•	Extended to November 16, 2020	
Form 990'-T -	Exempt Organization Business Income Tax Return	OMB No 1545-0047
,	(and proxy tax under section 6033(e))	
••	For calendar year 2019 or other tax year beginning, and ending	_ 2019
Department of the Treasury Internal Revenue Service	▶ 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
A Check box if	Name of organization (Check box if name changed and see instructions.)	Employer identification number
address changed	Than or organization (onlock box in name onlaring of and box in our gottons.)	(Employees' trust, see instructions)
B Exempt under section	Print Eleutherian Mills-Hagley Foundation, Inc	51-0070531
X 501(c ()) 3)	or Number street and room or suite no. If a P.O. hox see instructions	E Unrelated business activity code (See instructions)
408(e) 220(e)	PO Box 3630] `
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	
529(a)	Wilmington, DE 19807-0630	453220
Book value of all assets at end of year 179,785,3	F Group exemption number (See instructions.) 73. G Check organization type X 501(c) corporation 501(c) trust 401(a)) trust Other trust
	organization's unrelated trades or businesses. 2 Describe the only (or first) un	
	► Investment activity . If only one, complete Parts I-V.	
_	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	
business, then complete		
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
	ind identifying number of the parent corporation	
		302) 658-2400
	d Trade or Business Income (A) Income (B) Expenses	s (C) Net
1 a Gross receipts or sale		
b Less returns and allow		
2 Cost of goods sold (S3 Gross profit. Subtract	10200	
4a Capital gain net incon	ne (attach Schedule D)	451.
	4797, Part II, line 17) (attach Form 4797) 4b -147.	-147.
c Capital loss deduction		
5 Income (loss) from a	partnership or an S corporation (attach statement) 5 5 , 3,78. Stmt 1	5,378.
6 Rent income (Schedu		
7 Unrelated debt-finance	ed income (Schedule E) 7 RHCH	
	valties, and rents from a controlled organization (Schedule F) 8	
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	
•	vity income (schedule i)	
11 Advertising income (\$ 12 Other income (See in:	structions, attach schedule)	
13 Total. Combine lines		5,682.
	ns Not Taken Elsewhere (See instructions for limitations on deductions)	0,700,20
	must be directly connected with the unrelated business income	
14 Compensation of off	icers, directors, and trustees (Schedule K)	14
15 Salaries and wages		15
16 Repairs and mainten	nance	16
17 Bad debts		17
•	dule) (see instructions)	18
19 Taxes and licenses20 Depreciation (attach	Form 4562) 20	19
	aimed on Schedule A and elsewhere on return 21a :	21b
22 Depletion		22
•	erred compensation plans	23
24 Employee benefit pro		24
25 Excess exempt expe	nses (Schedule I)	25
26 Excess readership c		26
27 Other deductions (at		27
/	dd lines 14 through 27	28 0.
	axable income before net operating loss deduction. Subtract line 28 from line 13	29 5,682.
/	erating loss arising in tax years beginning on or after January 1, 2018	30 0.
(see instructions)	axable income. Subtract line 30 from line 29	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	or Paperwork Reduction Act Notice, see instructions	Form 990-T (2019)

Fo	orm 990-	-T (2Q19)	Eleutherian Mills-Hagley Foundation, Inc		51-	0070531 Page 2
			Total Unrelated Business Taxable Income			
_	_		unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ns) 🖟	(32	5,682.
		•	ts paid for disallowed fringes	· (33	
			ble contributions (see instructions for limitation rules)		34	0.
			nrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the	sum of lines 32 and 33	_	5,682.
			ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
			funrelated business taxable income before specific deduction. Subtract line 36 from line 35	·	37	5,682.
			deduction (Generally \$1,000, but see line 38 instructions for exceptions)	· · · · · · 4	38	1,000.
			ted business taxable income. Subtract line 38 from line 37, if fine 38 is greater than line 37,	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·
			ne smaller of zero or line 37		39	4,682.
\ □	Párt	IV 1	Tax Computation			
) フ	40	Organiz	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	\	40	983.
. /			Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 fro	om:		
		Та	ax rate schedule or Schedule D (Form 1041)		. 41	
	42	Proxy ta	ax. See instructions		42	
	43 /	Alternat	tive minimum tax (trusts only)		43	
	44	Tax on	Noncompliant Facility Income. See instructions	.,	44	
	45/	Total. A	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	983.
\ [ī	Bárt	V 1	Tax and Payments		,	
17	46a F	oreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
V	ь (Other ci	redits (see instructions)		7	
	c (General	business credit. Attach Form 3800		7	
	d (Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
	θ.	Total cı	redits. Add lines 46a through 46d		46e	
	47 8	Subtrac	ct line 46e from line 45		47	983.
	48 (Other ta	exes. Check if from; 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 (Other (attach schedule)	48	
	49	Total ta	ax. Add lines 47 and 48 (see instructions)	4	48	983.
	50 2	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
	51 a F	aymen	nts: A 2018 overpayment credited to 2019			
	b 2	2019 es	stimated tax payments		7	
	c 7	Гах dep	posited with Form 8868 \$1c		7	
	d F	oreign	organizations; Tax paid or withheld at source (see instructions)		7	
	e E	Backup	withholding (see instructions)		7	
	t (Credit fo	or small employer health insurance premiums (attach Form 8941) \$1f			
	g (Other cr	redits, adjustments, and payments: Form 2439			
		Fo	orm 4136 ☐ Other Total ► 5tg			
	52 1	Total pa	ayments. Add lines 51a through 51g	. ,	\52	
	53 E	stimate	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 🛒 🛒	~5	53	37.
	54 1	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	9 >	54	1,020.
1)			yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶	\$ 5	
_	_		e amount of line 55 you want: Credited to 2020 estimated tax	Refunded >	5 6	
L	Part '	VI S	Statements Regarding Certain Activities and Other Information (see in	nstructions)	<u>'</u>	
		-	ime during the 2019 calendar year, did the organization have an interest in or a signature or other auth	-		Yes No
			inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			'
			Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cour	etry		
			▶ United Kingdom			X
		•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		X
			see instructions for other forms the organization may have to file.			'
	59 E		e amount of tax-exempt interest received or accrued during the tax year > \$			
9	ign	COL	nder penallies of porjury, I declare that I have examined this return, including accompanying schedules and statements, a median dominate of the property is based on all information of preparer (other than taxpayer) is based on all information of validations of the property in the property of the prop	ind to the best of my kn noviledge	owledge and	beliat, it is true,
	ere			ciai [May the IRS d	iscuss this return with
••			Signature of officer Date Officer			hown below (see
_		۲,			nstructions)?	X Yes No
			Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
	Paid		Peter Kennedy Peter Kennedy 08/06/2	self- employed		0571422
	repa	ai ei				-0232475
ι	Jse (Only	Firm's name ▶ Cover & Rossiter, P.A. 2711 Centerville Road, Suite 100	Firm's EIN	- 31	-0434413
			I	Phone	(303)	656 6622
_			Firm's address ► Wilmington, DE 19808	Phone no.	(304)	656-6632

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A			
1 Inventory at beginning of year 1 6 Inventory at end of year					ır		6
2 Purchases	2	2 7 Cost of goods sold. Su				ine 6	
3 Cost of labor	3 from line 5 Enter here a				and in	Part I,	
4 a Additional section 263A costs			7	line 2		[7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	,	7	property produced or a	acquire	for resale) apply to	
5 Total Add lines 1 through 4b	5		7	the organization?			
Schedule C - Rent Income	(From Real	Property an	d Pei	rsonal Property	Leas	ed With Real Prop	perty)
(see instructions)							
1. Description of property							
(1)	•					<u>.</u>	
(2)							
(3)				-	_		
(4)							
	2. Rent receiv	ed or accrued				2(a) Daduations durantly	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age		connected with the income in d 2(b) (attach schedule)
(1)							-
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns there 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	ot-Financed	I Income (see	ınstru	ctions)		•	
			2	- Gross income from		Deductions directly conn to debt-finance	nected with or allocable ed property
1. Description of debt-fir	nanced property			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 of or allocable to debt-financed prop (attach schedule)		allocable to nced property	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)			1	%			
(3)			1	%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶.		0.	. 0.
Total dividends-received deductions in	cluded in columi	n 8					0.
							Form 990-T (2019)

Schedule F - Interest,	Annuitie	s, Roya	lties, ar					atio	ns (see ins	structio	ns)
				Exempt	Controlled O	rganızatı	ons				
Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)		al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)								 			
(1)						· · ·					
		· · · ·									
(3)								 		-	
(4)					_						
Nonexempt Controlled Organiz										ſ	
7. Taxable Income		nrelated incon ee instruction		9. Total	of specified pay made	ments	10. Part of colui in the controlli gross		nization's	11. D	deductions directly connected th income in column 10
(1)						-					-
(2)											
(3)					•		-		-		
			• •								
_(4)				<u> </u>							
							Add colun Enter here and line 8, c		e 1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme		me of a	Section	501(c)((7), (9), or	(17) Or	ganization)			<u> </u>
(see instr	uctions)								ſ		1 5
1. Descr	ription of inco	me			2. Amount of	ıncome	3 Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						Ĩ					
(2)											
(3)					1						
(4)					1	+					-
()					Enter here and	on page 1,				~	Enter here and on page 1,
					Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	0.]					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
Description of exploited activity	unrelated incom		directly of with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, computithrough	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colur	able to	7 - Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											<u> </u>
(2)											
(3)					 						
(4)					 						
	Enter her page 1 line 10,	col (A)							_		Enter here and on page 1, Part II, line 25
Totals	1	0.		<u>0.</u>	l						0.
Schedule J - Advertision											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co		5 Circulat e income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_		—		1		·		1
(2)			1		7		:				1 1
(3)			\dashv		\dashv		-				┧
(4)					\dashv						-{ · · · · · · · · · · · · · · · · · · ·
· · · ·			 				+				
Totals (carry to Part II, line (5))	•		0.	0					<u></u>		0.

Form 990-T (2019) Eleutherian Mills-Hagley Foundation, Inc 51-0070531 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)							T
(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 (8)				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	1	Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II, line 14			>	0.

Form 990-T (2019)

Form 990-T Income (Loss) from Partnerships	Statement 1
Description	Net Income or (Loss)
CF Capital International Partner VI, LP - Interest Income CF Capital International Partner VI, LP - Dividend Income CF Capital International Partner VI, LP - Other Portfolio	141.
income (loss) CF Capital International Partner VI, LP - Other income	76.
(loss) CF Capital Venture Partner IX, LP - Ordinary Business	-64.
Income (loss) CF Capital Venture Partner IX, LP - Net Rental Real Estate	-474.
Income CF Capital Venture Partner IX, LP - Interest Income	1. 16.
CF Capital Venture Partner IX, LP - Dividend Income CF Capital Venture Partner IX, LP - Other Portfolio income	5.
(loss) CF Capital Venture Partner IX, LP - Other income (loss)	-1. -357.
CF Capital Venture Partner VIII, LP - Other income (loss) Metropolitan Real Estate Partners Global II, LP - Ordinary Business Income (-5. 156.
Metropolitan Real Estate Partners Global II, LP - Net Rental Real Estate Inc	3.
Metropolitan Real Estate Partners V, LP - Ordinary Business Income (loss)	7.
Metropolitan Real Estate Partners V, LP - Net Rental Real Estate Income	2.
Metropolitan Real Estate Partners VII, LP - Ordinary Business Income (loss)	244.
Metropolitan Real Estate Partners VII, LP - Net Rental Real Estate Income	-52.
Metropolitan Real Estate Partners VII, LP - Other income (loss)	-3.
MREP Distressed Strategies II, LP - Ordinary Business Income (loss)	812.
MREP Distressed Strategies II, LP - Net Rental Real Estate Income	-67.
MREP Distressed Strategies II, LP - Other income (loss) Horsley Bridge X Growth Buyout, LP - Ordinary Business Income (loss)	-1. 9,055.
Horsley Bridge X Growth Buyout, LP - Interest Income Horsley Bridge X Growth Buyout, LP - Other income (loss)	5,033. 5. -306.
Horsley Bridge X Growth Buyout, LP - Other Income (10ss) Horsley Bridge X Venture, LP - Ordinary Business Income (loss)	-150.
Horsley Bridge X Venture, LP - Interest Income Horsley Bridge X Venture, LP - Other income (loss)	1. -431.
Horsley Bridge XI Growth Buyout, LP - Ordinary Business Income (loss)	-3,245.
Horsley Bridge XII Venture, LP - Ordinary Business Income (loss)	6.

Eleutherian Mills-Hagley Foundation, Inc	51-0070531
Horsley Bridge XII Venture, LP - Other income (loss)	-22.
Total Included on Form 990-T, Page 1, line 5	5,378.

1

(Form 990-T)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

Employer identification number

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

501(c)(3) Organizations Only

	Eleutherian Mills-Hagle		oundation, In	c = 51 - 0070	531
U	Inrelated Business Activity Code (see instructions) 45322				
	escribe the unrelated trade or business Gift Shop)			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 27,329.				-
	Less returns and allowances c Balance	1c	27,329.		
2	Cost of goods sold (Schedule A, line 7)	2	36,667.		
3	Gross profit Subtract line 2 from line 1c	3	-9,338.	·	-9,338.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	\Box			
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11		HI	
12	Other income (See instructions, attach schedule) Stmt 2	12	2,489.	· ·	2,489. -6,849.
13	Total. Combine lines 3 through 12	13	-6,849.		_6,849.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			, ,	ions must be
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		1 1	19	
20	Depreciation (attach Form 4562)		20		-
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a	21b	
22	Depletion			22	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

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-6,849.

24

25

26

27

28

29

Stmt 3

24

25

26

27

28

29

30

Form 990-T (M)	Other Income		Statement 2
Description			Amount
Interest Income			2,489.
Total to Schedule M, Part I,	line 12		2,489.
Schedule M Net	Operating Loss 1	Deduction	Statement 3
Tax Year Loss Sustained	Loss Previousl y Applied	Loss T Remaining	Available This Year
12/31/18 12,254.		12,254.	12,254.
NOL Carryover Available This	Year	12,254.	12,254.

Form 990-T (2019)

Form 990-T (2019)							Page 3
Eleutheria	an Mill	s-Hagley	Foundation,	Inc	51-00		_
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation 🕨 Lov	ver o	of cost or	market	
1 Inventory at beginning of year	1	31,606.	6 Inventory at end of ye	ar		6	17,788.
2 Purchases	2	22,849.	7 Cost of goods sold S	Subtract I	ine 6		
3 Cost of labor	3		from line 5. Enter her	e and in F	Part I,		
4a Additional section 263A costs			line 2			7	36,667.
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		Yes No
b Other costs (attach schedule)	4b	·	property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	54,455.	the organization?				<u> </u>
Schedule C - Rent Income (From Real	Property and	Personal Property	Leas	ed With Real P	roperty)	
(see instructions)							
Description of property							
(1)							
(2)	-						
(3)			-	_	-		
(4)			•				
	2. Rent receiv	ed or accrued			0/11-11-11		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	` 'of rent for pe	nd personal property (if the percentersonal property exceeds 50% or its based on profit or income)	tage if	ge 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 here and on page 1, Part I, line 6, column		nter		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	nstructions)		•		
			2. Gross income from		3. Deductions directly of to debt-fin	connected with or a anced property	llocable
1. Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth (attac	ner deductions ch schedule)
(1)				l			
(2)		***	·				
(3)	•						
(4)			-,			1	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deductions 5 x total of columns (a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%			1	
· · · · · · · · · · · · · · · · · · ·		`	· · · · · · · · · · · · · · · · · · ·		nter here and on page 1, Part I, line 7, column (A)		e and on page 1, ne 7, column (B)
Totals			_			0.	0.
TUIGIS		_				~ 	

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

Eleutherian Mills-	0070531							
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax y	/ear?		Yes X No			
If "Yes," attach Form 8949 and see its instru			ir gain or loss					
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)	(e)	(g) Adjustments to ga	ın	(h) Gain or (loss) Subtract			
This form may be easier to complete if you	Proceeds (sales price)	Proceeds Cost or loss from Form(s) 8949,						
round off cents to whole dollars.	(Sales price)	(di Ottici Dasis)	rait i, iiio 2, colonii (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	-	-	1					
1b Totals for all transactions reported on								
Form(s) 8949 with Box A checked								
2 Totals for all transactions reported on					İ			
Form(s) 8949 with Box B checked					<u>.</u> .			
3 Totals for all transactions reported on								
Form(s) 8949 with Box C checked					263.			
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4				
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5				
6 Unused capital loss carryover (attach comput	ation)			6	()			
7 Net short-term capital gain or (loss) Combine				7	263.			
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions)						
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	ın	(h) Gain or (loss) Subtract			
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	19.	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		<u></u>						
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on					100			
Form(s) 8949 with Box F checked	<u></u>				188.			
11 Enter gain from Form 4797, line 7 or 9		_		11				
12 Long-term capital gain from installment sales		7		12				
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13				
14 Capital gain distributions				14	100			
15 Net long-term capital gain or (loss). Combine	·	n h		15	188.			
Part III Summary of Parts I and					1 262			
16 Enter excess of net short-term capital gain (lir			. 7)	16	263.			
17 Net capital gain. Enter excess of net long-term		• •	e /)	17	188.			
18 Add lines 16 and 17. Enter here and on Form	•	oper line on other returns		18	451.			
Note. If losses exceed gains, see Capital Los	sses in the instructions.							
·	<u> </u>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

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

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

51-0070531

Eleutherian Mills-Hagley Foundation, Inc 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 broker and may even tell you which box to check 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 ansactions 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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date acquired Date sold or Description of property in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (f) see Column (e) ın combine the result Amount of Code(s) with column (g) the instructions adjustment Horsley Bridge X Venture, LP 263. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 263.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

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.

Eleutherian Mills-Hagley Foundation,

51-0070531

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 more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099 B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) see Column (e) ın combine the result Amount of Code(s) the instructions with column (g) adjustment CF Capital International Partner VI, LP 20. Metropolitan Real Estate Partners V <21.> LР Horsley Bridge X <u> 189.</u> Venture, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

188.

above is checked), or line 10 (if Box F above is checked)