923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

6

ಆ

		D 3 77 0 M 3	am 1 m 5	TOTAL TOTAL	TOTALD SMION
Form 990-T (2019)	SOUTH	DAKOTA	STATE	ONIVERSITY	FOUNDATION

Part	111 7	Total Unrelated Business Taxab	le Income			_			
32	Total of	unrelated business taxable income computed f	rom all unrelated trades or businesses (se	ee instructions)	1	32	-135	48	<u>2.</u>
		s paid for disallowed fringes	tar	+1	1	33	••••		
		ole contributions (see instructions for limitation	rules) STMT 7	sтит 8		34			0.
		related business taxable income before pre-201		line 34 from the sum of l	ines 32 and 39	35	-135	48	2.
		on for net operating loss arising in tax years be			тмт б	36			0.
		unrelated business taxable income before spec			~	37	-135,	48	2.
		deduction (Generally \$1,000, but see line 38 ii			7	38		00	
		ed business taxable income. Subtract line 38		37.	\mathcal{P}				
		e smaller of zero or line 37		•	<i>\</i> \	39	-135	48	2.
Part	īv i	Fax Computation							
		ations Taxable as Corporations. Multiply line	39 by 21% (0.21)			40			0.
		Taxable at Trust Rates. See instructions for tax		on line 39 from:					
• •		ax rate schedule or Schedule D (Form			•	41			
42		ax. See instructions	•		>	42			
	-	tive minimum tax (trusts only)				43		_	
		Noncompliant Facility Income. See instruction	ns			44			
		add lines 42, 43, and 44 to line 40 or 41, which				45			0.
Part		Tax and Payments							
		tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	46a					
		redits (see instructions)		46b]			
		business credit. Attach Form 3800		46c]			
-	Credit f	or prior year minimum tax (attach Form 8801 c	or 8827)	46d]			
		redits. Add lines 46a through 46d	•			46e			
47		et line 46e from line 45				47			0.
		axes. Check if from: Form 4255	Form 8611 🔲 Form 8697 🔲 Form	8866 Other	attach schedule)	48			
		x. Add lines 47 and 48 (see instructions)				49			0.
		et 965 tax liability paid from Form 965-A or For	m 965-B. Part II. column (k), line 3			50			0.
		nts: A 2018 overpayment credited to 2019		51a					
		stimated tax payments		51b		1			
_		posited with Form 8868		51c		1			
	•	organizations: Tax paid or withheld at source (see instructions)	51d		1			
		withholding (see instructions)	, soc monutations,	51e		1			
		or small employer health insurance premiums	(attach Form 8941)	51f		1			
			rm 2439			1 1			
9			her Total	▶ 51g					
52		ayments. Add lines 51a through 51g				52			
		red tax penalty (see instructions). Check if Form	n 2220 is attached			53			
54		e. If line 52 is less than the total of lines 49, 50			•	54			
55		yment. If line 52 is larger than the total of lines	•		•	55			
56		ne amount of line 55 you want Credited to 202		Re	funded 🕨	56			
Part		Statements Regarding Certain		tion (see instru	ctions)				
57	At any	time during the 2019 calendar year, did the org	anization have an interest in or a signature	or other authority			<u> </u>	es	No
	over a f	financial account (bank, securities, or other) in	a foreign country? If "Yes," the organizatio	n may have to file				ł	1
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of the	e foreign country			_	_ -	
	here	>							<u>X</u>
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or t	transferor to, a forei	gn trust?		L	\rightarrow	X
	-	' see instructions for other forms the organizati	=						
59		ne amount of tax-exempt interest received or ac					-1-1-1-1-1-1		
Sign	C	order penalties of perjury, I declare that I have examined brect, and complete Declaration of preparer (other than	tnis return, including accompanying schedules and taxpayer) is based on all information of which prep	a statements, and to the	Dest of my knowled	uge and b	eller, it is true,		
Here		TO THE	. 11 /0 /		M	•	discuss this ret		th
11010		Signature of officer	Date FINANO	CE			r shown below (s	ee	No.
				Data I		structions		1	No
		Print/Type preparer's name	Preparer's signature	Date	Check ı	f PTII	V		
Paid		FAUDTE HANGON	TAILD TE HANGON	11/02/20	self- employed	"	008518	1Ω	
-	oarer			11/03/20	Comic Fitt N		5-0250		
Use	Only	Firm's name ► EIDE BAILLY		··· -· - · -·	Fırm's EIN ▶	4	J-UZ5U	סככ	
			•		Dhoro no G	Λ.F 1	339-199	a a	
		Firm's address ► SIOUX FALL	a, au 3/104-03/5		Phone no. 6	05-	Form 990		2010
923711	u1-27-20						Form 330	- 1 (2	20 IY)

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory v	aluation > N/A						
1 Inventory at beginning of year	1		<u> </u> 6	Inventory at end of year	r		6	ļ		
2 Purchases	2		_ 7	Cost of goods sold. Su	ıbtract l	ine 6				
3 Cost of labor	3		╛	from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to			/es	No
b Other costs (attach schedule)	4b		╛	property produced or a	cquired	for resale) apply to		_		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					1	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	perty) 		
1. Description of property										
(1)										
(2)										
(3)	-									
(4)										
	2. Rent receiv	ed or accrued								
rent for personal property is more than				onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y connection (b)	cted with the inco (attach schedule)	me in	
(1)										
(2)										
(3)										
(4)				-	-					
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ictions)						
			,	2. Gross income from		Deductions directly control to debt-finant				
Description of debt-financed property				or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deducates check	uctions dule)	5
(1)										
(2)			1	-			$\neg \vdash$			
(3)			Ì							
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable de (column 6 x total 3(a) and 3	of colu	
(1)				%				· _ ·		
(2)	1			%	, i					
(3)	1			%						
(4)	1		1	%						
			1 .	~		inter here and on page 1, Part I, line 7, column (A)		Enter here and or Part I, line 7, col		
Totals				_		n	.			0.
Total dividends-received deductions	included in columi	า 8				<u> </u>	<u> </u>			0.

Exempt Controlled Organization 2, Employer identification number 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 10, Part of column 5 10, Part of column 9 that is included in the controlling organization's gross income 11, Deductions directly connected with income in column 5 12, Total of specified payments 10, Part of column 9 that is included in the controlling organization's gross income 11, Deductions directly connected with income in column 10 11, Part of column 9 that is included in the controlling organization's gross income 11, Deductions directly connected with income in column 10 12, Part of column 9 that is included in the controlling organization's gross income 11, Deductions directly connected with income in column 10 12, Part of column 9 that is included in the controlling organization's gross income 13, Deductions directly connected with income in column 10 14, Part of column 9 that is included in the controlling organization's gross income 13, Deductions directly connected with income in column 10 14, Part of column 9 that is included in the controlling organization's gross income 14, Deductions directly connected with income in column 10 15, Part of column 9 that is included in the controlling organization's gross income 14, Deductions directly connected with income in column 10 15, Part of column 9 that is included in the controlling organization's gross income 15, Part of column 9 that is included in the controlling organization's gross income 11, Deductions directly connected with income in column 10 15, Part of column 9 that is included in the controlling organization's gross income 15, Part of column 9 that is included in the controlling organization's gross income 15, Part of column 9 that is included in the controlling organization's gross income 15, Part of column 9 that is included in the controlling organi
Identification number Identification number Identification Identification number Identification
(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 (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (a) In the example 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-asrdes (attach schedule) 5. Total deductions directly connected (attach schedule) (1) (2) (3) (4)
(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 (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (a) In the example 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-asrdes (attach schedule) 5. Total deductions directly connected (attach schedule) (1) (2) (3) (4)
33 43 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 connect with income in column 10
Nonexempt Controlled Organizations State Net unrelated income (loss) (see instructions) State
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 connect 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) Inter here and on page 1, Part I, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) 5. Total deductions and set-assides (coll 3 plus coll 4) (coll 3 plus coll 4) (1) (2) (3) (4)
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 connect with income in column 10 12. 33. 44. Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals Totals Check Instructions 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) 5. Total deductions of a set asides (col 3 plus col 4) (col 3 plus col 4) (d) (4)
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Inne 8, column (A) 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) (1) (2) (3) (4)
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Inne 8, column (A) 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) (1) (2) (3) (4)
(3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals 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) (1) (2) (3) (4)
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals Totals Totals Totals 2. Amount of income 4. Set-asides (attach schedule) (1) (2) (3) (4)
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals Tot
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 deduction and set-asides (col 3 plus col 4) (1) (2) (3) (4)
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 deduction and set-asides (col 3 plus col 4) (1) (2) (3) (4)
(see instructions) 1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4)
1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) 5. Total deduction and set-asides (col 3 plus col 4) (1) (2) (3) (4)
(1) (2) (3) (4)
(2) (3) (4)
(3) (4)
(4)
Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 9, column (A)
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)
4. Net income (loss)
1. Description of exploited activity 2. Gross unrelated business income from trade or business income trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 3. Expenses directly connected with production of unrelated business income trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 4. Net income (loss) 5. Gross income from activity that is not unrelated business income to business income to business (column 2 minus column 3) If a gain, compute cols 5 through 7
(1)
(2)
(3)
(4)
Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Enter here and on page 1, Part II, line 25
Totals ▶ 0. 0.
Schedule J - Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis
2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 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 column 5, but not more than column 4)
(1)
(2)
(3)
(4)
Totals (carry to Part II, line (5)) ▶ 0. 0.

Form 990-T (2019) SOUTH DAKOTA STATE UNIVERSITY FOUNDATION 46-02738 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.)

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.
	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 26
Totals, Part II (lines 1-5)	▶ 0.	0.	,		•	0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	<u> </u>	>	0.

Form 990-T (2019)

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

INCOME FROM PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

THE NET OPERATING LOSS CARRYFORWARD FROM THE YEAR 2018 WAS INCREASED BY \$11,109, WHICH IS THE AMOUNT OF DISALLOWED FRINGES REPORTED ON THE 2018 FORM 990-T. THIS ADJUSTMENT WAS MADE AS A RESULT OF THE REPEAL OF THE TAX ON DISALLOWED PARKING FRINGE BENEFITS.X

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
NORTH SKY CLEAN TECH FUND IV - ORDINARY BUSINESS INCOME (LOSS) NORTH SKY CLEAN TECH FUND IV - INTEREST INCOME NORTH SKY CLEAN TECH FUND IV - OTHER INCOME (LOSS) NORTH SKY LBO FUND IV - ORDINARY BUSINESS INCOME (LOSS) NORTH SKY LBO FUND IV - INTEREST INCOME NORTH SKY LBO FUND IV - OTHER INCOME (LOSS) PARK STREET CAPITAL PRIVATE EQUITY - ORDINARY BUSINESS INCOME (LOSS) PARK STREET CAPITAL PRIVATE EQUITY - INTEREST INCOME PARK STREET CAPITAL PRIVATE EQUITY - OTHER INCOME (LOSS) SOUTH DAKOTA INNOVATION FUND I - ORDINARY BUSINESS INCOME (LOSS) MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME (LOSS) MONTAUK TRIGUARD FUND VI LP - ORDINARY BUSINESS INCOME (LOSS) MONTAUK TRIGUARD FUND VII - ORDINARY BUSINESS INCOME (LOSS) SDSU BROOKINGS ANGEL FUND LLC - ORDINARY BUSINESS INCOME (LOSS) VISION RIDGE SUSTAINABLE ASSET FUND - ORDINARY BUSINESS	900 -2 29 -632 121 1,158 -22,016 138 -2 -47,820 -6,826 -9,470 -28,778 -262
INCOME (LOSS) VISION RIDGE SUSTAINABLE ASSET FUND - INTEREST INCOME	-7,521 225
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-120,758
FORM 990-T OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	AMOUNT
FROM K-1	12,980
TOTAL TO FORM 990-T, PAGE 1, LINE 27	12,980

FORM 990-T NET		OPERATING LOSS DEDUCTION			STATEMENT 5	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	68,275.		0.	68,275.	68,275.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		68,275.	68,275.	

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14 12/31/15 12/31/16 12/31/17	30,937. 22,785. 48,711. 85,916.	0. 0. 0.	30,937. 22,785. 48,711. 85,916.	30,937. 22,785. 48,711. 85,916.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	188,349.	188,349.
FORM 990-T	1	CONTRIBUTIONS		STATEMENT 7
	ON/KIND OF PROPERTY		O DETERMINE FMV	STATEMENT 7 AMOUNT
	ON/KIND OF PROPERTY		O DETERMINE FMV	

FORM 990-T CON	TRIBUTIONS SUMMARY		STATEMENT 8
QUALIFIED CONTRIBUTIONS SUBJECTIONS SUBJECTIONS SUBJECTIONS			
CARRYOVER OF PRIOR YEARS UNUSE FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	18,804,754 34,751,663 25,960,523 39,989,839		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRI	BUTIONS	119,506,779 20,695,063	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS A	140,201,842		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		140,201,842 0 140,201,842	_
ALLOWABLE CONTRIBUTIONS DEDUCT	CION		0
TOTAL CONTRIBUTION DEDUCTION			0

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.

OMB No 1545-0123

Name

Employer identification number

SOUTH DAKOTA STATE	UNIVERSITY FO	UNDATION	K	<u> 16-</u>	0273801
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949) ,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		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	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	tation)			6	(
7 Net short-term capital gain or (loss). Combin				7	
Part II Long-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949 Part II, line 2, column (g)	9,	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					13,135.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sale:	s from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13_	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	ie lines 8a through 14 in colum	ın h		15	13,135.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (I	ine 7) over net long-term capit	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-teri			e 7)	17	13,135.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	13,135.
Note: If losses exceed gains, see Capital Lo	sses in the instructions.				

LHA

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.

SOUTH DAKO'	TA STATE UNIV	ERSITY F	OUNDATION	V			273801
Before you check Box D, E, o statement will have the same broker and may even tell you	or F below, see whether your formation as Form 109	ou received any	Form(s) 1099-B o	r substitute statem	ent(s) from y r cost) was i	your broker A sub reported to the IR	ostitute S by your
Part II Long-Term. T		l assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ns) For short-term tr	ansactions,
see page 1 Note: You may agg	regate all long-term transact Enter the totals directly on S	ions reported on F	orm(s) 1099-B show	ng basis was reported	to the IRS a	ind for which no adj	ustments or
You must check Box D. F. or F.	helow. Check only one bo	x. If more than one b	ox applies for your long-	term transactions, completerm	ete a separate F	form 8949, page 2, for e	each applicable box
If you have more long-term transaction	is than will fit on this page for one tions reported on Form(s						
	tions reported on Form(s)				Note above	•0,	
== ' '	ions not reported to you			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)
Description of propert		Date sold or	Proceeds (sales price)	Cost or other		u enter an amount g), enter a code in	Gain or (loss).
(Example 100 sh. XYZ (Co.) (Mo., day, yr)	disposed of	(sales price)	basis. See the	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
MONTAUK TRIGUA	RD						
FUND VI LP							6,066.
MONTAUK TRIGUA	RD						- 0.50
FUND VII							7,069.
							
				 	 		
<u> </u>					 		
				1			
				 			
							-
							·
						·	
	_						
							
				<u> </u>			
	* -						
				 			
			<u> </u>				-
 							
							
				ļ	 		
					 		
				-	 - 		
				 	 		
				 	 		
2 Totals. Add the amounts	un columns (d) (a) (a) a	nd (h) (subtract		 	 		
negative amounts). Enter							
Schedule D, line 8b (if Be							
	e 10 (if Box F above is cl	_					13,135.

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