Form 990-T	Exempt Orga	nization Bus	sine	ess Income	Γax Retu	rn	ОМВ	No 1545-0687	
•7	. (a	ind proxy tax und	ler se	ection 6033(e))			2	040	
	For calendar year 2018 or other tax y	· · · · · · · · · · · · · · · · · · ·		, and ending				018	
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numb	v.irs.gov/Form990T for ir ers on this form as it may						Public Inspection for Organizations Only	
A Check box if address changed	Name of organization (Name of organization (Check box if name changed and see instructions.) Description of the changed and see instructions of the changed and see instructions.							
B Exempt under section	Print Gates Family Fou	ndation					4-0474		
x 501(c)(3 O)	TURA	m or suite no. If a P.O. bo	x, see ı	nstructions			lated busin instruction	less activity code s)	
408(e) 220(e)	1390 Lawrence St					_			
408A 530(a) 529(a)	City or town, state or pro Denver, CO 8020	ovince, country, and ZIP o 4-2081	r foreig	n postal code		5230	00		
C Book value of all assets	F Group exemption num	iber (See instructions.)	>						
403,633,	308. G Check organization typ	pe ► x 501(c) corp	poratio	n 501(c) trust	40 ·	(a) trust		Other trust	
	rganization's unrelated trades or		1		the only (or first)				
	Investments in limite				, complete Parts I			В,	
	ank space at the end of the previo	ous sentence, complete Pa	arts I ar	nd II, complete a Schedul	e M for each addi	tional trad	e ur		
business, then complete f		-#1-1-d	.4	odiani anatrallad annua		- 	88 ×	Tale	
• •	he corporation a subsidiary in an nd identifying number of the pare	• .	กเ-ยนมย	adiary controlled group?	•	· 🗀 ۲	98 <u>x</u>	∟l No	
J The books are in care of		nit corporation.		Telenh	one number	303-72	2-1881		
	Trade or Business Inc	come		(A) Income	(B) Expen			(C) Net	
1a Gross receipts or sales		T		· · · · · · · · · · · · · · · · · · ·	1. F. 12. V	a, a.,	2 3 3	2. 47. ST	
b Less returns and allow		c Balance	10		1165		1	4.77	
2 Cost of goods sold (So	chedule A, line 7)	•	2		17.51.516.4		之"初	MICHYLOR.)	
3 Gross profit. Subtract	line 2 from line 1c		3		District.		•		
4a Cápital gain net incom	e (attach Schedule D)		4a	180,962.	FIL Della	ACO:		180,962.	
b Net gain (loss) (Form 4	1797, Part II, line 17) (attach Forr	n 4797)	4b		AMELACIAL L			<u> </u>	
c Capital loss deduction			4c		S.C. C.L.		<u> </u>		
• • •	eartnership or an S corporation (a	ittach statement)	5	<590,909.	Stnt 20	的是表示	<u> </u>	<590,909.>	
6 Rent income (Scheduli	•		6						
_	d income (Schedule E)		7 8						
	alties, and rents from a controlled a section 501(c)(7), (9), or (17) o	=			<u> </u>				
	ity income (Schedule I)	nyamzation (Schedule d)	10			-			
11 Advertising income (Se	• •		11	-					
	tructions; attach schedule)		12		GET ME BU	en rif			
13 Total. Combine lines :	· · · · · · · · · · · · · · · · · · ·		13	<409,947.				<409,947.>	
Part II Deduction	ns Not Taken Elsewhe								
(Except for c	ontributions, deductions mus	t be directly connected	with	the unrelated busines	s income)				
· ·	ers, directors, and trustees (Sch	edule K)	CEI	VED		14			
15 Salaries and wages		191				15			
16 Repairs and maintena	nce	[5] APR	22	2010 8		16	 		
17 Bad debts	ula) (aga instructions)	G APR OGD	_	2019 80		17			
18 Interest (attach sched19 Taxes and licenses	ule) (see instructions)	L OGD	FN			19	[
	ns (See instructions for limitation	rules)	t-1A'	01		20			
21 Depreciation (attach F	•	14.00)		21		i i			
•	med on Schedule A and elsewher	re on return		22a		22b			
23 Depletion				<u> </u>		23			
•	red compensation plans					24			
25 Employee benefit prog	grams					25			
26 Excess exempt expen	ses (Schedule I)					26			
27 Excess readership cos	•					27			
28 Other deductions (atta	•					28			
29 Total deductions Add	<u> </u>	a la calabara de la c		0 for an long 40		29		0.	
	kable incomo beforo not oporatini	-				30	43 Year	<009,947.\	
	rating loss arising in tax years be			•		31	De Mar	409 947	
	kable income. Subtract line 31 fro		- 11 15			32_	Form	<409 .947.> 990-T (2018)	



Form 990-1	(2018) Gates Family Foundation		04-04/4	1037		
Part						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructio	ns)	3	+-	<409,947.
34	Amounts paid for disallowed fringes			34		21,611.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	,	Stmt 21	3	5	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of				
	lines 33 and 34	30		<388,336.		
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	<u>' </u>	1,000.	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,		ı		
	enter the smaller of zero or line 36			38	3	<388,336.
Partil	/i Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	> 39	9	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 fr	om:			
	Tax rate schedule or Schedule D (Form 1041)		P	► <u>40</u>		
41	Proxy tax. See instructions		•	► 4		
42	Alternative minimum tax (trusts only)			42		
	Tax on Noncompliant Facility Income. See instructions			43		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	<u> </u>	0.
	Tax and Payments	T T		1	<u>-1</u>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-∥•		
	Other credits (see instructions)	45b				
	General business credit. Attach Form 3800	45c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
	Total credits. Add lines 45a through 45d			45		
	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	cc 🗀 0	hor	46		0.
		00 01	her (attach schedule	a) 47 48		0.
	Total tax. Add lines 46 and 47 (see instructions)			49		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	50a			<u>'</u>	
	Payments: A 2017 overpayment credited to 2018	50a				
	2018 estimated tax payments	50c				
	Tax deposited with Form 8868	50d				
	Foreign organizations Tax paid or withheld at source (see instructions)	50e				
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50f	·		ł	
	Other credits, adjustments, and payments: Form 2439	301		- •		
y	Form 4136 Other Total	50g				
51	Total payments. Add lines 50a through 50g	008		51		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	► 53		
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	5 4	,	
	Enter the amount of line 54 you want: Credited to 2010 estimated tax		Refunded	55		
	II Statements Regarding Certain Activities and Other Information	on (see in:	structions)			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have t	o file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
	here > Cayman Islands					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to,	a foreign trust?			×
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
***************************************	Under penalties of perjury declare that have examined this return, including accompanying schedules and scorrect, and complete Diclaration of preparer (other than taxpayer) is based on all information of which prepare	statements, an	d to the best of my k	nowledg	and belief, it	is true,
Sign		er rias arry kin	owiedge		IRS discuss th	
Here					arer shown be	
	Signature of officer Date Title			instructi	ons)? 🗶 🚶	res No
_	Print/Type preparer's name Preparer's signature Date	te	Check	ıf P	TIN	
Paid		-	self- employe	ed		
Prepa	Pr	.3.19			P0141669	7
Use O	nly Firm's name ► Kundinger, Corder & Engle, P.C.		Firm's EIN	>		
	475 Lincoln St., Ste. 200					
	Firm's address Denver, CO 80203		Phone no.	(303)	534-595	
823711 01-	09-19			_	Form 9	90-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A				<u>.</u>
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	
2 Purchases	2		7	Cost of goods sold Si	ubtract l	line 6	10%	
3 Cost of labor	3		7	from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (Yes No		
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		TE EL
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pei	rsonal Property	Leas	ed With Real Pro	perty)	
Description of property								
(1)					_			
(2)				<u> </u>				
(3)				· · 			·····	
(4)								
	2 Rent receiv	ed or accrued					"	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y connected with the nd 2(b) (attach sched	
(1)	·							
(2)					<u> </u>			
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here 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 Del	bt-Financed	Income (see	ınstru	ctions)				
				Gross income from or allocable to debt-		3. Deductions directly conto debt-finance	ced property	
1. Description of debt-fi	nanced property			financed property	(B)	Straight line depreciation (attach schedule)	(b) Other d (attach so	leductions chedule)
(1)			+		<u> </u>			
(2)								
(3)							1	
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis flocable to nced property ischedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)		·		%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, art I, line 7, column (A)	Enter here and Part I, line 7,	
Totals				▶		0	·.	0.
Total dividends-received deductions in	cluded in column	8		•		•		0.

				Exempt	Controlled O	rganızat	ions					
1. Name of controlled organizat	on	identific					yments made inclui		Part of column 4 that is included in the controlling ganization's gross income		Deductions directly connected with income in column 5	
		 							_			
(2)												
-(3)												
(4)			-									
Nonexempt Controlled Organia	ations											
7. Taxable income .		unrelated incom see instructions		9 Total	of specified payi made	ments	10. Part of colui in the controlli gross	mn 9 tha ing orga i income	nization's		ductions directly connected nincome in column 10	
(1)								_			···	
(1)				 -	· · · · · · · · · · · · · · · · · · ·			_				
(2)				 								
(3) (4)						-						
				<u>.</u>		_	Add colum Enter here and line 8, c	on pag	e 1, Part I,		Id columns 6 and 11 tere and on page 1, Part I, line 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme		me of a S	Section	501(c)(7), (9), or	(17) Oi	rganization	1		-		
1 Descri	ption of inco	ome		•	2 Amount of	income	3. Deduction directly conne (attach sched	cted	4 Set-a (attach se	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)					,							
(4)				•								
Totals				•	Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited I	-	Activity	Incom	e, Othe	r.Than Ad	vertisi	ing Income)		1-0-5-6-400		
	 '		<u> </u>		4 Net incom	e (loss)		-			7 -	
1 Description of exploited activity	unrelated incom	Bross business e from business		elated	from unrelated business (co minus columr gain, compute through	trade or lumn 2 3) If a cols 5	 Gross inconfrom activity to is not unrelate business incon 	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											 	
(2)											 -	
(3)												
(4)							<u> </u>					
	Enter her page 1 line 10,	col (A)	Enter her page 1, line 10,	Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisin	a lace:	0.	ntm inti	0.) A YES			****	4年1	W SHOW	0.	
						Doolo						
Part I Income From P	erioaic	ais Repo	rtea oi	n a Con	sondated	Basis				····		
1 Name of periodical		2. Gross advertising income		Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	! 2 minus in, comput	5 Circulati e income	on	6 Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						THE S	<u> </u>				1427 CH	
(2)							Š					
(3)							*					
(4)					TO THE	M.97					ARDITE RE	
Totals (carry to Part II, line (5))	•		0.	0						•	0.	

Form 990-T (2018) Gates Family Foundation 84-0474837 | Partil | 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)	•						<u> </u>
Totals from Part I	•	0.	0.	P. 原文·中心	4.7	建工工工工工 工	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.	拉多似了使的		"是"	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			0.

Form 990-T (2018)

Form 990-7	Inco	me (Loss) from Pa	rtnerships	State	ement	20
Description	on				Incom (Loss	
	ip income – Ordinar				2	,761.
	ip loss - Ordinary				<449	,691.
	lp loss - Ordinary				<3	,875.
	p income – Ordinar					767.
	lp income – Ordinar				3	,742.
	p income - Ordinar					312.
	p loss - Ordinary					<29.
	p income - Ordinar					,020.
	p loss - Ordinary					,669.
	p loss - Ordinary				<85	,383.
	p income - Ordinar				25	8.
	.p income - Ordinar .p loss - Ordinary				25	,029.
	.p income - Ordinary					<10.
	p loss - Ordinary					1. .128
	p loss - Ordinary			<12		
	p loss - Ordinary				<88	,760.
Total Incl	uded on Form 990-T	, Page 1, line 5			<590	,909.
Form 990-T	Net	Operating Loss D	eduction	State	ment	21
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Avail This		
12/31/09	64,246.	, 39,759.	24,487.		24,4	
12/31/10	61,924.	0,	61,924.		61,9	
12/31/11	49,769.	0.	49,769.		49,7	
12/31/12	6,320.	0.	6,320.		6,3	
12/31/14	266,815.	0.	266,815.		266,8	
12/31/15	326,344.	0.	326,344.		326,3	
12/31/16	388,241.	0.	388,241.		388,2	
12/31/17	155,026.	0.	155,026.		155,0	26.
NOL Carryo	ver Available This	Year	1,278,926.		1,278,9	26

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

Employer identification number

4-0474837

Gates Family Foundation Part | Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (e) Cost (or other basis) (**9)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 23,981. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 23,981, Part IIs Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (d) (9) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and imbine the result with column (g) to enter on the lines below This form may be easier to complete if you round off cents to whole dollars 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 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 156,981. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 156,981. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 SPart III Summary of Parts I and II 23,981. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 156,981. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 180,962. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

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

Schedule D (Form 1120) 2018

JWA

Form **8949**

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

2018

Sequence No 124

Name(s) shown on return

Gates Family Foundation

Social security number or taxpayer identification no.

84-0474837

Before you check Box A, B, or C below,					
statement will have the same information	n as Form 1099-B	Either will show w	hether your basis (usually y	our cost) was reported to	the IRS by your
broker and may even tell you which box	to check				

broker and may even tell you which				_			
Part Short-Term. Transact	ions involving capit	al assets you held	1 year or less are g	enerally short-term (se	e instructio	ons) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the							
You must check Box A. B. or C below.	Check only one b	ox, if more than one t	oox applies for your sho	ort-term transactions, con	plete a sepa	rate Form 8949, page 1 f	or each applicable box
If you have more short-term transactions than w							
(B) Short-term transactions re		•	_		c Note as	010,	
(C) Short-term transactions no	,	•	•	oported to the mio			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss If y	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	Note below and	column (f). See instructions	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Common Fund International							
VI							1,058.
Common Fund Natural							
Resources IX							130.
Common Fund Natural							
Resources VII							22,733.
Common Fund Private Equity							
VI _I							54.
Mesirow Financial PE III							6.
•							
		<u></u>		<u> </u>		<u></u>	
		<u></u>					
						·	
					-		
							
							
			· · · · · · · · · · · · · · · · · · ·	 			
-				<u> </u>			·
				ļ			
			***	l.—			
-		· 					
							
				 			
							
2 Totals. Add the amounts in colum	ns (d) (e) (a) a	nd (h) (subtract			PARTIE VA		
negative amounts) Enter each tol	·=				1		
Schedule D. line 1b (f Box A abo							

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

23,981.

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

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.

Gates Family Foundation

84-0474837

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 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

X (F) Long-term transactions no	t reported to you				I Adinasaa	at if any to pain as	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss if y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
Adams Street Global	 				 	adjustment	(8)
Secondary Fund II		<u> </u>		 	 -		<4,981.
Common Fund Natural	 			 			12,732.
Resources IX	 			1	 		23,029.
Common Fund Natural	 			 		· ·	
Resources VII				 			55,539.
Common Fund Natural				<u> </u>			
Resources Partners VIII							1,107.
Common Fund Private Equity				 		 -	
VII	· · · · · · · · · · · · · · · · · · ·			 			38,327.
Mesirow Financial PE III				 			43,960.
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O Totale Add the assessment or as less	nno (d) (a) (a) a	nd (h) (ay ibita ai			ر منو توه		
2 Totals. Add the amounts in column							
negative amounts) Enter each to		, ,]	B 1 3 1]	
Schedule D, line 8b (if Box D abo	•	-			٠٠, ١٠,٠	ł	156 001
above is checked), or line 10 (if B	ox r above is ch	ecked)		lj	F	<u></u>	156,981.

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