Other deductions (attach schedule) Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31

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

29

Form **990-T** (2018)

169.

247,378.

247,378.

Form 990-T	<u>`~</u>	CALVIN COLLEGE	38-30	7151	4		Page 2
Part J	<b>/</b>	otal Unrelated Business Taxable Income					
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	i	L	333	247,	378.
34	Amou	nts paid for disallowed fringes			34		
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		L	35		
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			1		
	lines 3	33 and 34	A	L	36		378.
37	Specif	ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	·  _	37	1,	000.
38, ,		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		.	į l		
	<del>`                                     </del>	the smaller of zero or line 36		11	3'8	246,	378.
Part I		ax Computation	,		<del>,L.,</del>		
39		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶  -	39	51,	739.
40	$\overline{}$	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	n	-	<u> </u>		
	_	Tax rate schedule or Schedule D (Form 1041)	•		40		
41	•	tax. See instructions	•	▶  -	41		
42	Altern	ative minimum tax (trusts only)		$\vdash$	42		
11	1	n Noncompliant Facility Income. See instructions	_	_	43		
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	ļ.		44	51,	739.
Part A		ax and Payments			· · · · · · · · · · · · · · · · · · ·		
		n tax credit (corporations attach Form 1118, trusts attach Form 1116)		-			
		credits (see instructions)		_			
C .		al business credit. Attach Form 3800		-			
		for prior year minimum tax (attach Form 8801 or 8827)			<del>L</del> -		
		credits. Add lines 45a through 45d			45e	5.1	739.
46		act line 45e from line 44			46 47	31,	733.
47			er (attach schedule		48	51	739.
48		tax. Add lines 46 and 47 (see instructions)		. –	49	<u> </u>	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	50,00	_	1		<del>.</del>
		ents: A 2017 overpayment credited to 2018	30,00		`		
				-			
				-			
	-	n organizations: Tax paid or withheld at source (see instructions)  50d  50d  50e		-	]		
		· · · · · · · · · · · · · · · · · · ·		$\dashv$			
		for small employer health insurance premiums (attach Form 8941)		$\dashv$			
g	$\overline{}$	credits, adjustments, and payments. Form 2439 Total Form 4136					
<b>6</b> 4					<u>5</u> 1	50	000.
51 50		payments. Add lines 50a through 50g in the state of tax penalty (see instructions). Check if Form 2220 is attached     It is a state of tax penalty (see instructions). Check if Form 2220 is attached   It is a state of tax penalty (see instructions).			52	<del></del> ,	
52 53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	a	_	53	1	739.
54		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	-13		54		
	•		Refunded	_	55		
Part \		Statements Regarding Certain Activities and Other Information (see inst			00	-	
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other author				Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to					
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign counti					
		GHANA	,			x	
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreion trust?				х
٠.		;" see instructions for other forms the organization may have to file.					
58		the amount of tax-exempt interest received or accrued during the tax year >\$					
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my know	wledge	and belief, it is tru	э,	
Sign	cor	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle VP-ADMINISTRATION A	ND	May	the IRS discuss this	soturn u	uth
Here		5-12-2020 FINANCE		-	reparer shown belo		,,,,,
		Signature of officer Date Title		ınstr	uctions)? X Y	es	No
		Print/Type preparer's name Preparer's signature Date	Check	ıf	PTIN		
Paid			self- employe	ed			
Prepa	rer	DORI J. EGGETT DORI J. EGGETT 05/11/20	<u> </u>		P00645252		
Use C		Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN	<u> </u>	38-1357	951	
	-	750 TRADE CENTRE WAY, STE. 300					
		Firm's address PORTAGE, MI 49002	Phone no.	(26	9) 567-450	0	

Form **990-T** (2018)

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation N/A				
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	7		6	. 0.
2 Purchases	2		7	Cost of goods sold. Su	btract I	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	<u>,</u>	
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Pers	onal Property L	ease	d With Real Prope	erty)	
· · · · · · · · · · · · · · · · · · ·								· · · · · ·
1. Description of property								
(1) (2)								
(3)								
(4)								
		ed or accrued				O(a) Dad salara darak		And with the second
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	rsonal p	nal property (if the percentag property exceeds 50% or if d on profit or income)	j <del>0</del>	3(a) Deductions directly columns 2(a) an	d 2(b) (	attach schedule)
(1)								
(2)								
(3)								
(4)			<del></del>	·				
Total	0.	Total			0.			
(c) Total income. Add totals of columns 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 Deb	t-Financed	Income (see II	nstruc	ctions)				
			2.	Gross income from		<ol> <li>Deductions directly conn to debt-finance</li> </ol>	ected v	with or allocable perty
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)							1	
(3)								
(4)							1	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	1	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%			<u> </u>	
(3)				%			$oldsymbol{ol}}}}}}}}}}}}}}}}}$	
(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 .	<u>.</u>	0.
Total dividends-received deductions In	cluded in column	18				<b>•</b>		0,
				•				Form 990-T (2018)

Schodule E Interest A	DDEGE	n Devel	tion ==	d Dont-	Erom Car	ntrollo	d Orani	dia-	38-307		Page 4
Schedule F - Interest, A	muitie	s, Royali	ues, an	1				LION	see ins	struction	ns)
1. Name of controlled organization		2. Em Identifi num	cation	3. Net unr	Controlled Or elated income instructions)	4. Tot	ons all of specified nents made	5. Part of column 4 that included in the controllir organization's gross inco		rolling	6. Deductions directly connected with income in column 5
				-							
(1)							····				
(2)											
(3)							<del></del>		<del> </del>		
(4)											
Nonexempt Controlled Organiz				1		1				1	
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payn made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgai income	nization's	11. De	eductions directly connected h income in column 10
(1)							_			ĺ	
(2)											
(3)				İ							
(4)											
				<del> </del>			Add colum Enter here and line 8, c		o 1, Part I, A)	I	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					1) (6)	<u> </u>			0.	]	0.
Schedule G - Investmen		ne of a S	section	501(c)(7	'), (9), or ( <sup>-</sup>	17) Org	janization				
(see instr	iption of inco	me		····	2. Amount of	ıncome	3. Deduction	cted	4. Set-	asides	5. Total deductions and set-asides
(1)							(attach sched	uie)	<del>  `</del>	<u>.</u>	(coi 3 plus col 4)
(1)										<del></del>	-
(2)					<del> </del>		<del></del>		<del> </del>		
					<u> </u>				-		
(4)					Enter here and o Part I, line 9, col		å,		L		Enter here and on page 1, Part I, line 9, column (B)
Tetale						0.	<b>r</b> 1				0.
Schedule I - Exploited I	-	Activity	Income	e, Other	Than Adv						<u> </u>
·			•		4. Net incom	e (loss)					7 -
1. Description of exploited activity	2. G unrelated incom- trade or l	e from	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)			··-·								·*
(3)											
(4)											
	Enter her page 1 line 10,	, Part I, col (A)	page 1	re and on I, Part I, col (B)		,			- ,	٠,	Enter here and on page 1, Part II, line 26
Totals	- l	0.		0,	J			. ,	<u>'</u>		0.
Schedule J - Advertisin					المحادثات	Daaia					
Part I Income From F	eriodic	ais Repo	ortea oi	n a Cons	solidated	Basis	<u> </u>				<b>1</b>
1. Name of periodical		2. Gross advertising income		3. Direct extising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput irough 7			6. Read cos		7. Excess readorship costs (column 6 minus column 5, but not more than column 4)
(1)						/_					
(2)						•					
(3)					_],.	•					
(4)											-
Totals (carry to Part II, line (5))			0.	0	).						0.
(					<u> </u>				<u> </u>		

Form **990-T** (2018)

# Form 990-T (2018) CALVIN COLLEGE 38-3071514 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)						
(4)						
Totals from Part 1	0.	0.		* * * * * * * * * * * * * * * * * * * *	سي ځور په په	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.	1		4	0.

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

1, Name	<b>2</b> . 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	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
INVESTMENT INCOME		215,991.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12	215,991.

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

		_
		4545 0007
	OMB No	1545-0687
_		

ENTITY

For calendar year 2018 or other tax year beginning  $\begin{tabular}{c} $JUL$ 1, 2018 \end{tabular}$ 

\_ , and ending <u>JUN</u> 30 , 2019

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Name of the organization  CALVIN COLLEGE	,	Employer identification	n number	
Unrelated business activity code (see instructions) 61160	0			
Describe the unrelated trade or business CONFERENCE	CENTER			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 1,709,514.			1 , ,	
b Less returns and allowances c Balance	<b>▶</b> 1c	1,709,514.	`	i i
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	1,709,514.		1,709,514.
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach			7	
statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)				
organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			<del>- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-</del>
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	1,709,514.		1,709,514.
Part II Deductions Not Taken Elsewhere (See Instrudeductions must be directly connected with the				r contributions,
14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wanes			15	

14	Compensation of officers, directors, and trustees (Schedule K)			14	<del>.</del>
15	Salaries and wages			15	
16	Repairs and maintenance			16	107,724.
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	0.
21	Depreciation (attach Form 4562)	21	161,216.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	161,216.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	E STA	TEMENT 2	28	1,474,303.
29	Total deductions. Add lines 14 through 28			29	1,743,243.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	29 fro	om line 13	30	-33,729.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2	2018 (	see	:	
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-33,729.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

_	_	_	_	

CALVIN COLLEG	Œ				38-307151	raye .
Schedule A - Cost of Good		method of inve	ntory valuation N/A		30 307133	
Inventory at beginning of year	1 1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S		line 6	
3 Cost of labor	3		from line 5. Enter here			
4a 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	,	•	
5 Total. Add lines 1 through 4b	5		the organization?	,	, , , ,	X
Schedule C - Rent Income	(From Real	Property and	d Personal Property I	_ease	d With Real Prope	rty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		red or accrued			2/n) Dodustrons directly o	onnected with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percents 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		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Er	nter			(b) Total deductions. Enter here and on page 1.	
here and on page 1, Part I, line 6, colum		<b>.</b>		0.	Part I, line 6, column (B)	<b>▶</b> 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	e instructions)			<del></del>
			2. Gross income from		<ol> <li>Deductions directly connected to debt-finance</li> </ol>	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
			tinanoso property		(attach schedule)	(attach schedule)
/4)	· · · · · · · · · · · · · · · · · · ·			<del> </del>		
(1)	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	<del> </del>		
(2)				+		
(4)		<u> </u>	<del>.  </del>	+	<del></del>	
4. Amount of average acquisition	E Average	adjusted basis	6 Column 4 divided	<del> </del>	7. Gross income	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	allocable to anced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)	<del>                                     </del>		%	1		
(2)			%			
(3)			%		,	
(4)			%	1		
				E	Enter here and on page 1,	Enter here and on page 1,
					Part I, line 7, column (A)	Part I, line 7, column (B)
Totals			<b>&gt;</b>	·L	0.	0.
Total dividends-received deductions	ncluded in colum	n 8			<u> </u>	0,

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2	
DESCRIPTION		AMOUNT	
CONTRACTED LABOR		905,732.	
GENERAL SUPPLIES		16,078.	
PUBLISHING		452.	
TELEPHONE		967.	
FOOD		202,343.	
CONTRACTED MANAGEMENT COSTS		144,370.	
UTILITIES		55,433.	
FEES		115,478.	
CONTRACTED SERVICES		33,450.	
TOTAL TO SCHEDULE M, PART I	I, LINE 28	1,474,303.	

## SCHEDULE D

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

CALVIN COLLEGE 38-3071514 Short-Term Capital Gains and Losses (See instructions.) Part I See instructions for how to figure the amounts (d) Proce (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. This form may be easier to complete if you (sales price) (or other basis) round off cents to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949, (ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Part II, line 2, column (g) 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 37,407. 5,851 31,556. Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 31,556. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 31,556. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 31,556. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

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

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

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.

CALVIN COLLEGE

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,

(F) Long-term transactions not reported to you on Form 1099-B

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 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 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)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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	loss. If y in column column (f	nt, 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)
CFC PRIVATE EQUITY PARTNERS						uajustinont	
VI	VARIOUS	06/30/19	5,955.		<del></del>		5,955.
CFC PRIVATE EQUITY PARTNERS							
VIII	VARIOUS	06/30/19	1,197.	18.			1,179.
CFC NATURAL RESOURCES			·				
PARTNERS VIII, LP	VARIOUS	06/30/19	482.		<u> </u>		482.
CFC NATURAL RESOURCES							
PARTNERS VII, LP	VARIOUS	06/30/19	275.	1,476.		· · · · · · · · · · · · · · · · · · ·	<1,201.>
CFC NATURAL RESOURCES							
PARTNERS VIII, LP	VARIOUS	06/30/19	2,407.				2,407.
CFC PRIVATE EQUITY PARTNERS							i i
VII	VARIOUS	06/30/19	1,309.	743.			566.
CFC NATURAL RESOURCES		Ì					
PARTNERS VI, LP	VARIOUS	06/30/19	202.				202.
CFC PRIVATE EQUITY PARTNERS							1
VII	VARIOUS	06/30/19	6,367.	3,614.			2,753.
CFC INTERNATIONAL PARTNERS							<u> </u>
VI, LP	VARIOUS	06/30/19	35.				35.
CFC INTERNATIONAL PARTNERS				•			
VI, LP	VARIOUS	06/30/19	7.				7.
CFC PRIVATE EQUITY PARTNERS							
vi	VARIOUS	06/30/19	275.				275.
CFC NATURAL RESOURCES				1			Ĭ
PARTNERS IX, LP	VARIOUS	06/30/19	18,896.				18,896.
			-				
			•	1			
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 8b (if Box D about the column to the column	tal here and incli ove is checked),	ude on your Ime 9 (if Box E	37 407	5 251			31,556.
negative amounts) Enter each to	tal here and incli ove is checked),	ude on your Ime 9 (if Box E	37,407.	5,851.			

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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