

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, 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 Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE SAINT PAUL FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions 101 FIFTH STREET EAST, SUITE 2400</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55101</p>	<p>D Employer identification number (Employees' trust, see instructions) 41-6031510</p> <p>E Unrelated business activity code (See instructions) 525990</p>
<p>C Book value of all assets at end of year 875,742,688.</p>		<p>F Group exemption number (See instructions.) ▶ _____</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. ▶ **2** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. 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.

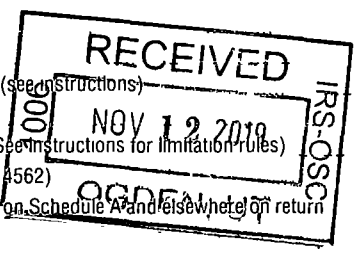
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **SCOTT ZASTOUPIL** Telephone number ▶ **(651) 224-5463**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
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 statement)	5	-1,357,442.	STMT 2
6	Rent income (Schedule C)	6		-1,357,442.
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		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-1,357,442.	-1,357,442.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	25,342.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
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)	28	SEE STATEMENT 3
29	Total deductions. Add lines 14 through 28	29	10,274.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	35,616.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-1,393,058.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, and No. Includes questions 56-58 regarding foreign interests and distributions.

Signature block containing the signature of the officer, date (11/5/19), title (CHIEF INV OFFICER), and a declaration statement.

Preparer information block containing the name (CHRIS HENKE), signature, date (10/30/19), firm name (AKINS HENKE AND COMPANY), and address (600 INWOOD AVENUE NORTH, SUITE 160, OAKDALE, MN 55128).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
					8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with 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)	5. Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Total dividends-received deductions included in column 8			►	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	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
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))	0.	0.				0.

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 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 I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

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			0.

Form 990-T (2018)

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

PASSTHROUGH INCOME FROM S-CORPORATIONS AND UNRELATED BUSINESS INCOME PASSED THROUGH FROM INVESTMENT PARTNERSHIPS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
ABBOTT CAPITAL PRIVATE EQUITY FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	58,839.
ABBOTT CAPITAL PRIVATE EQUITY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	19,209.
ABERDEEN US PRIVATE EQUITY VI LP - ORDINARY BUSINESS INCOME (LOSS)	-7,345.
ABERDEEN U.S. PRIVATE EQUITY VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-67,802.
ABERDEEN ENERGY & RESOURCES PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-185,583.
ADAMS STREET 2006 DIRECT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	62.
ADAMS STREET 2006 DIRECT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	123.
ADAMS STREET 2008 DIRECT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	245.
ADAMS STREET 2008 DIRECT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	490.
ADAMS STREET 2010 DIRECT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,058.
ADAMS STREET PARTNERSHIP FUND - 2005 US FUND LP - ORDINARY BUSINESS INCOME (2,472.
ADAMS STREET PARTNERSHIP FUND - 2005 US FUND LP - ORDINARY BUSINESS INCOME (4,943.
ADAMS STREET PARTNERSHIP FUND - 2006 NON-US FUND - ORDINARY BUSINESS INCOME	-404.
ADAMS STREET PARTNERSHIP FUND - 2006 NON-US FUND - ORDINARY BUSINESS INCOME	-809.
ADAMS STREET PARTNERSHIP FUND - 2006 US FUND LP - ORDINARY BUSINESS INCOME (825.
ADAMS STREET PARTNERSHIP FUND - 2006 US FUND LP - ORDINARY BUSINESS INCOME (1,649.
ADAMS STREET PARTNERSHIP FUND - 2008 NON-U.S. FU - ORDINARY BUSINESS INCOME	33.
ADAMS STREET PARTNERSHIP FUND - 2008 NON-U.S. FU - ORDINARY BUSINESS INCOME	66.
ADAMS STREET PARTNERSHIP FUND - 2008 U.S. FUND - ORDINARY BUSINESS INCOME (L	4,289.

WESTERN GAS EQUITY PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-1,912.
WESTERN GAS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-55,516.
WILLIAMS PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-47,339.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII LP - ORDINARY BUSINESS IN	9,042.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII LP - ORDINARY BUSINESS IN	18,068.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCO	-63,899.
LEVINE LEICHTMAN CAPITAL PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-20,283.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	<u>-1,317,985.</u>

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES		<u>10,274.</u>	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		<u>10,274.</u>	

FORM 990-T	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT	4
DESCRIPTION		NET INCOME OR (LOSS)	
DUKE FINANCIAL GROUP, INC. - ORDINARY BUSINESS INCOME (LOSS)		<u>-39,457.</u>	
TOTAL INCLUDED ON FORM 990-T, LINE 5		<u>-39,457.</u>	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09	150,563.	0.	150,563.	150,563.	
12/31/10	150,005.	0.	150,005.	150,005.	
12/31/11	806,313.	0.	806,313.	806,313.	
12/31/12	1,697,596.	0.	1,697,596.	1,697,596.	
12/31/13	1,937,190.	0.	1,937,190.	1,937,190.	
12/31/14	1,306,366.	0.	1,306,366.	1,306,366.	
12/31/15	1,654,254.	0.	1,654,254.	1,654,254.	

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

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

ENTITY 1

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, 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 Public Inspection for
501(c)(3) Organizations Only

Name of the organization

THE SAINT PAUL FOUNDATION

Employer identification number

41-6031510

Unrelated business activity code (see instructions) ▶ **541900**

Describe the unrelated trade or business ▶ **NON-GRANTMAKING SERVICE PROVIDED TO PRIVATE F**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	109,878.			
b Less returns and allowances				
c Balance ▶		109,878.		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit Subtract line 2 from line 1c		109,878.		109,878.
4 a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions, attach schedule)				
13 Total. Combine lines 3 through 12		109,878.		109,878.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	66,858.
16 Repairs and maintenance		16	
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	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	17,717.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	SEE STATEMENT 6	28	25,303.
29 Total deductions. Add lines 14 through 28		29	109,878.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income Subtract line 31 from line 30		32	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

THE SAINT PAUL FOUNDATION

41-6031510

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5	Total. Add lines 1 through 4b	5					<input checked="" type="checkbox"/> <input type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in 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). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with 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)	5. Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			►	0.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

OVERHEAD COSTS

45,874.

DISALLOWED EXPENSES FOR NO PROFIT MOTIVE

-20,571.

TOTAL TO SCHEDULE M, PART II, LINE 28

25,303.

Name THE SAINT PAUL FOUNDATION	Employer identification number 41-6031510
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Part I Short-Term Capital Gains and Losses (See instructions)

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) 8949, Part I, line 2, column (g)	(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				
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 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)			SEE STATEMENT 7	6 (86,651.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -86,651.

Part II Long-Term Capital Gains and Losses (See instructions)

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) 8949, Part II, line 2, column (g)	(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 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				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15

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	
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	0.

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

SCHEDULE D

CAPITAL LOSS CARRYOVER

STATEMENT 7

LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
2013			
2014			
2015			
2016			
2017	86,651		86,651
CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR			86,651