990-1

	EXTENDED	TO	NOVEMBER	15,	2019
—	O		D	I	T

990-T	F	EXTE Exempt Orga	NDED TO NOVE				ax Ret	urn	ı	OMB No 1545-0687	
orm 990-1			nd proxy tax und	er se	ction 6033	(e))	ux 1100				
•	For ca	lendar year 2018 or other tax ye	· ·		, and end		,		_	2018	
Department of the Treasury Internal Revenue Service	 	► Go to www Do not enter SSN number	v.irs gov/Form990T for in ers on this form as it may					(c)(3).	╁	Open to Public Inspection 501(c)(3) Organizations On	for ly
A Check box if address changed			Check box if name cl						Emp!	oyer identification number loyees' trust, see ctions)	
B Exempt under section	Print	ECMC GROUP,	INC.						4	1-1991995	
X 501(c <u>n)3</u>)	Or		n or suite no If a P.O. box							ated business activity code nstructions)	•
408(e) 220(e)	Туре		TON AVE S, S		-						
408A530(a) 529(a)		City or town, state or pro	ovince, country, and ZIP of 55401	r foreig	n postal code			ļ	541	610	
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	<u> </u>	,						
		G Check organization typ		_		c) trust		401(a)		Other trust	<u> </u>
H Enter the number of the	•			2			the only (or fi				
		EE STATEMENT					, complete Par				
		ce at the end of the previo	ous sentence, complete Pa	rts i an	d II, complete a	Schedule	e ivi for each a	aaitiona	i trade	or	
business, then complete		oration a subsidiary in an	affiliated group or a paren	ıt-cubcı	diary controlled	group?				s X No	_
		tifying number <u>of t</u> he <u>pare</u>		11-30031	ulary controlled	group.				.5 [22] 110	
		MARTIN A. SC		⊊ TF	REASURE	R Teleph	one number	▶ 6!	51-	221-0566	_
Rart Unrelated	d Trac	de or Business Inc	come		(A) inco			penses		(C) Net	
1 a Gross receipts or sale	es	193,527.						KARAN			
b Less returns and allow	wances		c Balance	_1c	193,	<u>527.</u>					<u>\$</u>
2 Cost of goods sold (S	Schedule	A, line 7)	MAT	2			能能够		(漢字)		53
3 Gross profit. Subtract	line 2 fi	rom line 1c	1 1 1	3	193,	527.	· 图:			193,527	•
4 a Capital gain net incom		·	_	4a				#43### #42##	級研究		
		art II, line 17) (attach Forr	n 4797)	4b			SE LECTOR	and our	SHAFT		
c Capital loss deduction		,		4c			LE ATTE	8298847 Carlan	NEW ACT		
		ship or an S corporation (a	ittach statement)	5 6			5/4000 - 15 SAGET - 375	110° . 100'E'	P Herrick		—
6 Rent income (Schedu7 Unrelated debt-financ		ne (Schedule E)		7							_
		nd rents from a controlled	organization/(Schedule F)	8							_
· · · · · · · · · · · · · · · · · · ·		on 501(c)(7), (9), or (17) c	_	9				-			_
10 Exploited exempt activ			3 (,	10							
11 Advertising income (S	Schedule	: J)		11							
12 Other income (See in:	struction	is, attach schedule)		12			EVENT				
13 Total. Combine lines			<u> </u>	13	193,					193,527	•
Part Deductio											
		utions, deductions mus		with t	ne unrelated t	ousiness	income)				
<i>.</i>	icers, di	rectors, and trustees (Sch	edule K)					ŀ	14_		
15 Salaries and wages16 Repairs and mainten	222							ŀ	15 16		_
16 Repairs and mainten17 Bad debts	ance	•						ŀ	17		_
18 Interest (attach sche	dule) (s	ee instructions)						Ì	18		_
19 Taxes and licenses	duit) (5	00 1130 000013)						ţ	19	,	_
	ons (Se	e instructions for limitation	rules) STATEME	ENT	5 SEE	STAT	EMENT		20	813	•
21 Depreciation (attach			,		L	21		[
22 Less depreciation cla	aimed or	n Schedule A and elsewher	re on return		2	2a			22b		
23 Depletion			DEOF	· /=				1	23		
24 Contributions to defe		mpensation plans	RECEI	VE	D				24		
25 Employee benefit pro			8				`		25		
26 Excess exempt expe			NOV 23	2019	280			}	26		
27 Excess readership co			H	LUIJ	SEE	СШУП	TEMENT	<u>,</u> }	27_	18,300	_
28 Other deductions (at 29 Total deductions. A			OCOCAL			דאזה	Thirtie	-	28 29	19,113	
		ncome before net operatin	UGDEN OF STREET	والمالية	Prom line 13			ł	30	174,414	
		loss arising in tax years be	•			ions)		ļ	31		
		ncome Subtract line 31 fro							32	174,414	
823701 01:09:19 LHA Fo										Form 990-T (20	18)

Form 990-	2010 011001 / 21101	41-1	991995	Page 2
· Part	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)	33	174,414.
34	Amounts paid for disallowed fringes		34	243,638.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) STMT 7	35	409,736.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of		
	lines 33 and 34		36	8,316.
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 3 enter the smaller of zero or line 36	36,	38	7,316.
Part	V≰ Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 39	1,536.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	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	1,536.
Part.			. <u></u>	
	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		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d 1,53	5.	
_	Total credits. Add lines 45a through 45d		45e	1,536.
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach schedu		
48	Total tax. Add lines 46 and 47 (see instructions)	OU CITIES (attach schedu	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018	50a 37,89	24	•
	2018 estimated tax payments	50b 46,25		
		50c 40,23		
	Tax deposited with Form 8868	50d		
	Foreign organizations: Tax paid or withheld at source (see instructions)	i		
	Backup withholding (see instructions)	50e		
	Credit for small employer health insurance premiums (attach Form 8941)	501		
6	Other credits, adjustments, and payments Form 2439 Form 4136 X Other 2,172. Total	500 2,17	,	
				06 211
51		ATEMENT 6	51	86,314.
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	06 214
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	214 24 2	54	86,314.
SDort 3		314. Refunded	► 55	0.
Part				1, 1,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	· · ·		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country		
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor 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 seceived or accrued during the tax year >\$			
0:	Under penaltist of perjury, I deglare that I have examined this return, including accompanying schedules and state content and complete. Deglaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the best of my kno has any knowledge	wledge and belief	, it is true,
Sign				cuss this return with
Here		REASURER	the preparer sho	own below (see
	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name / Preparer's signature Dat	e Check	lf PTIN	
Paid	LAWRENCE H. MOHR,	self- employ		
_	CPA CPA	1,2/19	I POO	447603

Preparer Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP
225 S 6TH ST #2300 39-0859910 Firm's EIN **Use Only**

Firm's address ► MINNEAPOLIS, MN 55402

Form 990-T (2018)

Phone no 612.876.4500

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation	N/A					
1 Inventory at beginning of year	1	0.	6 Inventory at e	nd of year			6		0.
2 Purchases	2		7 Cost of goods	sold. Sub	tract li	ne 6			
3 Cost of labor	3		from line 5. Er	iter here ai	nd in F	art I,	<u>. </u>		
4 a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the rules o	f section 2	63A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property prode	uced or ac	quired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization)η?					
Schedule C - Rent Income (From Real	Property and	Personal Prop	erty Le	ased	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	d personal property (if the rsonal property exceeds is based on profit or inco	50% or if	1	3(a) Deductions directly columns 2(a) ar	connected nd 2(b) (attai	with the income in th schedule}	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns a 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 II	structions)	• •					
			2 Gross income fr			3. Deductions directly conto debt-finance			
1. Description of debt-fin	anced property		or allocable to de financed propert		(a)	Straight line depreciation (attach schedule)	(b) Other deduction (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-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divide by column 5	ed		7 Gross income reportable (column 2 x column 6)		Allocable deduct imn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)			•	%					
						nter here and on page 1, art I, line 7, column (A)		r here and on pag t I, line 7, column	
Totals				▶		0			0.
Total dividends-received deductions in	cluded in column	8				>			0.
								Form 990-T	(2018)

			Exempt	Controlled O	rganızat	ions				
Name of controlled organiza	tion	2 Employe identification number		related income e instructions)		ital of specified ments made	ınclud	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
)										
1										
							,			
nexempt Controlled Organi	ızatıons									
7. Taxable Income		ated income (los nstructions)	ss) 9. Tota	l of specified pays made	nents	10. Part of column the controllingross	mn 9 that ing organ s income	ization's		ductions directly connected income in column 10
)										
)					_					
)										
)										
	-	_				Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
als					>			0.		0.
chedule G - Investme	ent Income	of a Sec	tion 501(c)(7), (9), or (17) Or	ganization				•
<u></u>	cription of income			2. Amount of	ıncome	3. Deduction directly connectation scheduler	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
)				 	-	(Maseri Series	.0,0,			(oci o pida coi 4)
/ ')				 						
))	· · · · · · · · · · · · · · · · · · ·									
) })				†						
tals			•	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
chedule I - Exploited	•	ctivity Inc	come, Other	Than Adv	ertisir/	ng Income	********			
(see instri	2 Gros unrelated bus income fro	om	3 Expenses irectly connected with production of unrelated ousiness income	4 Net inconfrom unrelated business (cominus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed -	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)									_	
)		1		I						
)				I						
)	Enter here ar page 1, Pa line 10, cot	rt I,	nter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1,
tals •		``o.	0.							0.
chedule J - Advertisi	ng Income			To see and the tilly	an merodoli tili v	SANAN AS PARAM SEER LANDS	n waxaa Millian	ann ar a carrier ann a faire	mant amenda	<u></u>
Part I Income From				solidated	Basis	· <u> </u>	•			
1. Name of periodical	ad	. Gross vertising	3. Direct	or (loss) (c	ising gain of 2 minus			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
· 		ncome							- 1	than column 4)
)								_		
)										
)										
)		_		PERMIT		·@			Ę	
als (carry to Part II, line (5))	•	0.	0	cols 5 th						0.
(Form 990-T /2018

823731 01-09-19

Form 990-T (2018) ECMC GROUP, INC. Part III 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 periodica	al	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 I	•	0.	0.	25 62 20			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.			步河:9种499年	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 her	e and on page 1, Part II, line 14		_	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

STUDENT LOAN SECURITIZATION SERVICES

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 2
FORM 990-T, SCHEDULE M, PART I, LINE 5:	
AMERICAN STEADFAST, LP	2,342.
THE VARDE FUND XI(B) FEEDER, LP	-78,515.
LUXOR CAPITAL PARTNERS, LP	7,654.
RE-THINK EDUCATION, LP	-5,374.
FIR TREE VALUE FUND, LP	-19,095.
LUXOR CAPITAL PARTNERS LUQUIDATING SPV	-91,859.
LEXINGTON MIDDLE MARKET INVESTORS IV, LP	-336,239.
ENLIGHTENED HOSPITALITY INVESTMENTS, LP	-63,787.
GREEN EQUITY INVESTORS SIDE VII, LP	-20,198.
FIRST LIGHT FOCUS, LP	-205.
WHIREP ROSEVILLE CO-INVEST, LP	6,253.
BROOKFIELD STRATEGIC REAL ESTATE PARTNERS III-A, LP	-3,901.
TOTAL ORDINARY UBI FROM INVESTMENT PARTNERSHIPS	-602,924.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS ORGANIZATIONS VARIOUS ORGANIZATIONS	N/A N/A	297,216. 47.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	297,263.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	•	AMOUNT
TAX PREPARATION FEES	•	18,300.
TOTAL TO FORM 990-T, PAGE 1, L	TNE 28	18,300.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	5
QUALIFIED CONTRIBUTIONS SU	BJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS U FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	NUSED CONTRIBUTIONS 186,913 186,678 253,637			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CON		627,228 297,263		
TOTAL CONTRIBUTIONS AVAILA TAXABLE INCOME LIMITATION		924,491 813	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		923,678 0 923,678	_	
ALLOWABLE CONTRIBUTIONS DE	DUCTION		_	813
TOTAL CONTRIBUTION DEDUCTI	ON			813

FORM 990-T	ОТНЕ	CR CREDITS AND PA	YMENTS	STATEMENT 6
DESCRIPTIO	ИС			AMOUNT
FORM 8827,	LINE 8C			2,172
TOTAL INCL	UDED ON FORM 990-T,	PAGE 2, PART V,	LINE 50G	2,172
				
<u>.</u>	NET	OPERATING LOSS D	EDUCTION	STATEMENT 7
FORM 990-T	LOSS SUSTAINED	OPERATING LOSS D LOSS PREVIOUSLY APPLIED	EDUCTION LOSS REMAINING	STATEMENT 7 AVAILABLE THIS YEAR
FORM 990-T TAX YEAR 12/31/15 12/31/17		LOSS PREVIOUSLY	LOSS	AVAILABLE

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	1
OMB No. 1545-0	1687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending ______, and ending ______.

• 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).

Open to Rublic Inspection for 501(c)(3) Organizations Only

Interna	Do not enter SSN numbers on this form as it	may be	made public	of your or	ganızat	tion is a 501(c)	(3).	501(c)(3) Organizati	ons Only
Name	of the organization ECMC GROUP, INC.					Employer Id			
ι	Inrelated business activity code (see instructions) > 52300								
	Describe the unrelated trade or business PARTNERSH	IP :	INVEST	MENTS		. <u> </u>			
P aî	য়াল্লী Unrelated Trade or Business Income		(A) In	come		(B) Expens	es	(C) Net	:
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance ▶	1c						XWW.	
2	Cost of goods sold (Schedule A, line 7)	2			(T				
3	Gross profit Subtract line 2 from line 1c	3			720		3 4. 3.		
4 a	Capital gain net income (attach Schedule D)	4a	27	<u>5,403</u>) . <u>M</u>			275,	<u>403.</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			4.5				
С	Capital loss deduction for trusts	4c			8.3				
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-60	2,924				-602,	924.
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled						ł		
	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							
12	Other income (See instructions, attach schedule)	12				rekara	krik vik		
13	Total. Combine lines 3 through 12	13	-32	7,521	. •			-327,	<u>521.</u>
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understand the connected with the understand the connected with the understand the connected with the connec	ons t Inrela	or limitati ted busin 	ess inco	ome.)	etions.) (Ex	14	or contributio	ons,
14	Compensation of officers, directors, and trustees (Schedule K)						15		
15	Salaries and wages						16		
16	Repairs and maintenance						17	.	
17	Bad debts						18		
18	Interest (attach schedule) (see instructions) Taxes and licenses						19		
19 20	Charitable contributions (See instructions for limitation rules)						20		0.
21	Depreciation (attach Form 4562)			21			学/教		
22	Less depreciation claimed on Schedule A and elsewhere on return			22a			22b		
23	Depletion .			220	-		23		
24	Contributions to deferred compensation plans						24	-	
25	Employee benefit programs						25		
26	Excess exempt expenses (Schedule I)						26		
20 27	Excess readership costs (Schedule J)						27	· · · · · · · · · · · · · · · · · · ·	
28	Other deductions (attach schedule)						28		
29	Total deductions. Add lines 14 through 28						29		0.
30	Unrelated business taxable income before net operating loss deduced	-tion S	Subtract line	29 from	line 13		30	-327,	
31 -	Deduction for net operating loss arising in tax years beginning on o						1473	<u> </u>	<u> </u>
31'	instructions)	, aitel	January 1, 1	2010 (300			31		
32	Unrelated business taxable income Subtract line 31 from line 30						32	-327,	
ЦΛ	For December 1 Deduction Act Notice one restrictions						-cobodul	a M (Earm 990.	. ri 7019

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

2018

Name

Employer identification number

ECMC GROUP, INC. 41-1991995 Part Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (d) Proceeds (sales price) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 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 117,239. Form(s) 8949 with Box C checked 4 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 5 291,963. SEE STATEMENT 8 6 6 Unused capital loss carryover (attach computation) -174,724. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Partill Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below. (e) Cost This form may be easier to complete if you round off cents to whole dollars. (sales price) 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 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 10 Totals for all transactions reported on 343,278. Form(s) 8949 with Box F checked 106,849. 11 11 Enter gain from Form 4797, line 7 or 9 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 14 450,127. 15 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Rartill 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) 16 275,403. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 275,403. 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2018

JWA

Department of the Treasu 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

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

ECMC GROUP, INC. 41-1991995 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 <u>broker and may even tell you which box to check</u>

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). 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

tions 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

(C) Short-term transactions no	1			·	Adwatma	t if any to gain as	T
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other		nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
Description of property	Date acquired	Date sold or	(sales price)	basis See the	ın column	(g), enter a code in	Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo, day, yr)		Note below and). See instructions	from column (d) &
		(IVIO, Gay, yr)		see Column (e) In	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
AMERICAN							
STEADFAST, LP							
(EIN: 71-0878625)							39,608.
THE VARDE FUND							
XI(B) FEEDER, LP							
(EIN: 46-2022036)							7.
FIR TREE VALUE							
FUND, LP (EIN:							
13-3745262)							15,675.
LEXINGTON MIDDLE							
MARKET INVESTORS							
IV, LP (EIN:							
36-4835937)							13,264.
FIRST LIGHT FOCUS						-]
FUND, LP (EIN:							
47-4771203)							48,685.
	·-						
					-		
	<u> </u>						
	 -	-					
	<u> </u>						
· · · · · · · · · · · · · · · · · · ·							
· · · · · · · · · · · · · · · · · · ·	-						
2. Tatala Add the amounts in colum	nnn (d) (n) (d) n	ad (b) (aubtract					
2 Totals. Add the amounts in colur		. , .					
negative amounts) Enter each to		•					ĺ
Schedule D, line 1b (if Box A abo	**	•					117,239.
above is checked), or line 3 (if B	ox C above is ch	ecked)		J		L	111,433.

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.

ECMC GROUP, INC.

41-1991995

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

O) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

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	toss. 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)
AMERICAN						adjustificiti	
STEADFAST, LP							
(EIN: 71-0878625)	· · · · · · · · · · · · · · · · · · ·						181,407.
THE VARDE FUND	_			-			
XI(B) FEEDER, LP							
(EIN: 46-2022036)							1,414.
RETHINK EDUCATION							
II, LP (EIN:							
47-3064529)							<356.
FIR TREE VALUE							
FUND, LP (EIN:							
13-3745262)							7,610.
LEXINGTON MIDDLE			_				
MARKET INVESTORS							
IV, LP (EIN:							
36-4835937)							149,712.
FIRST LIGHT FOCUS							
FUND, LP (EIN:							
47-4771203)							3,491.
				ļ			
	•						
			<u> </u>				
2 Totals. Add the amounts in colui	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to	ital here and incli	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if I	Box F above is cl	necked) >					343,278.

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

Form 8949 (2018)

ECMC GROUP,	41-199199			
	PRIC	OR YEAR MINIMUM TA	AX CREDIT	STATEMENT 10
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
12/31/16	5,879.	0.	5,879.	5,879.
AVAILABLE F	OR CREDIT		5,879.	5,879.