17
Inspection for izations Only on number e
ctivity codes
13910
ther trust
0
40
Net
287;
,160.
758.

Form	990-T	E	Ехе	mpt Or	ganiza	tion Bus	sine	ss Inco	ome Ta	ax F	Returr	ı L	OMB No 1545-0	0687
	•			- -		oxy tax und					1901		204	7
		For ca	lendar y			ning JUL 1,					<u>, 201</u>	<u>8</u>	ZU I	
Depar	tment of the Treasury	_				/Form990T for in						L	Open to Public Inco	ection for
	al Revenue Service	•	Do n	ot enter SSN n		is form as it may				tion is a	a 501(c)(3)		Open to Public Insp 501(c)(3) Organizati	
ΑL	Check box if address changed		Nam	e of organizatio	in (L Cho	eck box if name c	hanged	l and see instri	uctions.)			(Empl	oyer identification n loyees' trust, see actions)	umber
B E	kempt under section	Print	CO	LORADO	SEMINA	ARY						8	4-04042	31
X]501(c)(3)	or	Num	ber, street, and	room or suit	e no. If a P.O. bo	x, see II	estructions.					ated business activinstructions)	ity codes
]408(e)220(e)	Туре	21	99 S UN	IIVERS:	ITY BLVD)					"	,	
]408A530(a)		City	or town, state o	r province, c	ountry, and ZIP o	r foreig	n postal code				1		
	529(a)		DE	NVER, C	0 80	208						713	940 71	<u> 3910</u>
C Bo	ok value of all assets		F Gr	oup exemption	number (See	e instructions.)	>							
1	nd of year , 817, 594, 4	86.	G Ch	eck organizatio	n type ►				1(c) trust	Ĺ	401(a)	trust	Other	r trust
H De	scribe the organization	's prim	ary un	related busines	s activity. 🕨	· S	EE	STATEM:	ENT 1					
	ring the tax year, was	-		_			nt-subs	idiary controlle	ed group?		▶ [Ye	s X No	
	Yes," enter the name a					ration. 🕨								
	e books are in care of												871-374	
<u>Pa</u>	rt I Unrelated	Trac						(A) Inc	ome	(E	B) Expenses	3	(C) Net	
1 a	Gross receipts or sale	S	_6	,331,91	.3.									i
b	Less returns and allow	vances			c Bala	ance -	1c	6,331						
2	Cost of goods sold (S	chedule	e A, line	e 7)			2		,626.					
3	Gross profit. Subtract	line 2 fr	rom lın	e 1c	(2)		3	5,448					5,448,	
4 a	Capital gain net incom	e (attac	ch Scho	edule D)	-,		4a	888	,160.		<u> </u>	11	888,	<u> 160.</u>
b	Net gain (loss) (Form	4797, P	Part II,	line 17) (attach	Form 4797)		4b			لما				
C	Capital loss deduction	for trus	sts				4c				020			
5	Income (loss) from pa	ırtnersh	nps an	d S corporation	ns (attach sta	tement)	5	-1,100	<u>,758.</u>	I	20		-1,100,	758.
6	Rent income (Schedu	le C)					6			لتتا	5	EN		
7	Unrelated debt-finance	ed incor	me (Sc	hedule E)			7			$\overline{0}$	_			
8	Interest, annuities, roy	alties, a	and rer	its from contro	lled organiza	tions (Sch. F)	8			Ш	АҮ	31		
9	Investment income of	a sectio	on 501	(c)(7), (9), or (17) organizat	ion (Schedule G)	9			R	\geq	0		
10	Exploited exempt activ	rity inco	ome (S	chedule I)			10							
11	Advertising income (S	chedule	e J)				11				B644			
12	Other income (See ins	truction	ns; atta	ch schedule)			12							
	Total. Combine lines						13	5,235					5,235,	<u>689.</u>
Pa						e instructions fo					- \ ·			
	• •			•		ectly connecte	u with	the unrelated	business	Income	e.)			
14	Compensation of offi	cers, di	rectors	s, and trustees	(Schedule K)							14	1 000	4 - 4
15	Salaries and wages											15	1,889,	121.
16	Repairs and mainten	ance										16		
17	Bad debts											17	L	
18	Interest (attach sche	aule)										18		
19	Taxes and licenses											19		
20	Charitable contribution			ictions for limit	ration rules)					100	060	20		
21	Depreciation (attach		-						21	T 0 9	,968.		100	060
22	Less depreciation cla	ımed oı	n Sche	dule A and else	ewhere on ret	urn '			22a			22b	106,	<u> </u>
23	Depletion					I						23		
24	Contributions to defe		mpens	ation plans								24	200	
25	Employee benefit pro	-										25	390,	664.
26	Excess exempt exper	•		•								26		
27	Excess readership co											27	0.6=1	156
28	Other deductions (at	tach sch	hedule)	}				SEE	STATE	EMEN	т 3	28	2,271,	<u>470.</u>
29	Total deductions. A	dd lines	14 thr	ough 28					_			29	4,658,	<u> 253.</u>
30	Unrelated business to	axable ıı	ncome	before net ope	erating loss d	eduction. Subtrac	t line 2					30	577,	
31	Net operating loss de	duction	ı (limit	ed to the amou	nt on line 30))		SEE	STATE	EMEN	T 4	31	577,	
32	Unrelated business t							30				32		0.
33	Specific deduction (6											33	1,	000.
34	Unrelated business	taxable	incon	ne. Subtract lin	e 33 from lin	e 32. If line 33 is	greater	than line 32, e	nter the sma	aller of z	ero or			_
	line 32											34		<u>0.</u>
	1 01-22-18 LHA FO	- B		3 - d., -A A - A	Madian anni	4							Form 990-	(0017)

•									
Form 990-	T (2017)	COLORADO SEMINARY			84-040	4231	L		Page 2
Part	III T	ax Computation							
35	Organ	nizations Taxable as Corporations. See instructions for tax computation.							
	Contr	olled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and	d:						
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	·):			1			
	(1)	\$ (2) \$ (3) \$							
, b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)							
	(2) A	dditional 3% tax (not more than \$100,000)				<u> </u>			
C	Incom	ne tax on the amount on line 34				35c			0.
36	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	on line 3	4 from:	•				
		Tax rate schedule or Schedule D (Form 1041)			· •	36		•	
37	Proxy	tax. See instructions				37			
38	Altern	ative minimum tax				38			
39	Tax o	n Non-Compliant Facility Income. See instructions				39			
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40			0.
		ax and Payments							
		in tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			4.			_
b		credits (see instructions)	·41b			4)— (C)	
C		ral business credit. Attach Form 3800	41c			4			
		for prior year minimum tax (attach Form 8801 or 8827)	41d			- -			
		credits. Add lines 41a through 41d			•	418			0.
42		act line 41e from line 40 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	—			42			<u> </u>
43			סס) Utiler (a	tach schedule)	43			0.
44		tax. Add lines 42 and 43	450			44			
	•	ents: A 2016 overpayment credited to 2017	45a 45b	-		- 1			
		estimated tax payments eposited with Form 8868	45c			1			
		n organizations; Tax paid or withheld at source (see instructions)	45d		·	┥ ┃			
		ip withholding (see instructions)	45e			1			
ì		for small employer health insurance premiums (Attach Form 8941)	45f	•		1			
·		credits and payments: Form 2439	'\\			1			
•		Form 4136 Other Total	45g						
46		payments. Add lines 45a through 45g				46			
47		ated tax penalty (see instructions). Check if Form 2220 is attached				47			
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			•	48			0.
49	Overp	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			•	49			0.
50	Enter	the amount of line 49 you want: Credited to 2018 estimated tax		Refu	nded 📐	50			
Part	V 5	Statements Regarding Certain Activities and Other Information	on (see	e instruc	tions)				
51	At any	time during the 2017 calendar year, did the organization have an interest in or a signature	or other	authority				Yes	No
	over a	i financial account (bank, securities, or other) in a foreign country? If YES, the organization	may hav	ve to file					
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign c	ountry					
	here								X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a fore	ign trust?				X
		s, see instructions for other forms the organization may have to file.							
53		the amount of tax-exempt interest received or accrued during the tax year \$\sim \$\$\$ \$der penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	totomont	o and to th	a bact of my kny	owlodge er	d belief. It is	true	
Sign	COI	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has an	y knowledg	e	ownedge a		, , , ,	
Here		X Hillmille 15/11/20 N SR. VIC	יב כיו	HANCI	77 7 AN I	•	discuss this		with
		Signature of officer Date Title	<u> c.</u>	111101)? X Y		No
		Print/Type preparer's name Preparer's signature Dat	te	1		if PTII	. டக்		
De:-		Tropardi d digitation			elf- employed	_ I _ '	-		
Paid	026-	KAREN GRIES KAREN GRIES 05	/11/		p.0,00		00078	514	
Preparent	aiti	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN		1-074		
U26 (Jilly		00			·			
		Firm's address ► BROOMFIELD, CO 80021			Phone no. 🤇	303-4	<u> 466-8</u>	822	II.

Form **990-T** (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > COS	Т	-			
1 Inventory at beginning of year	1	130,557.		Inventory at end of year	ìr		6	184	,196.
2 Purchases	2	930,456.	4	Cost of goods sold. Si		ine 6		-	••
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2			7	883	,626.
(attach schedule)	48			Do the rules of section	263A (with respect to		Y	es No
Other costs (attach schedule)	4b	6,809.		property produced or a	acquired	for resale) apply to			_[]
5 Total. Add lines 1 through 4b		,067,822.		the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perty	y) 	
1. Description of property									
(1)									
(2)		-							
(3)									
(4)						,			
		ed or accrued				3(a) Deductions directly	connoc	stad with the inco	mo in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	` of rent for p	ersonal	sonal property (if the percent property exceeds 50% or if sed on profit or Income)	age	columns 2(a) ar	nd 2(b) (a	attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (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 or allocable to debt-		3. Deductions directly con to debt-finance	nected ed prop	with or allocable erty	
1. Description of debt-fit	nanced property			financed property	(a) Straight line depreciation (attach schedule)			(b) Other deduce (attach sched	ctions ule)
(1)							-		
(2)			Ì				1		
(3)									
(4)									•
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	((8, Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)		~		_%	_				
(2)				%		•			
(3)				%					
(4)				%					-
						nter here and on page 1, Part I, line 7, column (A)		enter here and on Part I, line 7, colu	
Totals				•		0			0.
Total dividends-received deductions in	icluded in column	8				•	-		0.
·····				** * *		<u>-</u> -		Form 00	N-T (2017)

			Exempt (Controlled O	rganızatı	ons				
1. Name of controlled organiza	Identif	nployer Ication nber	3. Net unr (loss) (see	elated income Instructions)	4. Tot payr	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	Deductions directly connected with income in column 5
(1)								·····	_	
(1)				<u>.</u>			 			
(2)							-			
(3)		-					-			
(4)										
Nonexempt Controlled Organ				-						-
7. Taxable Income	8. Net unrelated incol (see instruction		9. Total	of specified payı made	nents	10. Part of colui in the controlli gross	mn 9 tha ing orgar income	nization's	11. Dec with	luctions directly connected income in column 10
(1)										
(2)									·	-
(3)							-			
(4)										
						Add colum Enter here and line 8, c		a 1, Part I, A)	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals		0	E044-10	7) (0) -	<u>▶</u>			0.	<u> </u>	0
Schedule G - Investme	ent Income of a ructions)	Section	501(c)(/), (9), or	(17) Or	ganization	1			
· · · · · · · · · · · · · · · · · · ·	cription of income		·	2. Amount of	Income	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						12.22.00				(55. 3 pres 557 4)
(2)				<u> </u>						
(3)								1		
(4)			-					<u> </u>		
(4)				Enter here and Part I, line 9, co				l	· · · · · · · · · · · · · · · · · · ·	Enter here and on page Part I, line 9, column (B)
Totals			•		0.					0
Schedule I - Exploited		y Incom	e, Othe	r Than Ac	lvertisi	ng Income)			•
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net income from unrelated business (cominus colum gain, compute through	Itrade or dumn 2 n 3) If a a cols 5	5. Gross Inco from activity is not unrelal business Inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)		1								
(3)		Ì								1
(4)	†	<u> </u>	 				_		_	<u> </u>
(1)	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Parti, col (B)					I		Enter here and on page 1, Part II, line 26
Totals -	0.	<u> </u>	0.							0
Schedule J - Advertisi Part I Income From	ing Income (see Periodicals Rep			solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a g cols 5 ti		5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		· · · · · · ·				 				
(1) (2) (3)				7						
(3)	<u> </u>			7						
(4)				7						
Totals (carry to Part II, line (5))		0.	0	•				<u> </u>		0
										Form 990-T (201

Form 990-T (2017) COLORADO	SEMINARY				84-	040423	1 Page 5
Part II Income From Periocolumns 2 through 7 on			rate Basis (For ea	ch perio	dical listed in Pa	art II, fill in	. := :-
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)				-			
(4)	1						
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 27
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	on of Officers,	Directors, and	d Trustees (see in	structioi	ns)		
1. Name			2. Title	;	3. Percent of time devoted to business		pensation attributable irelated business
(1)	, ,		- · · · · · · · ·			·	/
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II,	line 14	•		•	•		0.

Form 990-T (2017)

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

1

ACTIVITY CODE 713940 FITNESS AND RECREATION CENTERS: THE ATHLETIC FACILITIES GENERATE UNRELATED REVENUE THROUGH THE USE OF THE FITNESS CENTER BY THE PUBLIC.

ACTIVITY CODE 713910 GOLF COURSES AND COUNTRY CLUBS: THE UNIVERSITY OWNS AND OPERATES THE HIGHLIGHS RANCH GOLF CLUB. UNRELATED BUSINESS INCOME IS GENERATED FROM THE GOLF COURSE OPERATIONS.

ACTIVITY CODE 722320 CATERS: THE UNIVERSITY CONDUCTS ON CAMPUS CONFERENCES AND CATERING SERVICES.

ACTIVITY CODE 453220 GIFT NOVELTY AND SOUVENIR STORES: THE ATHLETICS DEPARTMENT OPERATES A GIFT SHOP TO SELL APPAREL AND GIFTS. ACTIVITY CODE 523000 SECURITIES AND OTHER FINANCIAL INVESTMENTS AND

RELATED ACTIVITES: THE UNIVERSITY HAS PARTNERSHIP INVESTMENTS WHICH GENERATE UNRELATED BUSINESS INCOME (LOSS).

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

THE FORM 990-T HAD THE FOLLOWING CHANGES:

PART I, LINE 12 DECREASED DUE TO REPEAL OF SEC. 512(A)(7)

283,830.

PART II, LINE 30 DECREASED

283,830.

PART II. LINE 31 DECREASED BENEFITS AND REQUIRED THAT THESE EXPENSES BE INCLUDED 512(A)(7) DEFINED THE CONCEPT OF DISALLOWED FRINGE

WITH AN ENACTMENT DATE OF JANUARY 1, 2018. IRC SEC.

283,830.

TAX.

THE 2017 TAX CUTS AND JOBS ACT CREATED IRC SEC. 512(A)(7) ACTIVELY BACK TO ITS ORIGINAL ENACTMENT; AS SUCH, DECEMBER 20, 2019 REPEALED IRC SEC. 512(A)(7) RETRO-CERTAINTY AND DISASTER RELIEF ACT OF 2019 SIGNED ON IN UNRELATED BUSINESS TAXABLE INCOME. THE TAXPAYER UNRELATED BUSINESS INCOME AND NO LONGER SUBJECT TO INCOME FRINGE BENEFITS WHICH ARE NO LONGER INCLUDED IN THIS AMENDMENT IS BEING FILED TO REMOVE THE DISALLOWED

	····					
FORM 990-T		OTHER DEDU	CTIONS	· · · · · · · · · · · · · · · · · · ·	STATEMENT	3
DESCRIPTION	1				AMOUNT	
DIRECT EXP	- Enses: materials an	D OPERATING E	XPENSES		1,402,0	81.
INDIRECT EXMANAGEMENT	KPENSE ALLOCATION O EXPENSES	F SPACE, INST	ITUTIONAI	AND	869,3	89.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28			2,271,4	70.
FORM 990-T	NET	OPERATING LOS	S DEDUCTI	ON ,	STATEMENT	4
-	•	LOSS PREVIOUSLY		oss		
TAX YEAR	LOSS SUSTAINED	APPLIED		AINING	AVAILABLE THIS YEAR	ı
06/30/00	198,672.	198,672		0.		0.
06/30/01	542,885.	542,885		0.		0.
06/30/02	236,642.	236,642		0.		0.
06/30/03	899,725.	899,725		0.		0.
06/30/04	620,021.	620,021		0.	270 02	0.
06/30/05 06/30/06	712,853. 641,850.	433,920 0		278,933. 641,850.	278,93 641,85	
06/30/07	592,496.	0		592,496.	592,49	
06/30/08	251,523.	0		251,523.	251,52	
06/30/09	260,711.	ő		260,711.	260,71	
06/30/10	91,358.	Ö		91,358.	91,358 107,397 159,371	
06/30/11	107,397.	0	•	107,397.		
06/30/12	159,371.	0	•	159,371.		
06/30/16	0.	0	•	0.		0.
NOL CARRYO	VER AVAILABLE THIS	YEAR		2,383,639.	2,383,63	9.
FORM 990-T	INCOM	E (LOSS) FROM	PARTNERS	SHIPS	STATEMENT	5
PARTNERSHII	P NAME .	GROS	S INCOME	DEDUCTIONS	NET INCOM	
DENHAM COM	 MODITY PARTNERS FUN	D VI ·				
LP 45-2484			158,702.	296,263.	-137,5	61.
20-8019409			-5,343.	26,694.	-32,0	37.
46-2825629	FUND XVI, L.P.		104,124.	110,397.	-6,2	73.
(B), LP 26	REDIT OPPORTUNITIES 5-1701442	FUND	2,942.	0.	2,9	42.
HIGHFIELDS 11-3841276	CAPITAL IV LP		-2,409.	0.	-2,4	09.

COLORADO SEMINARY			84-0404231
INVESTURE EVERGREEN FUND, LP			
20-5583068	84,765.	52,213.	32,552.
INVESTURE GE FUND, LP 26-4440283	82,224.	7,633.	74,591.
INVESTURE PE FUND, LP 47-5596143 MADISON DEARBORN CAPITAL PARTNERS	-133,728.	885,426.	-1,019,154.
VII-A, LP 47-1687935	189.	15,866.	-15,677.
MADISON DEARBORN CAPITAL PARTNERS VII-B, LP 47-1687979	15,959.	14,911.	1,048.
STEPSTONE INTERNATIONAL INVESTORS III, L.P. 98-0508679	2,505.	1,285.	1,220.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	309,930.	1,410,688.	-1,100,758.
FORM 990-T COST OF GOODS S	SOLD - OTHER CO	OSTS	STATEMENT 6
DESCRIPTION			AMOUNT
WRITE-OFFS AND ADJUSTMENTS			6,809.
TOTAL TO FORM 990-T, SCHEDULE A, LINE	6,809.		

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

COLORADO SEMINARY Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less 84-0404231

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to g	ain	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you ound off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 8 Part I, line 2, column	949, (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		١			
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					311,440
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	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	tation)			6	(
7 Net short-term capital gain or (loss). Combin				7	311,440
Part II Long-Term Capital Ga	ins and Losses - Ass	sets Held More Tha	n One Year		\
see instructions for how to figure the amounts o enter on the lines below.	(d)	' (e)	(g) Adjustments to g	ain	(ħ) Gain or (loss) Subtract
	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8 Part II, line 2, column	949.	column (e) from column (d) and combine the result with column
This form may be easier to complete if you ound off cents to whole dollars.		(4. 0.1.0, 0.0.0)		. (9)	
		(3.0.0.0.0.0)			
Ba 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		(3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			
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					
Ba 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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
Ba 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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
Ba 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 Bb 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					
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8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3			11 12	576,720
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3			11 12 13	
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Ba 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 Bb 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 Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kin Capital gain distributions	s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum	7		11 12 13	576,720
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 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). Combin	s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II	7 n h		11 12 13 14 15	576,720 576,720
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 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). Combin Part III Summary of Parts I an	s from Form 6252, line 26 or 3 id exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capita	7 n h		11 12 13 14 15	576,720 576,720 311,440
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 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). Combin Part III Summary of Parts I an 16 Enter excess of net short-term capital gain (li 17 Net capital gain. Enter excess of net long-term	s from Form 6252, line 26 or 3 id exchanges from Form 8824 e lines 8a through 14 in colum cd II ne 7) over net long-term capitan capital gain (line 15) over ne	n h al loss (line 15) t short-term capital loss (line	7)	11 12 13 14 15	576,720 576,720
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 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). Combin Part III Summary of Parts I an	s from Form 6252, line 26 or 3 id exchanges from Form 8824 e lines 8a through 14 in colum cd II ne 7) over net long-term capitan capital gain (line 15) over ne in 120, page 1, line 8, or the present the second column capital gain (line 8, or the present capital gain gain gain gain (line 8, or the present c	n h al loss (line 15) t short-term capital loss (line	7)	11 12 13 14 15	576,720 576,720 311,440

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2017

SCHEDULE D (FORM 1120) 2017 COLORADO SEMINARY		04-04	04231	Page 2
Part IV Alternative Tax for Corporations with Qualified Tin	nber Gain. Complete Pa	rt IV only if the corporatio	n has	
qualified timber gain under section 1201(b). Skip this part if you are filing Fo	orm 1120-RIC. See instruction	ons.		
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		<u> </u>	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line				
of your tax return	20			
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or				
(c) the amount on Part III, line 17	_21			
22 Multiply line 21 by 23.8% (0.238)		22		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23			
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appl	ropriate for			1
the return with which Schedule D (Form 1120) is being filed		24		
, ,	1 1	•		
25 Add lines 21 and 23	25			,
•			•	
26 Subtract line 25 from line 20. If zero or less, enter -0-	' 26 ~		•	i
27 Multiply line 26 by 35% (0.35)	₹	27	 	
5				_
28 Add lines 22, 24, and 27		28		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appr	ropriate for the			
return with which Schedule D (Form 1120) is being filed		29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J,	, line 2, or the		•	
applicable line of your tax return		30		
		Sched	ule D (Form 1	120) 2017

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

COLORADO SEMINARY

Social security number or taxpayer identification no. 84-0404231

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 short-term. 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 actions 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 (a) , (b) (h) (c) loss. If you enter an amount Description of property 'Date sold or **Proceeds** Cost or other Gain or (loss). Date acquired 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.) combine the result see *Column (e)* ın Amount of Code(s) with column (g) the instructions adjustment **EIG ENERGY FUND** XVI, LP 46-2825629 $\overline{<69.}>$ INVESTURE EVERGREEN FUND, 20-5583068 <2,826.> INVESTURE GE FUND LP 26-4440283 314,335.

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

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.

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

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. 84-0404231

COLORADO SEMINARY

(F) Long-term transactions not reported to you on Form 1099-B

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 long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(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

1 (a) Description of property (Example, 100 sh, XYZ Co.)	(b) (c) Date acquired (Mo., day, yr.) (Mo , day, yr.)		(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If your column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). 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)	
DENHAM COMMODITY								
PARTNERS FUND VI								
LP 45-2484628							210.	
EIG ENERGY FUND								
XIV-A, LP								
20-8019409							<2,541.>	
EIG ENERGY FUND								
XVI, LP 46-2825629							1,970.	
INVESTURE								
EVERGREEN FUND, LP								
20-5583068			-				<849.>	
INVESTURE GE FUND,								
LP 26-4440283							579,641.	
INVESTURE PE FUND,								
LP 47-5596143							448.	
STEPSTONE								
INTERNATIONAL	· · · · · · · · · · · · · · · · · · ·							
INVESTORS III, LP								
98-0508679				1			<2,159.>	
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				-				
0 7-1-1- 4-1-1				 	-			
2 Totals. Add the amounts in colu						-		
negative amounts). Enter each to		-			1			
Schedule D, line 8b (if Box D ab							576 720	
above is checked), or line 10 (if	Box F above is o	checked)			<u> </u>		576,720.	

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.