•	Form	990-T	E	xempt Or	ganization Bus	sine	ss l	Incom	e T	ax F	Retu	rn	OMB No 1545-0047	
نخ	ï				(and proxy tax und		CTIOI						2019	
			Forcal		tax year beginning JUL 1, 20			_ , and ending			2020		2019	
		ment of the Treasury Revenue Service	l ▶		www irs gov/Form990T for in umbers on this form as it may						501(c)	(3)	Open to Public Inspection f 501(c)(3) Organizations Only	or y
	A [	Check box if address changed		Name of organization								D Emp	loyer identification number ployees' trust, see uctions)	_
	R Fx	empt under section	Print	COLORADO SCHO	OOL OF MINES FOUNDAT:	ION						-	84-0509064	
	X	501(c)(3 Q3	or	Number, street, and	I room or suite no. If a P.O. bo	x, see ir	nstruct	tions					lated business activity code instructions)	_
		408(e) 220(e)	Туре	P.O. BOX 4005				_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		408A 530(a)		City or town, state	or province, country, and ZIP o	r foreig	n post	tal code				5230	0.0	
		529(a) k value of all assets	<u> </u>	<del></del>	number (See instructions.)	_								
	C at e	387,126	774	<del></del>		noration	, -	501(c)	trust		40	1(a) trust	Other trust	-
	H Ent	er the number of the		<del></del>		1	<u> </u>			the only		) unrelated		_
		le or business here									•	•	e than one,	
					previous sentence, complete Pa	arte I an	d II c							
		iness, then complete			nevious sentence, complete r	arto ran	iu ii, o	ompicio a oc	, no du io	, 141 101 00	ucii uuui	nonai naa	. 01	
1.		ring the tay year was	the corr	oration a cubcidiary	ın an affiliated group or a pare	nt-subs	ıdıarv	controlled or	กมก?			▶	es X No	_
*	If "	ves " enter the name a	ind iden	tifying number of the	parent corporation.	111 3463	iuiui y	oona onou gi	опр					
i `	The	books are in care of	1110 100111	TEVE KREIDLER	C/O CSMF				Telenh	one num	her 🕨	303-27	73-3143	
_	Par	្សៃ Unrelate	d Trac	de or Business	Income			(A) Income		Υ	B) Exper	ises	(C) Net	_
		Gross receipts or sale								7936	20.202		2000	n
		Less returns and allow			c Balance	10			-					M
		Cost of goods sold (S		Δ line 7)	C Balance	2				100	33-330	W.294	77.5	Ã
		Gross profit Subtract		•		3				0:32	W 74.			<u></u>
		Capital gain net incon				4a		8.	599.	A CONTRACT	200000		8,599	<del>-</del>
		Net gain (loss) (Form	•	•	n Form 4797)	4b				We 200	010 (N.X)	(3)/3	· · · · · · ·	_
		Capital loss deduction			1101111 4707)	4c						*********		_
		•			ion (attach statement)	5		72.	318.	10.000	8024	9.25083	72,318	<del>-</del>
		Rent income (Schedu		sinp or an o corporat	ion (attach statement)	6				2.7.2.2.2.	4.17.14.17.17	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
		Unrelated debt-financ		ma (Schadula E)		7				<del>                                     </del>				_
				•	rolled organization (Schedule F)	_				<del>                                     </del>			<u> </u>	—
	_	· · · · · ·			(17) organization (Schedule G)					<del> </del>				_
		Exploited exempt acti		1 71 77 77	(17) Organization (Octobalic d)	10				<del> </del>				_
		Advertising income (S	-	, ,		11				<u> </u>				_
		Other income (See in		•		12				178.23%	Hr abras	. 7007.00		_
		Total. Combine lines				13		80	917.	344 4554	44 W. 1999 Y. 19	8 30 30 30 500C 11	80,917	<del>_</del>
	2 mm 32				vhere (See instructions fo		ntions						<u>'</u>	÷
	,,,,	(Deductions	must b	oe directly connect	<b>vhere</b> (See instructions for ted with the unrelated busin	ness in	come	REC	EIV	ED				
	14			rectors, and trustees							181	14	2,159	<del>-</del>
	15	Salaries and wages	10010, 41	rootoro, and tradition	(30110201071)		8	APR :	1 2	2021	191	15	18,898	<del>.</del>
	16	Repairs and mainter	nance				8	AIN.	,		RS-OSC	16		_
į	17	Bad debts					L			1 17	7=1	17		_
7707	18	Interest (attach sche	edule) (s	ee instructions)			Ì	OGD	EN.	<u>, U I</u>		18		_
) )	19	Taxes and licenses	, (-	,								19		_
<b>&gt;</b>	20	Depreciation (attach	Form 4	562)				20	1					_
	21	•		n Schedule A and els	ewhere on return			21a				21b		
Ĭ	22	Depletion										22	239,133	₹.
=	23	Contributions to def	erred co	mpensation plans								23		
2	24	Employee benefit pro										24	3,430	<u>.</u> ر
	25	Excess exempt expe	-	chedule I)								25		_
S	26	Excess readership of		•								26		_
SCANNED	27	Other deductions (at	•	•				SEE STA	TEME	NT 1		27	234,551	
ပ္က	28	Total deductions A		•								28	498,171	Ī.
ر ن	29			<del>-</del>	erating loss deduction. Subtrac	ct line 2	8 from	n line 13				29	-417,254	ī.
	30				ars beginning on or after Janua							<u></u>		_
		(see instructions)	y			, ,, _,	-	SEE STA	TEME	NT 2		30	0	٥.
	31	•	taxable i	ncome. Subtract line	30 from line 29							31	-417,254	<u>.</u>
		_			Notice, see instructions.								Form <b>990-T</b> (20	19)

52

	(2019) CODORADO BERIOGE OF MINED TOURDATION						rage 2
Ran	Total Unrelated Business Taxable Income		<del></del>	180-1			25.4
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	istructions)		32		-417,	254.
33	Amounts paid for disallowed fringes			33			
34	Charlane Contributions (see monocions for minitation rates)	MT 5	r	- 34			0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 3	34 from the sun	of lines 32 and 33	2 35		-417,	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ons)	STMT 3	-,   36			0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			(   37		-417,	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		3	38		1,	000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		i	,   <u> </u>			
	enter the smaller of zero or line 37		Ţ	1 39		-417,	254.
*Part	Tax Computation			<del></del>			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•				0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on the tax of tax	line 39 from:					
	Tax rate schedule or Schedule D (Form 1041)		•	▶ 41			
42	Proxy tax. See instructions		•	► <u>42</u>			
43	Alternative minimum tax (trusts only)			43			
44	Tax on Noncompliant Facility Income See Instructions			44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45			0.
	▼V∞ Tax and Payments			[65.25 / 20°]			
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a					
þ	Other credits (see instructions)	46b		_  ```			
C	General business credit. Attach Form 3800	46c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_46d					
е	Total credits Add lines 46a through 46d			46e			
47	Subtract line 46e from line 45			47			0.
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Oth	er (attach schedule	) 48			
49	Total tax Add lines 47 and 48 (see instructions)			49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1		50			0.
51 a	Payments: A 2018 overpayment credited to 2019	51a		433			
b	2019 estimated tax payments	51b	_				
C	Tax deposited with Form 8868	51c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d					
е	Backup withholding (see instructions)	51e					
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		<b></b>			
g	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total <b>&gt;</b>	51g					
52	Total payments Add lines 51a through 51g			52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached			53			
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		•	▶ 54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•	<b>►</b> 55			
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax		Refunded <b>•</b>	<b>►</b> 56			
Part	Statements Regarding Certain Activities and Other Information	n (see ins	tructions)				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other author	ity			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to fil	е				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts.	eign country					
	here						X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a fo	reign trust?			ļ <u>.</u>	X
	If "Yes," see instructions for other forms the organization may have to file.						100
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					(g/4) g	7 200
0:	Under penalties of periody, I declare that I have examined this return, including accompanying schedules and state correct, and complate Declaration of preparer (other than taxpayer) is based on all information of which preparer			wledge and t	elief, it is t	rue,	
Sign		•		May the IR	S discuss t	his return v	vith
Here		E/CFO		the prepare			
	Signature of officer Date Title			instructions		Yes	No
	Print/Type preparer's name Preparer's signature Dat	e	Check	ıf PTI	N		
Paid			self- employ	1			
	parer DORI J. EGGETT DORI J. EGGETT 02/	19/21	<u></u>		06452		
-	Only Firm's name PLANTE & MORAN, PLLC		Firm's EIN	<u> </u>	38-135	7951	
	8181 E TUFTS AVE, SUITE 600						
	Firm's address DENVER, CO 80237		Phone no.	303-74			
					Care-	GGO_T	/2010

Schedule A - Cost of Goods	Sold. Enter meth	nod of inventory v	aluation N/A			
1 Inventory at beginning of year	1		Inventory at end of yea	r		6
2 Purchases	2	7	Cost of goods sold Su	ıbtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a	8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquired	l for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income ( (see instructions)	From Real Prop	perty and Per		ease	d With Real Prop	erτy) 
1. Description of property						
(1)						
(2)	_					
(3)						
(4)						
	2 Rent received or a				2(a) Dadustions directly	connected with the income in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for personal	conal property (if the percentag property exceeds 50% or if sed on profit or income)	ge	columns 2(a) an	d 2(b) (attach schedule)
(1)	<u> </u>					
(2)						
(3)						
(4)						
Total	0. Tota		<u>.</u>	0.	4.5	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed Inc	ome (see instru	ictions)			
			2 Gross income from		<ol><li>Deductions directly conf to debt-finance</li></ol>	
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)	<del> </del>		-			
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjus of or allocab debt-financed p (attach sche	ole to property	G 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)			%		<del></del>	
(2)			%			
(3)			_%			
(4)			%			<u> </u>
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>&gt;</b>	<u> </u>	0	. 0.
Total dividends-received deductions	ocluded in column 8					0.
						Form <b>990-T</b> (2019)

Schedule F - Interest,	Annuities, Roya	lties, an	·				tions	(see ins	structions	5)
			Exempt 0	Controlled O	ganızat	ions	1			
Name of controlled organizat	ıdeni	mployer tification imber		elated income instructions)		tal of specified ments made	includ	t of column 4 ed in the contr ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)			<del>                                     </del>							
(2)							†			
(3)		_								
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated inci		9. Total	of specified payn made	nents	10 Part of colu in the controll gros		nzation's		luctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.	<u></u>	0
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or ( <sup>,</sup>	17) Or	ganization				
(see inst	ructions)							·		
1 Desc	cription of income			2. Amount of	income	3 Deduction directly connect (attach scheduction)	ected	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)								ļ		
(2)										
(3)										
(4)									119 2.12	
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	<u>.</u>				0
Schedule I - Exploited (see instr		y Incom	e, Other	Inan Adv	ertisii	ng income		,		
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction related ss income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inci- from activity is not unrela business inco	that teđ	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, ), col (B)							Enter here and on page 1, Part II, line 25
Totals	0	<u> </u>	0.	100			75			0
Schedule J - Advertisi										
Partil Income From	Periodicals Re	ported o	n a Cons	solidated	Basis					
1 Name of periodical	2 Gross advertising income	. I	3. Direct vertising costs	4 Advert or (loss) (c col 3) If a gr cols 5 th	ıın, compu			6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				796.3350	7100	<u> </u>				
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	<b>•</b>	0.		).						0
(00) 10 . 4.1 11, 1110 (0))		- 1						<del></del>		200 T

% %

%

 $\blacktriangleright$ 

## Part III 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) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus 2 Gross 3 Direct 5. Circulation 6 Readership advertising column 5, but not more than column 4) 1 Name of periodical advertising costs (1) (2) (3) (4) Totals from Part I 0, 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II line 26 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business time devoted to business 2 Title 1. Name 98% FINANCE/CFO 2,159. VP. (1) STEVE KREIDLER

Form 990-T (2019)

2,159.

(2)

(3)

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T		OTHER	DEDUCTI	ONS	STATEMENT 1
DESCRIPTIO	N				AMOUNT
	 ' MANAGEMENT FEES 'ATION FEES				233,652. 899.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 27			234,551.
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	3,167,481.		0.	3,167,481.	3,167,481.
NOT. CARRYO	VER AVAILABLE THIS	YEAR		3,167,481.	3,167,481.

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 CARRYOV	ER AVAILABLE THIS	YEAR	8,142,388.	8,142,388.

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	26,976,081.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	26,976,081.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	26,976,081		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	26,976,081	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	26,976,081 0 26,976,081	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONTRIBUTION DEDUCTION			0

## 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

Marino					,
COLORADO SCHOOL OF MINES FO	UNDATION			84-	0509064
Did the corporation dispose of any investmen	nt(s) in a qualified opportunit	y fund during the tax year	7		Yes X No
If "Yes," attach Form 8949 and see its instruc	ctions for additional requirer	nents for reporting your ga	in or loss		
Part I Short-Term Capital Gai	ns and Losses (See in	nstructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949	ا د	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on		į			
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	148.	45,669.			-45,521.
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					
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				5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss) Combine				7	-45,521.
Part II   Long-Term Capital Gai	ns and Losses (See in	structions)			Τ
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	1	(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 (g	), }	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
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	16,903.	37,655.			-20,752.
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					
11 Enter gain from Form 4797, line 7 or 9				11	74,872.
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	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine	e lines 8a through 14 in column	<u>h</u>		15	54,120.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net :	short-term capital loss (line 7)	) [	17	8,599.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the proj	per line on other returns	Į	_18_	8,599.
Note: If losses exceed gains, see Capital Los	ses in the instructions				

LHA

Schedule D (Form 1120) 2019

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

## 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 2019

Attachment Sequence No 12A

Name(s) shown on return

COLORADO SCHOOL OF MINES FOUNDATION

Social security number or taxpayer identification no.

84-0509064

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 | 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 Rox A, B, or C helow. Check only one hov. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1 for each applicable hox If you have more short-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 (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 (d) (e) (h) (b) 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 (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) combine the result see Column (e) Ir Amount of adjustment Code(s) with column (g) the instructions YORKTOWN ENERGY PARTNERS 20 20. VII, LP VARIOUS VARIOUS 0 YORKTOWN ENERGY PARTNERS VARIOUS VARIOUS 67. Ο. 67. VIII, LP YORKTOWN ENERGY PARTNERS 37. VARIOUS VARIOUS 37. 0. IX. YORKTOWN ENERGY PARTNERS X VARIOUS **VARIOUS** 24. 0. 24. SPINNAKER GLOBAL EMERGING <84.> MARKETS FD, LTD VARIOUS VARIOUS 0. 84 45,585 <45,585.> VARDE FUND XIII, LP VARIOUS VARIOUS 0. 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

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)

<45,521.>

148.

45,669

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

84-0509064

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	•
proker 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)

X (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

(F) Long-term transactions not				(0)	Adjustmen	it, if any, to gain or	(6)
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	loss If your in column	ou enter an amount (g), enter a code in See instructions (g)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
YORKTOWN ENERGY PARTNERS							
VII, LP	VARIOUS	VARIOUS	0.	187.			<187.>
YORKTOWN ENERGY PARTNERS							
VIII, LP	VARIOUS	VARIOUS	0.	620.			<620.>
YORKTOWN ENERGY PARTNERS X,							
LP	VARIOUS	VARIOUS	0.	222.			<222.>
SPINNAKER GLOBAL EMERGING							
MARKETS FD, LTD	VARIOUS	VARIOUS	0.	127.			<127.>
ROCK SPRINGS CAPITAL FUND,							
LP	VARIOUS	VARIOUS	8,010.	0.			8,010.
CDR FUND X LP	VARIOUS	VARIOUS	8,893.	0.			8,893.
VARDE FUND XIII, LP	VARIOUS	VARIOUS	0.	36,499.			<36,499.>
	_						
							1
						-	
			<del></del>				
<del></del>				† · · · ·			
	<del> </del>			<u> </u>	<del>                                     </del>		
	<b>+</b>			<del>                                     </del>	<del>                                     </del>		
	<del>                                     </del>		-	<del> </del>	<u> </u>	-	
2. Tatala Add the amounts in salur	mns (d) (o) (s) s	nd (h) (subtract			1881/202		
2 Totals. Add the amounts in colur							
negative amounts) Enter each to		-					
Schedule D, line 8b (if Box D abo			16,903.	37,655.			<20,752.>
above is checked), or line 10 (if E	DOX F above is ci	recked)	1 10,503.	1 37,033.	1.0.1, 1.1, 1.2, 1.2, 1.2, 1.2, 1.2, 1.2, 1	L	1 320,700,7

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

923012 12-11-19

Form 8949 (2019)