Form 990-T (2019)

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

Form 990	D-J/(2019	STRADA EDUCATION NETWORK, INC.		47-304443	30	Page 2
Part	<i>"</i> [[[]]	Total Unrelated Business Taxable Income		. 1		
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32 4	,079,	950.
33	Amour	nts paid for disallowed fringes	[	33		
34	Charita	ible contributions (see instructions for limitation rules)  STMT 3  STMT 4	[	34		0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 3	,5	35 4	,079,	950.
36	Deduct	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	6		,079,	950.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	37		
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8		1,	000.
39		ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				
••		he smaller of zero or line 37		1		0.
Part		Tax Computation		1		
10			ightharpoons	40		0.
41	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	·			
•		ax rate schedule or Schedule D (Form 1041)		41		
42		tax See instructions		42		
43	_	ative minimum tax (trusts only)	_	43		
44		Noncompliant Facility Income. See instructions	Ī	44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	İ	45		0.
Part		Tax and Payments				
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	•	credits (see instructions) 46b	$\neg$			
C		Il business credit. Attach Form 3800	$\neg$			
-		for prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 46a through 46d	$\neg$	46e		
47		ct line 46e from line 45	Ī	47		0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	ule)	48		
49	Total t	ax Add lines 47 and 48 (see instructions)	Ī	49		0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	Ī	50		0.
51 a		nts: A 2018 overpayment credited to 2019 51a				
		stimated tax payments 51b	$\Box$			
		posited with Form 8868 51c				
		n organizations: Tax paid or withheld at source (see instructions) 51d	$\neg$			
	_	o withholding (see instructions) 51e				
f		for small employer health insurance premiums (attach Form 8941) 51f	$\neg$			
a		credits, adjustments, and payments: Form 2439				
Ů		orm 4136 Other Total ▶ 51g				
52	Total p	ayments. Add lines 51a through 51g	$\neg$	52		
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached		53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ [	54		
55	Overpa	syment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ [	55		
56	•	he amount of line 55 you want; Credited to 2020 estimated tax	<b>▶</b> [	56		
Part		Statements Regarding Certain Activities and Other Information (see instructions)				
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	<b>•</b>				x
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				х
		" see instructions for other forms the organization may have to file.				
59		he amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	U	inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kni	owled	lge and belief, it is tru	10,	
Sign	6	orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		the IDC discuss the		
Here		1/12/20 EVP & COO		ly the IRS discuss this preparer shown below		nun
		Signature of officer Date Title		structions)? X Y		No
		Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
Paid	t	Self- emplo				
	oarer	SAMANTHA BOKORI SIMUMTU SHOW 11/11/2020	- "	P0105734	7	
-	Only	Firm's name ▶ DELOITTE TAX LLP Firm's EIN	$\overline{ ightharpoonup}$	86-1065	772	
OSE	Cilly	111 MONUMENT CIRCLE, SUITE 4200				
		Firm's address INDIANAPOLIS, IN 46204-5108	. (3	317) 464-860	0	
000711	01-27-20			Form 0		(2010)

P	age	3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea		6			
2 Purchases	2		7	Cost of goods sold. St	ubtract I	пе 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	with respect to		Yes	No	
<ul><li>Other costs (attach schedule)</li></ul>	4b		_	property produced or a	for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty	/) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
•	2. Rent receiv	ed or accrued				20, 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
rent for personal property is more than			personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	conne nd 2(b)	ected with the income in (attach schedule)	
(1)	<u>.</u>								
(2)									
(3)	_								
(4)								-	
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	ı (A)	<b>&gt;</b>			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	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	(-)	3. Deductions directly conto debt-finance		pperty	
1. Description of debt-fin	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)				,			┪		
(2)								-	
(3)	-								
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%			T		
(2)				%			Τ		
(3)				%		· <u>-</u>			
(4)				%		-			
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals				<b>•</b>		0			0.
Total dividends-received deductions in	cluded in column	18					•		0.

Schedule F - Interest, A		<u> </u>			Controlled O				see ins		
Name of controlled organization	on	2, Em identifi num	cation	3 Net unre (loss) (see	elated income instructions)		tal of specified ments made	ınclud	rt of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1) STRADA SOLUTIONS, IN	īC.	37-189	7172								
(2) INSIDE TRACK, INC.		94-334	4975								
(3)		ŀ					***		-		
(4)											
Nonexempt Controlled Organiz	rations	<u> </u>		·	-			L			
7. Taxable Income	Net unrelated income (loss)     (see instructions)				of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		eductions directly connected h income in column 10
(1) -3,704,523.		1	11,104.		11	1,104.		1	11,104.		
			32,508.	· · · ·		2,508.			32,508.	_	
(2)			,			-,			,,,,,,,,,,	-	
(3)											
(4)							Add colur Enter here and line 8,	i on page column (/	a 1, Part I, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals				504(-)/7	· (0) - · · (	<u>▶</u>			43,612.		0.
Schedule G - Investment		me or a s	section	501(C)(7	), (9), or (	17) Org	ganization				
·	(see instructions)  1. Description of income				2. Amount of income 3 Deductions directly connected (attach schedule)			ected	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)			<del></del>				,				, , , , , , , , , , , , , , , , , , ,
(2)						-					· · · · · · · · · · · · · · · · · · ·
(3)											
(4)							-		_		
(4)					Enter here and	on page 1.			J. <u>.</u>		Enter here and on page 1
Tabele				_	Part I, line 9, co						Part I, line 9, column (B)
Totals Schedule I - Exploited I	Exempt	Activity	Income	e. Other	Than Adv		na Income				
(see instru		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, •			.5				
Description of exploited activity	unrelated incon	Gross d business ne from business	directly of with pro of uni	4. Net incomform unrelated business (competed business (computed gain, computed through		trade or olumn 2 n 3) If a e cols 5	5. Gross income from activity that is not unrelated business income  6 Expense attributable column 5		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)									1		
(3)									· · · · · ·		
(4)	-										
	page	re and on 1, Part I, , col (A)									Enter here and on page 1, Part II, line 25
Totals		0.		0.							0.
Schedule J - Advertisir											
Part I Income From F	Periodio	als Rep	orted or	n a Cons	solidated	Basis			•		<b>,</b>
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs					6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											]
(2)											
(3)											
(4)											<u>                                     </u>
Totals (carry to Part II, line (5))	•	_	0.	0							0

## 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 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	<del></del>	<b>&gt;</b>	0.

Form 990-T (2019)

TOTAL TO FORM 990-T, PAGE 2, LINE 34

FORM 990-T		THER DEDU	CTIONS		STATEMENT 1
DESCRIPTION					AMOUNT
TAX PREPARATION FEES					5,8
TOTAL TO FORM 990-T,	PAGE 1, LIN	E 27			5,8
FORM 990-T	NET OPER	RATING LOS	S DEDUCT:	ION	STATEMENT 2
TAX YEAR LOSS SUSTA	PI	LOSS REVIOUSLY APPLIED		LOSS MAINING	AVAILABLE THIS YEAR
• • •	99,801. 45,992.	399,80 124,66		0. 4,221,323.	4,221,323
NOL CARRYOVER AVAILAB	LE THIS YEAR	<b>R</b>		4,221,323.	4,221,323
FORM 990-T	(	CONTRIBUT	ONS		STATEMENT 3
DESCRIPTION/KIND OF P	ROPERTY 1	METHOD USE	D TO DET	ERMINE FMV	AMOUNT
CONTRIBUTIONS FROM K-1		I/A I/A	6,8 14,733,4		

14,740,310.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SU			
CARRYOVER OF PRIOR YEARS UP FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	2,233,491 22,389,574 24,844,878		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CON	TRIBUTIONS	49,467,943 14,740,310	
TOTAL CONTRIBUTIONS AVAILATION AND TAXABLE INCOME LIMITATION	<del></del>	64,208,253	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		64,208,253 0 64,208,253	
ALLOWABLE CONTRIBUTIONS DE	DUCTION		0
TOTAL CONTRIBUTION DEDUCTION	ON		0

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

1

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ► 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 STRADA EDUCATION NETWORK, INC.	Employer identific 47-304443	dentification number 044430		
	Inrelated Business Activity Code (see instructions)			_	
	Describe the unrelated trade or business LIMITED PARTN	ERSHIP	ACTIVITIES		
	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		<del> </del>	
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	3,815,473.	. <u></u>	3,815,473.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-464.		-464.
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	5	73,082.		73,082.
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			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	3,888,091.		3,888,091.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			· ·	
14	Compensation of officers, directors, and trustees (Schedule K)				5
15	Salaries and wages			1:	
16	Repairs and maintenance			10	
17	Bad debts			1	
18	Interest (attach schedule) (see instructions)			<del></del>	8 52.
19	Taxes and licenses .		1 00 1	19	<del>9</del> <u></u>
20	Depreciation (attach Form 4562)		20		<u></u>
21	Less depreciation claimed on Schedule A and elsewhere on return			21	
22	Depletion			2	
23	Contributions to deferred compensation plans			2	
24	Employee benefit programs			2	
25 06	Excess exempt expenses (Schedule I)			20	
26	Excess readership costs (Schedule J) Other deductions (attach schedule)		SEE STATEMENT		
27	· ·			<u> </u>	215 222
28	Total deductions. Add lines 14 through 27	otion Si	ibtract line 20 from line 1	3 29	2 554 500
29 30	Unrelated business taxable income before net operating loss dedu Deduction for net operating loss arising in tax years beginning on c			٠ <u>- ۲</u>	3,3,2,7,00,
30	instructions)	י מונכו טי	andary 1, 2010 (500	STMT 7	0.
24	Unrelated business taxable income Subtract line 30 from line 29			3	
31	Officialed publicess taxable income Subtract line 30 from line 29		<del>-</del>		3,3,2,,00,

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

### 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

STRADA EDUCATION NETWORK, I	INC.			47-	3044430
Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ve	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru					, <u> </u>
Part I Short-Term Capital Ga			gantoniooo		<del></del>
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	) 9.	(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)
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					3,819,988.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7	Į	4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)		į	6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	3,819,988.
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts	(4)	(a)	(0) Advisor to the second		(h) Gain or (loss) Subtract
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 gair or loss from Form(s) 8949 Part II, line 2, column (g	€,	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					
no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to					
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				·	
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  Totals for all transactions reported on					
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					
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					
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					-4,515.
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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Totals for all transactions reported on				11	-4,515.
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	from Form 6252, line 26 or 37	7		11 12	-4,515.
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	·	7			-4,515.
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  12 Long-term capital gain from installment sales	·	,		12	-4,515.
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  12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions	d exchanges from Form 8824			12 13	-4,515. -4,515.
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  12 Long-term capital gain from installment sales  13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824 e lines 8a through 14 in columi			12 13 14	
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  12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combini	d exchanges from Form 8824 e lines 8a through 14 in columi d II	ı h		12 13 14	
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  12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions  15 Net long-term capital gain or (loss). Combine  Part III Summary of Parts I and	d exchanges from Form 8824 e lines 8a through 14 in column d II ne 7) over net long-term capita	n h I loss (line 15)	÷ 7)	12 13 14 15	-4,515.
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  12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine  Part III Summary of Parts I and	d exchanges from Form 8824  e lines 8a through 14 in columi  d II  ne 7) over net long-term capita n capital gain (line 15) over net	n h I loss (line 15) short-term capital loss (line	;7)	12 13 14 15	-4,515.
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  12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combini  Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (liii) 17 Net capital gain. Enter excess of net long-term.	d exchanges from Form 8824  e lines 8a through 14 in column  d II  ne 7) over net long-term capita n capital gain (line 15) over net 1120, page 1, line 8, or the pro	n h I loss (line 15) short-term capital loss (line	3.7)	12 13 14 15 16 17	-4,515. 3,815,473.

LHA

Name(s) shown on return

Department of the Treasury Internal Revenue Service

**Sales and Other Dispositions of Capital Assets** 

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Social security number or taxpayer identification no

						tunpuyu. It	
STRADA EDUCATION NETV	WORK, INC.					47-30	44430
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which l	ation as Form 109	you received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem r basis (usually youi	ent(s) from r cost) was i	your broker. A su reported to the IR	bstitute S by your
Part I Short-Term. Transact transactions, see page 2 Note: You may apprepare all	ions involving capit	tions reported on f	Form(s) 1099 B show	ına basıs was reporte	d to the IRS	and for which no ad	justments or
codes are required Enter the You must check Box A, B, or C below.	e totals directly on t	Schedule D, line 1a	you aren't required	to report these transa-	actions on Fo	rm 8949 (see instru Form 8949, nage 1, for	each applicable box
If you have more short-term transactions than will  (A) Short-term transactions re	II fit on this page for on	e or more of the boxes	s, complete as many for	ns with the same box che	cked as you ne	ed	each applicable box
(B) Short-term transactions re	ported on Form(s	) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-E	3	· · · · · · · · · · · · · · · · · · ·			
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss If you in column (	, if any, to gain or u enter an amount g), enter a code in See instructions	Gain or (loss).
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
GSO CREDIT ALPHA FUND II,							
LP							42,447.
VISTRIA FUND (FT), LP							3,777,541.
·							
					· · · - ·		
				<u> </u>			
<del></del>							
	<b></b>			-			
						_	
<del></del>							
2 Totals. Add the amounts in colur							
negative amounts) Enter each to		-					
Schedule D, line 1b (if Box A abo							3,819,988.
above is checked), or line 3 (if B	ox C above is ch	ескеа)		l			3,013,300.

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

Name(c) shown on return Name and SSN or taxpayor identification no not required if shown on page 1

Social security number or

						taxpayer ide	ntification no.
STRADA EDUCATION NETW	ORK, INC.					47-3	044430
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ition as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1 Note: You may aggregate all	ons involving capital	tions reported on F	orm(s) 1099-B show	ing basis was reported	to the IRS an	d for which no adj	ustments or
codes are required Enter the You must check Box D, E, or F below. (	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	rm 8949, page 2, for	
f you have more long-term transactions than will	· -						
(D) Long-term transactions rep	•	•	•	,	Note above	<del>)</del>	
(E) Long-term transactions rep	•	•	-	eported to the IHS			
X (F) Long-term transactions not	T		· · ·	1	Adjustment	if any, to gain or	(4.)
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If you in column (g	enter an amount ), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example 100 SIT X12 CO)	(IVIO, day, yr)	(Mo, day, yr)		Note below and	<del></del>	ee instructions	from column (d) &
		( , aay, y. )		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
LEAVITT EQUITY PARTNERS I,							
LP							459.
SOLAMERE CAPITAL FUND II,			 				
LP							<4,974.>
					_		<u> </u>
						<del>.</del>	
							_
							······
							-
							_
				-			
							_
					<b></b>		
			L		<b></b>		
							_
2 Totals. Add the amounts in colur negative amounts) Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	•	-					<4 515.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIP	S STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
GSO CREDIT ALPHA FUND II AIV-6 LP - ORDINARY BUSINESS INCOME (LOSS)	34,118.
GSO CREDIT ALPHA FUND II, LP - ORDINARY BUSINESS INCOM (LOSS)	80,214.
HARVEST MLP INCOME FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	75,835.
LEAVITT EQUITY PARTNERS I, LP - ORDINARY BUSINESS INCOME (LOSS)	-17,142.
LEAVITT EQUITY PARTNERS II, LP - ORDINARY BUSINESS INCO	-15,121,
LEEDS EQUITY PARTNERS VI, L.P ORDINARY BUSINESS INCOLOSS) SOLAMERE CAPITAL FUND II LP - ORDINARY BUSINESS INCOME	-52,652,
(LOSS) SOLAMERE CAPITAL FUND II-A LP - ORDINARY BUSINESS INCOME	-8,296
(LOSS) SOLAMERE CAPITAL FUND III LP - ORDINARY BUSINESS INCOM	2,038.
(LOSS)	-17,148.
UNDERSTORY LLC - ORDINARY BUSINESS INCOME (LOSS)	-260,686,
VISTRIA FUND (FT), LP - ORDINARY BUSINESS INCOME (LOSS WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LO	
	•
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LO	SS) 47,917
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LO	73,082.
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS	SS) 47,917, 73,082,  STATEMENT 6
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS  DESCRIPTION INVESTMENT MANAGEMENT FEES	STATEMENT 6  AMOUNT  274,339
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS  DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES  TOTAL TO SCHEDULE M, PART II, LINE 27	AMOUNT  274,339, 41,912
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS  DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES  TOTAL TO SCHEDULE M, PART II, LINE 27  SCHEDULE M NET OPERATING LOSS DEDUCTION	STATEMENT 6  AMOUNT  274,339 41,912
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS  DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES  TOTAL TO SCHEDULE M, PART II, LINE 27	STATEMENT 6  AMOUNT  274,339 41,912  316,251  STATEMENT 7  AVAILABLE
WHITEBOARD ADVISORS LLC - ORDINARY BUSINESS INCOME (LOTTOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5  FORM 990-T (M) OTHER DEDUCTIONS  DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES  TOTAL TO SCHEDULE M, PART II, LINE 27  SCHEDULE M NET OPERATING LOSS DEDUCTION  LOSS PREVIOUSLY LOSS TAX YEAR LOSS SUSTAINED APPLIED REMAIN	STATEMENT 6  AMOUNT  274,339 41,912  316,251  STATEMENT 7  AVAILABLE

Department of the Treasury Internal Revenue Service

# **Unrelated Business Taxable Income from an**

**Unrelated Trade or Business** 

For calendar year 2019 or other tax year beginning

► 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). OMB No 1545-0047

ENTITY

2

501(c)(3) Organizations Only

Name of th	he organization STRADA EDUCATION NETWORK, INC.				Employer idea		on number
Unre	lated Business Activity Code (see instructions)  611	L710			· · · ·		
		N EDUC	ATION	HOLDINGS, LLC			
Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses		(C) Net
1a Gro	oss receipts or sales						
<b>b</b> Les	ss returns and allowances c Balan	nce 🖊	1c				
2 Co	st of goods sold (Schedule A, line 7)	L	2				
<b>3</b> Gro	oss profit Subtract line 2 from line 1c		3				
4a Ca	<ul> <li>4 a Capital gain net income (attach Schedule D)</li> <li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li> <li>c Capital loss deduction for trusts</li> </ul>						
<b>b</b> Ne							
<b>c</b> Ca							
	come (loss) from a partnership or an S corporation (attach attement) STATEMENT 8		5	-322,950.			-322,950.
6 Re	nt income (Schedule C)		6				
	related debt-financed income (Schedule E)		7				
	erest, annuities, royalties, and rents from a controlled						
oro	ganization (Schedule F)		8				
9 Inv	restment income of a section 501(c)(7), (9), or (17)						
	ganization (Schedule G)		9				
10 Exp	ploited exempt activity income (Schedule I)		10				
11 Ad	vertising income (Schedule J)		11				
12 Oth	her income (See instructions, attach schedule)		12				
13 To	tal. Combine lines 3 through 12		13	-322,950.			-322,950.
	Deductions Not Taken Elsewhere (See ins directly connected with the unrelated business	ess inc				T 1	
	Compensation of officers, directors, and trustees (Schedule K)					14	
	·					15	
	·					16	
						17	
						18	
	xes and licenses			ا مو ا		19	
	preciation (attach Form 4562)			20			
	ss depreciation claimed on Schedule A and elsewhere on	return		21a		21b	
	pletion					22	
	ntributions to deferred compensation plans aployee benefit programs					24	
	cess exempt expenses (Schedule I)					25	
	cess exempt expenses (Schedule I)					26	
	ner deductions (attach schedule)			SEE STATEMEN	r 9	27	3,481.
	tal deductions, Add lines 14 through 27					28	3,481.
	related business taxable income before net operating loss	deduc	tion S	ubtract line 28 from line	13	29	-326,431.
	duction for net operating loss arising in tax years beginning					23	
	tructions)	·9 011 01	anor t	andary 1, 2010 (366	STMT 10	30	0.
	related business taxable income. Subtract line 30 from lin	e 29				31	-326,431.

FORM 990-T (M) INC	OME (LOSS) FROM P.	ARTNERSHIPS	STATEMENT 8
DESCRIPTION			NET INCOME OR (LOSS)
JEFFERSON EDUCATION HOLDING INCOME (LOSS)	-322,950		
TOTAL INCLUDED ON SCHEDULE	-322,950		
FORM 990-T (M)	STATEMENT 9		
DESCRIPTION	AMOUNT		
TAX PREPARATION FEES	3,481.		
TOTAL TO SCHEDULE M, PART I	3,481		
SCHEDULE M NE	T OPERATING LOSS	DEDUCTION	STATEMENT 10
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/21/10		110,852.	110,852.
12/31/18 110,852.			