7
7.07
-
>
\equiv
\neg
Z
_

2939306001721 **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service 501(c)(3) Organizations Onl ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization (Check box if name changed and see instructions) Check hox if (Employees' trust, see instructions) address changed COLORADO SCHOOL OF MINES FOUNDATION 84-0509064 B Exempt under section Print F Unrelated business activity code X 501(c (023___) Number, street, and room or suite no. If a P.O box, see instructions. Type P.O. BOX 4005 220(e) 408(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 523000 GOLDEN, CO 80401 529(a) C Book value of all assets F Group exemption number (See instructions) at end of year 360,742,945. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here PRIVATE EQUITY INVESTMENTS If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of STEVE KREIDLER C/O CSMF Telephone number ▶ 303-273-3143 Part | Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 10,450. 10,450, 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c -2,646,281 -2,646,281 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 113 C C 172/16:35) 831. Total. Combine lines 3 through 12 -2,635,831. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly conflegted with the unrelated business income) FEB 1 3 2020 14 7,678 Compensation of officers, directors, and trustees (Schedule K) 14 9,890. 15 Salaries and wages 15 16 Repairs and maintenance OGDEN, UT 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22h 285,290. 23 Depletion 23 24 Contributions to deferred compensation plans 24 2,025. 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Excess readership costs (Schedule J)

Total deductions Add lines 14 through 28

Unrelated business taxable income. Subtract line 31 from line 30

Other deductions (attach schedule)

27

28

29

30

SEE STATEMENT 1

27

28

30

226.767.

531,650.

-3,167,481.

-3,167,481. Form **990-T** (2018)

Part	Total Unrelated Business Taxab	ole Income				
33	Total of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instruc	ctions)	33	-3,167,481.
34	Amounts paid for disallowed fringes		(500	,	34	
35	Deduction for net operating loss arising in tax years	s heginning hefore January 1, 2018 (see in	etructions)	STMT 2	35	0.
36	Total of unrelated business taxable income before s				- 00	† ···-
30	lines 33 and 34	pecific deduction. Subtract file 33 from th	ic suili oi		26	-3,167,481.
07		7 instructions for eventions)		20	36	1,000.
37	Specific deduction (Generally \$1,000, but see line 3	• •	uno 26	•	<u> </u>	
38	Unrelated business taxable income. Subtract line enter the smaller of zero or line 36	37 Holli lille 30 II lille 37 is greater than i	ille 30,	39	7 .	-3,167,481.
Part	V Tax Computation				· 90	3,207,202.
39	Organizations Taxable as Corporations Multiply I	une 38 by 21% (0 21)			▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for		int on line 3	8 from:	33	
40	Tax rate schedule or Schedule D (For	•	ant on mic o	o 110111.	▶ 40	1
44	<u> </u>	111 1041)			¥0 ¥1	
41	Proxy tax. See instructions			•		
42	Alternative minimum tax (trusts only)	tions			42	
43	Tax on Noncompliant Facility Income. See Instruct				43	0.
Part \	Total Add lines 41, 42, and 43 to line 39 or 40, whi	ichiever applies			44	<u> </u>
	Foreign tax credit (corporations attach Form 1118;	truste attach Form 1116)	45a		i iii	.T
_	Other credits (see instructions)	ilusis allacii Follii 1110)	45b		\dashv	
b	General business credit. Attach Form 3800		45c		+	
C	Credit for prior year minimum tax (attach Form 880	1 or 8827\	45d		\dashv	
	Total credits. Add lines 45a through 45d	1010027)	430		45e	*
46	Subtract line 45e from line 44				46	0.
47	<u> </u>	Form 8611 Form 8697 Form	8866	Other (attach schedule		
48	Total tax. Add lines 46 and 47 (see instructions)	10/11/00/110/11/003/10/11/	10000 [) Ottici lattacii scriaddie	48	0.
49	2018 net 965 tax liability paid from Form 965-A or F	Form 965-B. Part II. column (k). line 2			49	0,
	Payments: A 2017 overpayment credited to 2018	orn 903-b, Part II, Column (k), line 2	50a		13	
	2018 estimated tax payments		50b			
C	Tax deposited with Form 8868		50c			*
	Foreign organizations: Tax paid or withheld at source	re (see instructions)	50d			
	Backup withholding (see instructions)	se (see msu uctions)	50e			
	Credit for small employer health insurance premium	as (attach Form 8041)	50f			:
		orm 2439	1 301			
¥		ther Total	▶ 50g			
51	Total payments. Add lines 50a through 50g		<u> </u>		51	*
52	Estimated tax penalty (see instructions). Check if Fo	orm 2220 is attached			52	
53	Tax due If line 51 is less than the total of lines 48,			•	► 53	† ————
54	Overpayment. If line 51 is larger than the total of lii				54	
55	Enter the amount of line 54 you want: Credited to 2			Refunded	▶ 55	
Part\			tion (see	instructions)		<u> </u>
56	At any time during the 2018 calendar year, did the c	organization have an interest in or a signati	ure or other	authority		Yes No
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	tion may ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Finan	ncial Accounts If "Yes," enter the name of	the foreign o	country		
	here >					Х
57	During the tax year, did the organization receive a d	istribution from, or was it the grantor of, o	r transferor	to, a foreign trust?		х
	If "Yes," see instructions for other forms the organiz	ration may have to file.				
58	Enter the amount of tax-exempt interest received or					
0.	Under penalties of pertury. I declare that I have examined correct, and complete, Declaration of preparer (other than	this return, including accompanying schedules and	d statements, a	and to the best of my know	vledge and	belief, it is true,
Sign	correct, and comprise obscaration or graphs a format than	taxpayary is based on all innormation of which prep	and has any n	owieage		RS discuss this return with
Here	- Hu		NCE/CFO		-	er shown below (see
	Signature of officer	Øate / Title		···	instruction	ns)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PT	IN
Paid				self- employe	I	
Prepa	rer DORI J. EGGETT		01/08/20		P	00645252
Use (Inly Firm's name PLANTE & MORAN, PL			Fırm's EIN	<u> </u>	38-1357951
	8181 E TUFTS AV	·		1.		
	Firm's address DENVER, CO 8023	7		Phone no.	303-74	10-9400
823711 01	-09-19					Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A	,			
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of yea	ır		6	
2 Purchases	2		7	Cost of goods sold. St	ubtract l	ıne 6	2 Y	
3 Cost of labor	3	_		from line 5 Enter here	and in f	Part I,		
4a Additional section 263A costs				line 2			_7	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?			<u>-</u> -	
Schedule C - Rent Income ((see instructions)	From Real	Property and	i Per	sonal Property L	ease	d With Real Prop	erty) 	
1 Description of property								
(1)				_	•			
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						<u> </u>
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the id 2(b) (attach sche	
(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	(A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)			<u> </u>	
			2	2. Gross income from		3. Deductions directly conr to debt-finance		able
1 Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		r deductions schedule)
(1)				-				
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))
(1)			Ī	%				
(2)				%				
(3)				%_				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals				▶		0	.]	0.
Total dividends-received deductions in	icluded in columi	n 8						0.
							For	m 990-T (2018

Schedule F - Interest,	Annuities, Roya					ons (see ins	structions	3)
•		Exe	empt Controlled C	rganızatıor	ıs			
Name of controlled organiz	Identi		Net unrelated income ss) (see instructions)		nts made i	Part of column 4 ncluded in the contraction's gross in the contraction of the column of the c	rolling	Deductions directly connected with income in column 5
(1)				-				
(2)				<u> </u>				
(3)								·
(4)								· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organ	nizations							
7. Taxable Income	8 Net unrelated inco	me (loss) 0	Total of specified pay	mente 1	Part of column	9 that is included	11 Dec	uctions directly connected
7. Taxasio modino	(see instruction		made		in the controlling gross in	organization's		income in column 10
(1)								
(2)								
(3)								
(4)								
					Add columns Enter here and on tine 8, colu	page 1, Part I,	Enter he	i columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals						0.		0.
Schedule G - Investm	ent Income of a	Section 501	(c)(7), (9), or (17) Orga	nization			·
	structions)			, -				
1 De	scription of income		2 Amount of	income	3. Deductions directly connecte (attach schedule		asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								
(2)								
(3)							<u></u>	
(4)								
Totals		ı	Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	I Exempt Activity	/ Income, O	ther Than Adv	1/4/	Income	<u> </u>	33.46 C _46 235433	<u></u>
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connec with production of unrelated business incorrections.	business (communication	trade or blumn 2 n 3) If a e cols 5	5 Gross income from activity that is not unrelated business income	attribut	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				_				
(2)					· · · · · · · · · · · · · · · · · · ·			
(3)	 	†	1					† · - · - · - · - ·
(4)	1	†		_				†
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (E	l, 3)	<u></u>				Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	eing Income (see	unata cate a == "	0.	<u> </u>				0.
Part Income From			Consolidated	Basis				
1. Name of periodical	2. Gross advertising income	3. Dir advertising	ect or (loss) (d	tising gain of 2 minus ain, compute arough 7	5 Circulation income	6. Readi		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)						1		
								7
Totals (carry to Part II, line (5))	<u> </u>	0.	0.1					0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0,	95 Y . N. CAL (S. V.			
		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.				(

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) STEVE KREIDLER	VP, FINANCE/CFO	.80%	1,452.
(2) LINDA LANDRUM	EVP FINANCE & ADMINISTRAITON	2.50%	6,226.
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			7,678.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS		STATEMENT 1
DESCRIPTION			AMOUNT
INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES		l	226,017. 750.
TOTAL TO FORM 990-T, PAGE 1, LI	:NE 28		226,767.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	500,504.	500,504.	0.	0.
06/30/10	516,199.	477,304.	38,895.	38,895.
06/30/12	383,977.	0.	383,977.	383,977.
06/30/13	870,328.	0.	870,328.	870,328.
06/30/14	1,187,154.	0.	1,187,154.	1,187,154.
06/30/15	1,528,322.	0.	1,528,322.	1,528,322.
06/30/16	1,107,017.	0.	1,107,017.	1,107,017.
06/30/17	865,866.	0.	865,866.	865,866.
06/30/18	2,160,829.	0.	2,160,829.	2,160,829.
NOL CARRYO	VER AVAILABLE THIS	YEAR	8,142,388.	8,142,388.

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 SCHOOL OF MINES FO	UNDATION		i	84-	0509064
<u> F</u>	Part 🔊 Short-Term Capital Gai	ns and Losses (See	instructions)			
to e	e instructions for how to figure the amounts enter on the lines below. In the first state of the	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
_	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on		· - .			
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on	_				
	Form(s) 8949 with Box C checked	28.	2,166.			-2,138.
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	exchanges from Form 8824		[5	
6	Unused capital loss carryover (attach computa	ition)	SEE STATI	EMENT 3	6	(2,713.)
7	Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	h		7	-4,851.
<u></u> F	Part II Long-Term Capital Gair	ns and Losses (See I	nstructions)			
to e	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (g	9. i	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
rou	nd off cents to whole dollars.	(Sales price)	(6 0010 5000)	ratii, iine 2, columii (g	,	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>			<u> </u>
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
IU	Totals for all transactions reported on	15,301.				15,301.
	Form(s) 8949 with Box F checked	13,301.		<u> </u>	11	13,301.
	Enter gain from Form 4797, line 7 or 9	from Form 6050 June 06 or 0	7		11	
	Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	· ·	1	ŀ	13	
	Capital gain distributions	exchanges hom Form 6024		ŀ	14	
	· · · · · ·	Junea On through 4.4 in colum	a h	ł		15,301.
W/.	Net long-term capital gain or (loss). Combine Parts III Summary of Parts I and			l	15	15,501.
	Enter excess of net short-term capital gain (In		I loce (line 15)		16	
	• • •	, ,	•	7)	16	10,450.
	Net capital gain. Enter excess of net long-term	. • ,	•	''	17	10,450.
ıø	Add lines 16 and 17 Enter here and on Form		oper nne on omer remins.	ί	18	10,430.
	Note: If losses exceed gains, see Capital losse	s in the instructions				

JWA

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

Schedule D (Form 1120) 2018

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

Name(s) shown on return

Social security number or taxpayer identification no.

COLORADO SCHOOL OF MI	INES FOUNDATI	ON				84-0	509064
Before you check Box A, B, or C bel statement will have the same informa-	ation as Form 10:	you received an 99-B Either will	y Form(s) 1099-B o show whether you	or substitute statem basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	ibstitute RS by your
Part Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ger	nerally short term (see	nstructions	s) For long term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	ll short-term transac	tions reported on	Form(s) 1099 B show	ing basis was reporte	d to the IRS	and for which no ac	djustments or
You must check Box A, B, or C below.	Check only one bo	OX. If more than one to	oox applies for your short	term transactions, comp	lete a separate	Form 8949, page 1, for	each applicable box
(A) Short-term transactions re				•			
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В				,
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or ou enter an amount	1 1777
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(Note below and		See instructions	from column (d) &
	j	(wio , day, yi)	J	see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
			-	the instructions		adjustment	with column (g)
SPINNAKER GLOBAL EMERGING MARKETS FD LTD	WARTOUG	WAR TOWN	28.	<u> </u>			28.
VARDE FUND XIII LP	VARIOUS VARIOUS	VARIOUS VARIOUS	20.	2,166.			<2,166.>
VARDE FORD XIII, DE	VARIOUS	VARIOUS		2,100.			(2,100.5
							
	 -						
<u> </u>						·	
						-	
·	-	<u> </u>					
		ļ					
				<u> </u>			
·	 						
	 						
	 -				-		
							· -
							
						. =-	
	L				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to		•					
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if B	ox C above is ch	ecked)	28.	2,166.	2000/201		<2,138.>

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Page 2

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.

COLORADO SCHOOL OF MINES FOUNDATION

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,

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	on Form 1099-E					
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 you	et, if any, to gain or ou enter an amount (g), enter a code in See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
YORKTOWN ENERGY PARTNERS						-	
VII, LP	VARIOUS	VARIOUS	1,560.				1,560.
YORKTOWN ENERGY PARTNERS							
VIII, LP	VARIOUS	VARIOUS	5,165.				5,165.
YORKTOWN ENERGY PARTNERS							
IX, LP	VARIOUS	VARIOUS	2,852.				2,852.
YORKTOWN ENERGY PARTNERS X	,		-				
LP	VARIOUS	VARIOUS	1,852.				1,852.
HIGHFIELD CAPITAL IV, LP	VARIOUS	VARIOUS	3,747.				3,747.
ROCK SPRINGS CAPITAL FUND						_	
LÞ	VARIOUS	VARIOUS	83.				83.
SPINNAKER GLOBAL EMERGING							
MARKETS FD LTD	VARIOUS	VARIOUS	42.				42.
			-				
			-				
		_					
						-	
				· -			
	<u> </u>			·— —			
-							
	<u> </u>						
-					_		
				-			
2. Totals Add the amounts in activities	nns (d) (a) (a) a	nd (h) (subtract	<u> </u>				
2 Totals. Add the amounts in colur				1			
negative amounts) Enter each to		-		{			}
Schedule D, line 8b (if Box D above to show a should be	•		15,301.				15,301.
_ above is checked), or line 10 (if E	DOX F above is ch	necked)	13,301.	J	AND CAMPAGE.		1

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

823012 11-28-18

Form 8949 (2018)

SCHEDULE D	C	STATEMENT 3		
,	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2013 2014 2015 2016 2017	2,713		2,713
CAPITAL LOSS	CARRYOVER TO	URRENT TAXABLE YEAR	₹	2,713