
otals			<b>&gt;</b>	Enter here and o Part I, line 9, co	umn (A)					Enter here and on page Part I, line 9, column (8)	
Schedule I - Exploited   (see instru	-	y Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction rrelated ss income	4. Net incomfrom unrelated business (cominus columiting gain, compute through	trade or lumn 2 n 3) If a n cots 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1									
(2)		1								<u> </u>	
(3)											
								<del></del>			
(4)	Enter here and on		ere and on							Enter here and on page 1, Part II, line 26	
(4)	page 1, Part I, line 10, col (A)		1, Part I, ), col (B)					3.3		1	
otals	page 1, Part I, line 10, col (A)	line 10	), col (B)							0	
otals <b>&gt;</b>	page 1, Part I, line 10, col (A)	line 10	), col (B)								
otals ► Schedule J - Advertisir	page 1, Part I, line 10, col (A) 0	line 10	0 . ns)	solidated	Basis						
otals ► Schedule J - Advertisir	page 1, Part I, line 10, col (A) 0	ine 10	0 . ns)	4 Advert or (loss) (cc col 3) If a gc cols 5 th	ising gain of 2 minus iin, comput	5. Circulat income		6 Reade costs		7. Excess readership costs (column 6 minus	
otals Schedule J - Advertisir Part li Income From I	page 1, Part I, line 10, cot (A)  Ong Income (see Periodicals Re	ine 10	0. ns) n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, comput					7. Excess readership costs (column 6 minus column 5, but not more	
otals Schedule J - Advertisir Part la Income From I  1. Name of periodical	page 1, Part I, line 10, cot (A)  Ong Income (see Periodicals Re	ine 10	0. ns) n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, comput					7. Excess readership costs (column 6 minus column 5, but not more	
otals  Schedule J - Advertisin  Part I Income From I  1. Name of periodical  (1)  (2)	page 1, Part I, line 10, cot (A)  Ong Income (see Periodicals Re	ine 10	0. ns) n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, comput					7. Excess readership costs (column 6 minus column 5, but not more	
otals Schedule J - Advertisir Part la Income From I	page 1, Part I, line 10, cot (A)  Ong Income (see Periodicals Re	ine 10	0. ns) n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, comput					7. Excess readership costs (column 6 minus column 5, but not more	
otals Schedule J - Advertisin Part I Income From I  1. Name of periodical  (1) (2) (3)	page 1, Part I, line 10, cot (A)  Ong Income (see Periodicals Re	ine 10	0. ns) n a Cons	4 Advert or (loss) (ci col 3) If a ge cols 5 th	ising gain of 2 minus iin, comput					7. Excess readership costs (column 6 minus column 5, but not more	

## 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 readershi costs (column 6 minu column 5, but not mo than column 4)	นร
(1)							_	
(2)							_	
(3)								
(4)								
Totals from Part I	•	0.	0.					0.
Table Dart II (lines 4.5)	,	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.					0

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 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	788.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	788.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES TAX PREP FEES		352,777. 4,100.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	356,877.

FORM 990-T	CONTRIBUTIONS SUMMARY	STA	ATEMENT 3
QUALIFIED CONTRIBUTIONS SUR	BJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UP FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	NUSED CONTRIBUTIONS		
FOR TAX YEAR 2016 FOR TAX YEAR 2017	134 225		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONT	TRIBUTIONS	359 788	
TOTAL CONTRIBUTIONS AVAILANT TAXABLE INCOME LIMITATION A	<del></del>	1,147	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		1,147 0 1,147	
ALLOWABLE CONTRIBUTIONS DE	DUCTION		0
TOTAL CONTRIBUTION DEDUCTION	ИС		0

FORM 990-T		OPERATING LOS	S DEDUCTION	STATEMENT 4		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/18	3,253,229.		3,253,229.	3,253,229.		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,253,229.	3,253,229.		

#### SCHEDULE D (Form 1120)

1)

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

Employer identification number

Figure 11   Figure 12   Figure 12   Figure 12   Figure 12   Figure 13   Figure 14   Figu		COLORADO STATE UNIVERSITY F	OUNDATION			23-	7098397
to enter on the lines below.  (A) Cannot become because to complete if you round off cents to whole dollars.  If you choose to easier to complete if you condition to least so the property of	35.5	Part I∭ Short-Term Capital Gai	ins and Losses (See	instructions)			
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 below to easier to complete if you choose to report all these below. The provided on Form(s) 8949 with Box A checked  1 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 A checked  3 Totals for all transactions reported on Form(s) 8949 with Box Box C checked  4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  5 Short-term capital gain or (loss). Combine lines is a through 6 in column h  7 Net short-term capital gain or (loss). Combine lines is a through 6 in column h  8 Totals for all transactions reported on Form 6252, line 26 or 37  14 (a) 1, adjustments to gain (loss). Combine lines is a through 6 in column h  16 (a) 1, adjustments to gain (loss). Combine lines is a through 6 in column h  17 Net short-term capital gain or (loss) which loss was reported on Form 689-B for which basis was reported on Form 689-B for which basis was reported on Form 1098-B for which basis was reported on Form 1098-B for which basis was reported on Form 1098-B for which basis was reported on Form 689-B with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Totals for all transactions reported on Form(s) 8949 with Box E checked  12 Long-term capital gain from installment sales from Form 8824  13 Long-term capital gain gain from installment sales from Form 8824  14 Capital gain from Form 4797, line 7 or 9  15 Long-term capital gain from installment sales from Form 8824  15 Net Long-term capital gain gain (line 7) over net short-term capital loss (line 7)  16 Enter excess of net short-term capital gain (line 7) over net short-term capital loss (line 7)  17 Totals 5,	to e	enter on the lines below.  s form may be easier to complete if you	(d) Proceeds (sales price)	. (e) Cost (or other basis)	or loss from Form(s) 894	9.	column (e) from column (d) and
Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box C 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 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines at through 6 in column h 7 14 , 319.  Part III Long-Term Capital Gains and Losses (See instructions)  See instructions for how to figure the amounts to enter on the lines below on the figure the amounts to enter on the lines below on the figure the amounts to enter on the lines below on the figure the amounts to enter on the lines below on the figure the amounts of certain the lines below on from 1909-8 for without hosses was reported to the liRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form (s) 8949 with Box D checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 11 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Totals for all transactions reported on Form(s) 8949 with Box F checked 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss) Combine lines 8 through 14 in column h 15 Net long-term capital gain or (loss) Combine lines 8 through 14 in column h 15 Net long-term capital gain (line 15) over net short-term capital loss (line 7) 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7) 16 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	1a	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					
2 Totals for all transactions reported on Form(s) 9849 with Box B checked  3 Totals for all transactions reported on Form(s) 9849 with Box C checked  4 Short-term capital gain or (closs) from like-kind exchanges from Form 6252, line 26 or 37  5 Short-term capital gain or (closs) from like-kind exchanges from Form 8244  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (closs). Combine lines is through 6 in column h  7 Net short-term capital gain or (closs). Combine lines is through 6 in column h  7 Net short-term capital gain or (closs). Combine lines is through 6 in column h  8 (d)  9 Partill 1 Long-Term Capital Gains and Losses (See instructions)  See instructions for how to figure the amounts to early or the lines below  1 Long-term Capital Gains and Losses (See instructions)  See instructions for how to figure the amounts to early or the lines below  1 Long-term Capital Gains and Losses (See instructions)  See instructions for how to figure the amounts to early or the lines below  2 Long-term are to complete if you clease price on Form 1099-6 for which basis was reported to the IRS and for which you have roughly shorter,	1b	•					
Form(s) 8949 with Box C checked 14,319.  4 Short-term capital gain from installment sales from Form 8252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines to through 6 in column h  7 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Capital Gains and Losses (See instructions)  8 Part III   Long-Term Unable of Gains and Losses (See instructions)  8 Part III   Gain or (loss) Subtract (column (a) from column (b) and column (b) a	2	Totals for all transactions reported on					
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See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.  8a Totals for all long-term transactions reported on Form 199-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  10 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 E checked  11 Totals for all transactions reported on Form(s) 8949 with Box E checked  12 Long-term capital gain from Form 4797, line 7 or 9  13 Long-term capital gain from installment sales from Form 8824  4 Capital gain of (loss) Combine lines 8a through 14 in column h  15 Net capital gain form Forts Box I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital gain. Enter excess of net short-term capita	6	Unused capital loss carryover (attach computa	ation)			6	()
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JWA

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

Schedule D (Form 1120) 2018

### 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

2018
Attachment 13A

Name(s) shown on return

Social security number or

						taxpayer id	dentification no.
COLORADO STATE UNIVE	RSITY FOUNDAT	'ION				23-70	098397
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	ation as Form 109	you received any 99-B Either will	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	nent(s) from yer r cost) was re	our broker A su eported to the IF	bstitute IS by your
Part I Short-Term. Transact transactions, see page 2 Note: You may aggregate a	tions involving capit Il short-term transac	tions reported on l	Form(s) 1099-B show	ing basis was reporte	d to the IRS ar	nd for which no ad	ljustments or
codes are required Enter the You must check Box A, B, or C below.							
If you have more short-term transactions than wi	Il fit on this page for on	e or more of the boxes	s, complete as many forn	ransactions, comp ns with the same box che	cked as you need	orm 8949, page 1, tor I	еасл арріісаріе рох
(A) Short-term transactions re	ported on Form(s	s) 1099-B showin	g basis was repor	ted to the IRS (see	Note above	e)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	g basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В	,	·		
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	in column (g) column (f) S	if any, to gain or enter an amount ), enter a code in ee instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
PROM PARTNERSHIP K-1			14,319.				14,319.
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2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 1b (if Box A abo	tal here and inclu	ide on your					
above is checked), or line 3 (if B	· ·		14,319.				14,319.

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)

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

Social security number or taxpayer identification no.

#### COLORADO STATE UNIVERSITY FOUNDATION

23-7098397

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
Dort III Long Torm -

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 general

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-E	<u> </u>				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Column (1). Occ manuchons.		(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM PARTNERSHIP K-1				117,865.			<117,865.>
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	<del> </del>	<del></del>		-			
					<del></del>		
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2 Totals. Add the amounts in colur	nns (d) (e) (n) a	nd (h) (subtract		<del>                                     </del>			
negative amounts) Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ide on your					
above is checked), or line 10 (if E				117,865.			<117,865.>

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

823012 11-28-18

#### 23-7098397

# COLORADO STATE UNIVERSITY FOUNDATION FEDERAL NET OPERATING LOSS CARRYOVER FORM 990-T

YEAR	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
6/30/2008	5,211	5,211	-
6/30/2009	186,887	186,887	-
6/30/2010	402,840	254,297	148,543
6/30/2011	414,539	-	414,539
6/30/2012	192,766	-	192,766
6/30/2013	385,027	-	385,027
6/30/2014	198,537	-	198,537
6/30/2015	211,882		211,882
6/30/2016	463,942	-	463,942
6/30/2017	198,976	-	198,976
6/30/2018	592,622	-	592,622
6/30/2019	-		-
	3,253,229	446,395	2,806,834

#### 23-7098397

# COLORADO STATE UNIVERSITY FOUNDATION FEDERAL PERCENTAGE DEPLETION CARRYOVER FORM 990-T

YEAR	CARRYOVER GENERATED	AMOUNT UTILIZED	TOTAL CARRYOVER
6/30/2015	15,364	1	15,364
6/30/2016	180		180
6/30/2017	62,513		62,513
· 6/30/2018	19,036		19,036
6/30/2019	7,251		7,251
	104,344	· <u>-</u>	104,344