[-	•		EXTENDED TO							
For	տ 990- T	8	Exempt Organization B			ax Returr	17//-	OMB No 1545-0687		
	•		(and proxy tax u			H	\sqrt{Y}	0047		
	*	For ca	llendar year 2017 or other tax year beginning JUL 1,		JUN and ending		<u>. </u>	ZU 17		
	artment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for SNN numbers on this form as it may be made public if your organization is a 501/c)/3							
A	Check box if		DO not enter SSN numbers on this form as it may be made public if your organization is a SU1(C)(3). S01(x3) Organizations Only							
^ '	address changed		Name of organization (Check box if name	iie changeu	and see manuchons.)			oyees' trust, see ctions)		
	Exempt under section	Print.	CLARK COLLEGE DISTRICT 14 FOUN	DATION			2	23-7315006		
X	_ V	or	Number, street, and room or suite no. If a P.O.		structions.	.		ted business activity codes		
Ē	408(e) 220(e)	Type	1933 FORT VANCOUVER WAY, NO. C				(See In	structions)		
Ē	408A 530(a)		City or town, state or province, country, and Z	P or foreign	n postal code		1			
\perp	529(a)		VANCOUVER, WA 98663		·		90009	9		
C B	ook value of all assets t end of year		F Group exemption number (See instructions.		<u> </u>					
	103,168,		G Check organization type ► X 501(c)		501(c) trust	401(a) trust	Other trust		
			ary unrelated business activity. 🕨 INVESTME							
			poration a subsidiary in an affiliated group or a p	arent-subsi	diary controlled group?	>	Yes	s X No		
			triging number of the parent corporation		T.I. I			2 2201		
			LISA GIBERT, PRESIDENT/CEO de or Business Income	- 1			60-992			
			de of business income	1	(A) Income	(B) Expense	s	(C) Net		
	Gross receipts or sale Less returns and allov		c Balance							
2	Cost of goods sold (S			1c 2		-				
	Gross profit. Subtract			$\frac{2}{3}$				······································		
6 23	Capital gain net incom			\ 4a	368,563,			368,563.		
\approx	, •	•	Part II, line 17) (attach Form 4797)	4b	,					
_	Capital loss deduction			4c			1			
7 5	Income (loss) from pa	artnersh	ips and S corporations (attach statement)	5	30,752.			30,752.		
S 6 7	Rent income (Schedu	le C)		6						
	Unrelated debt-financ	ed incor	ne (Schedule E)	7						
8	Interest, annuities, roy	yaltıes, a	and rents from controlled organizations (Sch. F)	8						
9	Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule	G) 9						
3 10	Exploited exempt activ	•	'	10						
8 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12	Advertising income (S		-	11			-			
~	Other income (See ins		· · · · · · · · · · · · · · · · · · ·	12	399,315.			399,315.		
13 Pa	Total. Combine lines	ns No	ot Taken Elsewhere (See instruction	13 s for limita						
	(Except for d	contribu	utions, deductions must be directly connec	ted_with-th	ne-unrelated-business	income)				
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14			
15	Salaries and wages		rectors and trustees (Schedule K)				15			
16	Repairs and mainten	ance	MAY 2 2 2019				16			
17	Bad debts 🔍						17			
18	Interest (attach sche	dule)					18			
19	Taxes and licenses		OGDEN UI				19	21,785.		
20		•	e instructions for limitation rules) STATEMEN	T 3	SEE STATEMEN	TT 1	20	34,283.		
21	Depreciation (attach		•		21		<u> </u>			
22		umed or	n Schedule A and elsewhere on return		22a		22b			
23	Depletion		managaran plans				23			
24 25	Contributions to defe		mpensauon pians				24			
25 26	Employee benefit pro Excess exempt exper	-	rhedule I)				25			
26 27	Excess readership co	•	•				27			
28	Other deductions (at	•	•		SEE STATEMEN	T 2	28	9,900.		
29	Total deductions. At		•				29	65,968.		
30			ncome before net operating loss deduction. Subt	ract line 29	from line 13		30	333,347.		
31			(limited to the amount on line 30)		SEE STATEMEN	T 4	31	23,803.		
32			ncome before specific deduction. Subtract line 3	1 from line	30		32	309,544.		
33	Specific deduction (6	Generally	\$1,000, but see line 33 instructions for exception	ons)		d	33	1,000.		
34	Unrelated business t	taxable	income. Subtract line 33 from line 32. If line 33	l is greater t	han line 32, enter the sm	aller of zero	$\mid \cdot \mid$			
_	line 32	-					<u>+34</u>	308,544.		
~~~	Ta	- D	work Daduation Act Notice .cog instructions				j	Form QQA-T (2017)		

Part I	II Tax Computation					<del></del>
35	Organizations Taxable as Corporations. See instr	uctions for tax computation.	<u> </u>			
	Controlled group members (sections 1561 and 156	·	ns and		<u> </u> *	
9	Enter your share of the \$50,000, \$25,000, and \$9,9					
•	(1) \$ (2) \\$	(3)  \$			1 1	
					<u> </u>	
D	Enter organization's share of: (1) Additional 5% tax	1				
	(2) Additional 3% tax (not more than \$100,000)	<u>[\$</u>		_		04 240
	Income tax on the amount on line 34				35c	84,348.
36	Trusts Taxable at Trust Rates. See instructions fo	•	ount on line 34 from:	_		
	Tax rate schedule or Schedule D (Fo	rm 1041)			36	
37	Proxy tax. See instructions			•	87.	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See Instru			3 4 1	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, wh	nichever applies	—	49	40	84,348.
Part I	/ Tax and Payments		<del></del>	_	· · · · · · · · · · · · · · · · · · ·	
41a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a	_	_	
b	Other credits (see instructions)	·	C 41b		<b>.</b>	
C	General business credit. Attach Form 3800	L	5° 41c	237	<u>.</u> ] 。	
d	Credit for prior year minimum tax (attach Form 880	01 or 8827)	41d			
е	Total credits. Add lines 41a through 41d			45	41e	237.
42	Subtract line 41e from line 40			100	42	84,111.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 For	m 8866 Other	(attach schedule)	43	
44	Total tax. Add lines 42 and 43		R	u ч	9 44	84,194.
45 a	Payments: A 2016 overpayment credited to 2017	<b>ነ</b>	45a	40,160	٠,	<u> </u>
b	2017 estimated tax payments	,	45b	<u></u>	7,	
	Tax deposited with Form 8868		(nC 45c	90,000	.1	
	Foreign organizations; Tax paid or withheld at source	ce (see instructions)	45d		7	
	Backup withholding (see instructions)	· · · · · · · · · · · · · · · · · · ·	45e	-	7	
	Credit for small employer health insurance premium	ns (Attach Form 8941)	45f		7	
		orm 2439	1		1	
y	_ '' =	ther Total	▶ 45g			
46	Total payments. Add lines 45a through 45g		1	5	( 46	130,160.
47	Estimated tax penalty (see instructions). Check if Fo	orm 2220 is attached	ì	,	47	
48	Tax due. If line 46 is less than the total of lines 44			_	48	
<b>∠</b>	Overpayment. If line 46 is larger than the total of lines 44.	•			49	45,966.
(V)~~\	Enter the amount of line 49 you want. Credited to 2		45 966 Be	funded 🗱	50	0.
Part V	Statements Regarding Certain		/ 110		1 100	
<u> </u>	At any time during the 2017 calendar year, did the	· · · · · · · · · · · · · · · · ·				Yes No
51	over a financial account (bank, securities, or other)			=		162 140
	FinCEN Form 114, Report of Foreign Bank and Fina					
		inclai Accounts. If TES, enter the hame o	i the loreigh country			x
	here	finite button from an use at the greater of	or transferor to a fa	rouge truet?	<del></del>	$-\frac{x}{x}$
52	During the tax year, did the organization receive a d		, or transferor to, a for	eign trust?		
	If YES, see instructions for other forms the organiz					
53	Under penalties of perjury, I declare that I have examined		and statements and to the	host of my knowle	adae and ballof it is	truo
Sign	correct, and complete Declaration of preparer (other than	n taxpayer) is based on all information of which p	reparer has any knowledge	Best of my known		
Here	000	5/15/19 \		<b>r</b>	May the IRS discuss	this return with
11010	Signature of officer	Date CHIEF I	FINANCIAL OFFIC		he preparer shown	. —
		<del></del>	1-		nstructions)? X	Yes No
	Print/Type preparer's name	Preparer's signature	Date		If PTIN	
Paid	l	L	05/14/10	self- employed	ſ	
Prepa		WENDY CAMPOS	05/14/19	1	P004481	
Use C	nly Firm's name MOSS ADAMS LLP			Firm's EIN	91-01	89318
	805 SW BROADWAY					_
	Firm's address PORTLAND, OR 97	/205		Phone no.	503-242-144	7 . <b>990-T</b> (2017
					F	

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A		- <u>-, </u>	<u> </u>
1 Inventory at beginning of year	1	<del></del> -	6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6	
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,	
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to	· 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?		· ·	X
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Personal Property	Lease	d With Real Prope	rty)
1 Description of property		•				
(1)						
(2)						
(3)						
(4)						
		ed or accrued			2/a) Dadustions dispative	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	s than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
_(3)						
(4)			. "			
Total	0.	Total		٥.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		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	e instructions)		· · · · · · · · · · · · · · · · · · ·	<del></del>
			2. Gross income from		3 Deductions directly conne to debt-financed	cted with or allocable d property
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				ļ		
(2)			1	<b>—</b>		
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to iced property 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 columns 3(a) and 3(b))
(1)			%	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 (8)
Totals			•		0.	0.
Total dividends-received deductions in	icluded in column	8	•		<b></b>	0.
				-	·····	Form <b>990-T</b> (2017)

ıdentri	nployer 3. Net u	Controlled Or	4. To	tal of specified	include		rolling	6. Deductions directly connected with income in column 5
ations  8. Net unrelated incor	fication (foss) (s				include	d in the cont	rolling	connected with income
8. Net unrelated incor						ments made included in the control organization's gross in		
8. Net unrelated incor					†		-	
8. Net unrelated incor					·			
8. Net unrelated incor								
8. Net unrelated incor								
8. Net unrelated incor					<u></u>			
	na (loss) Q Tota	al of specified paym	ants	10. Part of colur	nn Q that	is included	11 Dec	ductions directly connected
•		made	ionts	in the controlli	ng organi income	zation's	with	income in column 10
~	, <u> </u>			Enter here and	on page	1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
				, ,	•			•
t Innomo of a f	Continu FO1/a\/	7) (0) (4	<b>→</b>			U.		C
	эесиоп э01(C)(	7), ( <del>3</del> ), or (1	ii) Org	yamzation				
Cliona)		1		2 Doduction				5. Total deductions
tion of income		2. Amount of i	ncome	directly conner	cted			and set-asides
	<u> </u>	1		(attach sched	uie)			(col 3 plus col 4)
	<u> </u>	1						+
		+						+
		-		-				+
	<del></del>	Enter here and o	n oage 1					Enter here and on page
		Part I, line 9, col	umn (A)					Part I, line 9, column (B)
xempt Activity	Income. Other	Than Adv		a Income				] 0
tions)	, , , , , , , , , , , , , , , , , , , ,			· • · · · · · · · · · · · · · · · · · ·				
		4 Net income	a (loss)	-				Τ_
2. Gross	3. Expenses directly connected	from unrelated	trade or			6. Exp	enses	7. Excess exempt expenses (column
income from	with production	- minus column	3) If a -	— is not unrelate	ed			- 6 minus column 5, but not more than
trade or business	business income			business incor	me	COID	3	column 4)
		+ -			-			<del>                                     </del>
		†				<del></del>		<del></del>
		<del> </del>			-+			<del>                                     </del>
		<del> </del> -			-			1
Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26
0.		,						0
eriodicals Rep	orted on a Con	solidated I	3asis					
2. Gross advertising income	3. Direct advertising costs	or (loss) (co col 3) If a gar	l 2 minus n, comput		on			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
					$\neg \uparrow$			
							$\neg \neg$	
							$\neg \neg$	
					$\rightarrow$			<del>-</del>
	Enter here and on page 1, Part I, line 10, col (A)  Income (see I)  2. Gross  Unrelated business  Frieder business  Enter here and on page 1, Part I, line 10, col (A)  0.  Income (see I)  2. Gross advertising	Enter here and on page 1, Part 1, line 10, col (A)  Jincome (see instructions)  2. Gross urrelated business  Enter here and on page 1, Part 1, line 10, col (A)  Jincome (see instructions)  2. Gross drecity connected with production of unrelated business income  Enter here and on page 1, Part 1, line 10, col (B)  0. 0. Jincome (see instructions)  2. Gross advertising income  3. Direct advertising costs	Enter here and on page 1, Part 1, line 10, col (A)  Enter here and on page 1, Part 1, line 10, col (A)  Income (see instructions)  2. Gross drecity connected with production of unrelated business (col inimus column gain, compute through  Enter here and on page 1, Part 1, line 10, col (B)  2. Gross advertising income  2. Gross advertising costs  3. Expenses drecity connected business (col inimus column gain, compute through	Enter here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (B)  O.  Income (see instructions)  2. Gross drectly connected with production of unrelated business income  Enter here and on page 1, Part I, line 10, col (B)  O.  Income (see instructions)  Priodicals Reported on a Consolidated Basis  2. Gross advertising income  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7	Enter here and on page 1, Part 1, line 10, col (A)  Enter here and on page 1, Part 1, line 10, col (B)  Income (see instructions)  Enter here and on page 1, Part 1, line 10, col (B)  2. Gross 2. Gross 3. Expenses drecity connected with production of unrelated business income  4. Net income (loss) from unrelated trade or business (column 2)  4. Net income (loss) from unrelated trade or business (column 2)  5. Gross income from activity in activity	Enter here and on page line 8, column (A)  It Income of a Section 501(c)(7), (9), or (17) Organization citions)  It Income of a Section 501(c)(7), (9), or (17) Organization  It Income of a Section 501(c)(7), (9), or (17) Organization  It Income of income or income organization  Enter here and on page 1, Part 1, line 10, col (A)  Enter here and on page 1, Part 1, line 10, col (A)  Income organization  Inco	tion of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach schedule)  Enter here and on page 1, Part I, Inne 10, col (A)  Enter here and on page 1, Part I, Inne 10, col (B)  Enter here and on page 1, Part I, Inne 10, col (C)  Enter here and on page 1, Part I, Inne 10, col (B)  O.  Enter here and on page 1, Part I, Inne 10, col (B)  O.  Income (see instructions)  Priodicals Reported on a Consolidated Basis  4. Advertising gain or (foss) (col 2 minus col 3) if a gain, compute cols 5 through 7  4. Net income  4. Net income (loss) from unrelated rade or business (column 2 attached and business income from activity that a ten of unrelated a business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated business income from activity that a ten of unrelated and business income from activity that a ten of unrelated a pusiness (column 2) from activity that a ten of unrelated and the pusiness (column 2) from activity that a ten of unrelated and the pusiness (column 2) from activity that a ten of unrelated and the pusiness (column 3) from activity that a ten of unrelated and the pusiness (column 3) from unrelated trade or business (column 2) from activity that a ten of unrelated and the pusiness (column 3) from unrelated trade or business (column 3) from u	Enter here and on page 1, Part I, line 6, column (A)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions)  Lincome of a Section 501(c)(7), (9), or (17) Organization ctions and ctions ctions ctions and ctions ctions ctions ctions and ctions ctions ctions ctions and ctions ctions ctions and ctions ctions ctions ctions and ctions ctions ctions and ctions ctions ctions ctions ctions ctions ctions ctions ctions and ctions ct

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	•	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					s.		
(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 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.				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		<b>&gt;</b>	0.

Form 990-T (2017)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH CONTRIBUTIONS	N/A	208
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	208
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		9,900
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	9,900

FORM 990-T	CO	NTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CO	NTRIBUTIONS SUBJ	ECT TO 100% LIMIT		
CARRYOVER OF FOR TAX YE FOR TAX YE FOR TAX YE FOR TAX YE	AR 2012 AR 2013 AR 2014 AR 2015	510,802 2,230,200 887,348		,
TOTAL CARRYO			3,628,350	
	BUTIONS AVAILABL ME LIMITATION AS	—	3,628,558 34,283	
EXCESS 100%	ONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS		3,594,275 0 3,594,275	_
ALLOWABLE CO	NTRIBUTIONS DEDU	CTION -	···	 34,283
TOTAL CONTRI	BUTION DEDUCTION			34,283

FORM 990-T	NET	OPERATIN	G LOSS	DEDUCTI	ON	STAT	EMENT 4
LOS PREVIO FAX YEAR LOSS SUSTAINED APPL		USLY LOSS			AVAILABLE THIS YEAR		
06/30/12 06/30/17	51,064. 22,933.	`	50,194.		870. 22,933.		870. 22,933.
NOL CARRYOV	ER AVAILABLE THIS	YEAR			23,803.		23,803.
FORM 990-T	INCO	ME (LOSS)	FROM P	ARTNERS	HIPS	STAT	EMENT 5
PARTNERSHIP	NAME		GROSS	INCOME	DEDUCTIONS		INCOME (LOSS)
BPEA IV LP			e.	1,082.	4,339.	·	-3,257
BPEA III LP				12,607.	2,217.		10,390
BPEA LIFE S	CIENCES FUND I LP			479.	141.		338
BPEA SMALL	BUYOUT AND GROWTH	FUND I					
LР				20,614.	62.		20,552
	ATE EQUITY ADVISOR	RS FUND					
II LP				-516.	286.		-802
	AMICS GLOBAL SECO	NDARIES					
III	av annov atmina i			1,760.	472.		1,288
	EN GREEN CITIES I			-2,827. -135.	0. 0.		-2,827 -135
	PITAL PARTNERS II. N REAL ESTATE PAR'			-135.	u.		-133
METROPOLITAI IV-A LP	M KEAU ESTATE PAR	THEKS		-2,905.	-4.		-2,909
	INSTITUTIONAL FUN	D I'b		2,505.	3.		2,303
VII		~		-167.	0.		-167
	M STREET LLC			12,194.	0.		12,194
SPUR VENTUR				-3.	0.		-3
SPUR VENTUR	ES-III LP						
VENTURE INV	ESTMENT ASSOCIATE ESTMENT ASSOCIATE			783.	1,918.		-1,135
LР				-2,218.	432.		-2,650
TABOR III L	rc			-124.	0.		-124
TOTAL TO FOR	RM 990-T, PAGE 1,	LINE 5		40,623.	9,871.	-	30,752

FORM 990-T OTHER TAXES		STATEMENT 6
DESCRIPTION	~	AMOUNT
TOTAL OF LINES 42 + 43 SECTION 965 TAX	,	84,111.
TOTAL TAX ON FORM 990-T, PAGE 2, PART IV, LINE 44		84,194.

FORM	990-T LINE 35C TAX COMPUTA	TION		STATEMENT 7
1.	TAXABLE INCOME		308,544	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	r	50,000	
3.	LINE 1 LESS LINE 2		258,544	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	1T	25,000	
5.	LINE 3 LESS LINE 4		233,544	
6.	INCOME SUBJECT TO 34% TAX RATE		233,544	
7.	INCOME SUBJECT TO 35% TAX RATE		0	· .
8.	15 PERCENT OF LINE 2		7,500	
9.	25 PERCENT OF LINE 4		6,250	
10.	34 PERCENT OF LINE 6		79,405	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		10,427	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX		, 	103,582
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17 _	64,794	
		DAYS		
	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	52,217 32,131	
18.	TOTAL TAX PRORATED	365		84,348

## 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.

Name

Employer identification number

CLARK COLLEGE DISTRICT 14 F	23-	23-7315006			
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8946 Part I, line 2, column (g)	9, I	(h) Gain or (loss) Subtract column (e) from column (d) and 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					
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	-10.				-10.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7 نړ	/ [	4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824		_	5	
6 Unused capital loss carryover (attach computa	ition)		•	6	(
7 Net short-term capital gain or (loss). Combine				.7	-10,
Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held Moré Thai	n One Year		
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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8948 Part II, line 2, column (g)	}. I	(h) 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	ļ	/			
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	669.				669.
11 Enter gain from Form 4797, line 7 or 9				11	367,904.
·	from Form 6252 Jpp 26 or 27	,	-		307,301.
<ul><li>12 Long-term capital gain from installment sales</li><li>13 Long-term capital gain or (loss) from like-kind</li></ul>	- //		t	12	
,	excitatiges fruity rutti 0024		<u> </u>	13	
14 Capital gain distributions	Junes On the selection	L	}	14	369 573
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		1		15	368,573.
16 Enter excess of net short-term capital gain (lin		Lloss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			_{: 7)} ·	17	368,563.
18 Add lines 16 and 17. Enter here and on Form					·····
has qualified timber gain, also complete Part i	v <i>[ .</i>			18	368,563.
HOLE II IUSSES EXCEEN BAIIIS, SEE CAPITALIOSSE	a in the manuchons.				

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

Schedule D (Form 1120) 2017

Part IV. Alternative Tax for Corporations with Qualified Tim	oer Gain. Complete Pa	art IV only if the corporation has	- Tago z
qualified timber gain under section 1201(b). Skip this part if you are filing Fo			
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		!
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	1 [		
of your tax return	20	<u> </u>	
21 Enter the smallest of (a) the amount on line 19, (b) the amount on line 20, or			
(c) the amount on Part III, line 17	21		•
22 Multiply line 21 by 23.8% (0.238)		22	`
•			- * -
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		1
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appro	priate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		,
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	,	
27 Multiply line 26 by 35% (0 35)	•	27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appro	priate for the	-	
return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, I	ine 2, or the		
applicable line of your tax return		30	
, ·		Schedule D (Form	1120) 2017

## 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

2017 Attachment 12A

Name(s) shown on return

(C) Short-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification no.

CLARK COLLEGE DISTRICT 14 FOUNDATION

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 hox to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. 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

Adjustment, if any, to gain or loss If you enter an amount (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis See the (Example 100 sh. XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (f) see *Column (e*) in combine the result Amount of Code(s) the instructions with column (g) adjustment BPEA IV LP VARIOUS 06/30/18 <10.> <10.> 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 <10.> above is checked), or line 3 (if Box C above is checked)

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

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Form 8949 (2017)					nent Seque	nce No 12A	Page 2	
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.	
CLARK COLLEGE DISTRICT 14 FOUNDATION						23-7	23-7315006	
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ation as Form 10:	you received any 99-B Either will:	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker A su reported to the If	bstitute RS by your	
Part II Long-Term. Transac Note You may aggregate a codes are required Enter th	tions involving ca Il long term transact	tions reported on F	orm(s) 1099-B show	ng basis was reporte	d to the IRS a	and for which no ad	justments or	
You must check Box D, E, or F below.				<u> </u>			<del></del>	
If you have more long-term transactions than will  (D) Long-term transactions re  (E) Long-term transactions re	I fit on this page for one ported on Form(s	or more of the boxes 1) 1099-B showin	, complete as many form g basis was report	s with the same box cher ted to the IRS (see	cked as you ne	ed	васи аррисанів пох	
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3					
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	loss. If you column (f).	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result	
				the instructions	Code(s)	Amount of adjustment	with column (g)	
BPEA III LP	VARIOUS	06/30/18	470.				470.	
CAPITAL DYNAMICS GLOBAL								
SECONDARIES III	VARIOUS	06/30/18	198.	ļ <u></u>			198.	
VENTURE INVESTMENT								
ASSOCIATES VI LP	VARIOUS	06/30/18	1.				1.	
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2 Totals. Add the amounts in colu								
negative amounts) Enter each t Schedule D, line 8b (if Box D at		•						

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

Form 8949 (2017)

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