EXTENDED TO NOVEMBER 15, 2019

Form 990-T	E	Exempt Organization Bus				ax Returr	1	OMB No 1545-0687
(3.5	ļ	(and proxy tax und	ler se	ection 6033	3(e))			2010
	For calendar year 2018 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.							2018
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it ma						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	change	d and see instru	ictions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	GILL FOUNDATION					8	84-1264186
X 501(c)3	or Type	Number, street, and room or suite no. If a P.O. bo						lated business activity code instructions)
408(e) 220(e)	Type	1550 WEWATTA STREET, N	0.	720]	•
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of DENVER, CO 80202	or foreig	n postal code			525	990
C Book value of all assets		F Group exemption number (See instructions.)	•					
		G Check organization type ► X 501(c) cor	poratio	n 50	1(c) trust	401(a) trust	Other trust
		tion's unrelated trades or businesses.	1			the only (or first) ur		
		EE STATEMENT 1				complete Parts I-V.		
		ice at the end of the previous sentence, complete Pa	arts I ar	id II, complete	a Schedule	M for each addition	al trade	e or
business, then complete		-v. oration a subsidiary in an affiliated group or a pare	nt oubo	idiami aantaalla	d araua?			es X No
		tifying number of the parent corporation.	111-5005	idiary controlle	a group r	-	Y	es X No
		PENNY HAMILTON, COO			Telenh	one number > 3	03-	292-4455
Part I Unrelated	d Trac	le or Business Income		(A) Inco		(B) Expenses		(C) Net
1a Gross receipts or sale	es			·		, ,		
b Less returns and allow	vances	c Balance ▶	1c					
2 .Cost of goods sold (S	chedule	A, line 7)	2					
3 Gross profit. Subtract	line 2 fr	om line 1c	3					
4a Capital gain net incom	•	•	4a	15,	831.			15,831.
		art II, line 17) (attach Form 4797)	4b			T.		
c Capital loss deduction			4c	A	717		•	4 545
5 Income (loss) from a 6 Rent income (Schedu		thip or an S corporation (attach statement)	5	4,	717.	STMT	3	4,717.
7 Unrelated debt-finance	,	ne (Schedule F)	7					<u> </u>
		nd rents from a controlled organization (Schedule F)	8					
		n 501(c)(7), (9), or (17) organization (Schedule G)						
10 Exploited exempt activ			10					
11 Advertising income (S	Schedule	J)	11					
12 Other income (See ins	struction	s; attach schedule)	12					
13 Total. Combine lines			13		548.			20,548.
Part II Deductio	ns No	t Taken Elsewhere (See instructions for	or limita	ations on ded	uctions)			
44 Occasional Control	OHUIDU	itions, deductions must be directly connected	-YVE	De unrelated	business	income.)	1	· · · · · · · · · · · · · · · · · · ·
14 Compensation of offi15 Salaries and wages	icers, air	ectors, and trustees (Schedule K)		၂႘ှ			14	
16 Repairs and mainten	ance	NOV 2	5 20	SS-OS			15 16	
17 Bad debts	41100	i i i i i i i i i i	O £1				17	
18 Interest (attach sche	dule) (se	e instructions)	- 6 1				18	
19 Taxes and licenses	, ,	e instructions) OGDE	<u> </u>	UI SEE	STATE	MENT 2	19	826.
20 Charitable contribution	ons (See	instructions for limitation rules) STATEME	ENT	6 SEE	STAT	EMENT 4	20	3,033.
21 Depreciation (attach	Form 45	62)		L	21			
·	imed on	Schedule A and elsewhere on return		L	22a		22b	
23 Depletion							23	
24 Contributions to defe		npensation plans					24	
25 Employee benefit pro		hadula IV					25	
26 Excess exempt exper27 Excess readership co		•					26 27	
28 Other deductions (att		·		SEE	ያ ጥልጥ	EMENT 5	28	9,465.
29 Total deductions. Ac		•		تاتان	PIAI		29	13,324.
		come before net operating loss deduction. Subtract	t line 29	from line 13			30	7,224.
		oss arising in tax years beginning on or after Januar			tions)		31	1,723
•	_	come. Subtract line 31 from line 30		·			32	7,224.
823701 01-09-19 LHA Fo	r Paperv	vork Reduction Act Notice, see instructions.						Form 990-T (2018)

Form 990-	GILL FOUNDATION	84-1264186	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	7,224.
34	Amounts paid for disallowed fringes	34	21,074.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	33	
30	•	1	20 200
	lines 33 and 34	36	28,298.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1 1	
	enter the smaller of zero or line 36	38	27,298.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	5,733.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from;		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	► 41	
	•	· -	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	F 522
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	5,733.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	5,733.
		(attach schedule) 47	
47			5,733.
48	Total tax. Add lines 46 and 47 (see instructions)	48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	893.	
b	2018 estimated tax payments 50b		
C	Tax deposited with Form 8868	30,000.	
d	Foreign organizations; Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
	Other credits, adjustments, and payments: Form 2439		
y	Form 4136 Other Total 50g	1 1	
			30,893.
51	Total payments. Add lines 50a through 50g	51	187.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	107.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	04 073
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	24,973.
55		funded 🕨 55 📗	0.
Part \	/I Statements Regarding Certain Activities and Other Information (see instru	ctions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	y	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust?	- X
37		cigii dasti	
	If "Yes," see instructions for other forms the organization may have to file.		1 1 1
58_	Enter the amount of tax-exempt interest received or accrued during the tax year	host of my beautodes and be	lief it is true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	s on my knowledge and be	
_		May the IRS	discuss this return with
Here	Linny Hamilton 11/8/19 (00		shown below (see
	Signature of Officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Reparer's signature CPA Date	Check if PTIN	
Paid		self- employed	
	GARRETT M. HIGGINS January Huga - 10.23.19		0543209
Prepa	DVE O'COMPAN DAVIES LID		-1728945
Use C	665 FIFTH AVENUE		
		Phone no. 212-2	86-2600
			Form 990-T (2018)
823711 01	-09-19		rorm 220-1 (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A				· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	1			Inventory at end of year	31		6	* *	
2 Purchases	2	-	7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,			
4a Additional section 263A costs				line 2		į	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	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5_			the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)		
Description of property					•				
(1)						·· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)									
(4)								٠	
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than :	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge .	3(a) Deductions directly columns 2(a) an			n
(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	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	Income (see	ınstru	ctions)					
			2	. Gross income from		 Deductions directly conn to debt-finance 			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)	-						T		
(2)							1		
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to aced property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		B. Allocable deduct dumn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)	<u> </u>			%					
						nter here and on page 1, lart I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals				>		0.	<u></u>		0.
Total dividends-received deductions in	ncluded in column	8				>			0.
-								Form 990-T	(2018)

Schedule F - Interest,	1	,		Controlled O				,	truction	
1. Name of controlled organization	ıden	Employer atrication umber	3. Net unr (loss) (see	elated income instructions)		al of specified nents made	included	of column 4 t i in the contr ion's gross ii	olling	6. Deductions directly connected with income in column 5
(1)										
(2)									[_	
(3)			<u> </u>							
(4)			<u> </u>				L			
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that is ng organiza s income	s included ation's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)			<u> </u>							
(3)										
(4)			<u> </u>							
						Enter here and	nns 5 and 1 on page 1 column (A)		Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		 			<u> </u>			0.		0.
Schedule G - Investme		Section	1 501(c)(7	'), (9), or ([.]	17) Org	anization				
	ructions)			2. Amount of	income	3. Deduction	cted	4. Set-a		5. Total deductions and set-asides
(1)			·			(attach sched	uie)			(col 3 plus col 4)
(2)										· · · · · · · · · · · · · · · · · · ·
(3)										
(4)							-			
				Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			•		0.	ı				0.
Schedule I - Exploited (see instru	-	y Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with po of ur	xpenses connected roduction nrelated ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or iumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expo attributa colum	ıble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)							<u>_</u>	_		
Totals •	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisii				· '					_	
Part I Income From				solidated	Basis		-			
1. Name of periodical	2. Gross advertising income	. !	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				_				_		
(4)						ļ				
Totals (carry to Part II, line (5))	•	0.	0							0.
										Form 990-T (2018

	(EU IU) GI DI I COMBINITION	
Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
•	columns 2 through 7 on a line-by-line basis.)	

				· · · · · · · · · · · · · · · · · · ·		,	
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)	·						
Totals from Part I	•	0.	0.			vi	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)	, 0			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

GILL FOUNDATION 84-1264186

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED
BUSINESS ACTIVITY

STATEMENT 1

THE GILL FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO INTERNAL REVENUE CODE ("CODE") SECTION 501(C)3. THE FOUNDATION IS, HOWEVER SUBJECT TO THE UNRELATED BUSINESS INCOME TAX IMPOSED UNDER CODE SECTION 512 ON ANY UNRELATED TRADE OR BUSINESS INCOME. THE UNRELATED BUSINESS INCOME ("UBI") OF THE FOUNDATION WAS GENERATED FROM SEVERAL INVESTMENTS IN LIMITED PARTNERSHIPS. UBI IS ALLOCATED TO EACH STATE BASED UPON AMOUNTS DIRECTLY REPORTED ON THE SCHEDULES K-1'S RECEIVED FROM EACH LIMITED PARTNERSHIP.

NOTICE 2018-67

UNDER INTERNAL REVENUE CODE SECTION ("IRC") 512(A)(6), A TAX-EXEMPT ORGANIZATION WITH MULTIPLE UNRELATED BUSINESS ACTIVITIES MUST SEPARATELY COMPUTE (OR "SILO") NET UNRELATED BUSINESS INCOME ON AN ACTIVITY BY ACTIVITY BASIS.

THE FOUNDATION HAS PREPARED ITS TAX RETURN IN ACCORDANCE WITH THE INTERIM GUIDANCE AVAILABLE AT THE TIME OF FILING, USING A REASONABLE, AND GOOD-FAITH INTERPRETATION OF NOTICE 2018-67.

NOTICE 2018-67 ESTABLISHES INTERIM GUIDANCE FOR AGGREGATING INCOME FROM PARTNERSHIPS WHICH REQUIRES ORGANIZATIONS TO USE A REASONABLE, GOOD-FAITH INTERPRETATION OF IRC SECTIONS 511 AND 514 TO IDENTIFY SEPARATE TRADES OR BUSINESSES. THE NOTICE PROVIDES THAT "AN EXEMPT ORGANIZATION MAY AGGREGATE ITS UBTI FROM ITS INTEREST IN A SINGLE PARTNERSHIP WITH MULTIPLE TRADES OR BUSINESSES, INCLUDING TRADES OR BUSINESSES CONDUCTED BY LOWER-TIER PARTNERSHIPS, AS LONG AS THE DIRECTLY-HELD INTEREST IN THE PARTNERSHIP MEETS THE REQUIREMENTS OF EITHER THE INTERIM RULE OR THE TRANSITION RULE. THE INTERIM RULE APPLIES IF THE PARTNERSHIP INVESTMENT MEETS THE DE MINIMIS TEST OR A CONTROL TEST. THE DE MINIMIS TEST APPLIES IF THE ORGANIZATION DOES NOT DIRECTLY HOLD MORE THAN A 2% PROFITS INTEREST AND NO MORE THAN 2% OF THE CAPITAL INTEREST IN THE PARTNERSHIP. IN ORDER TO MEET THE CONTROL TEST, THE EXEMPT ORGANIZATION CANNOT DIRECTLY HOLD MORE THAN 20% OF THE CAPITAL INTEREST; AND DOES NOT HAVE CONTROL OR INFLUENCE OVER THE PARTNERSHIP. IF NEITHER THE DE MINIMIS NOR THE CONTROL TEST APPLIES THE ORGANIZATION MAY RELY ON THE TRANSITION RULE. THE TRANSITION RULE STATES THAT THE ACTIVITIES OF A PARTNERSHIP ACQUIRED PRIOR TO AUGUST 21, 2018 MAY BE TREATED AS A SINGLE TRADE OR BUSINESS FOR IRC SECTION 512(A)(6) WHETHER OR NOT THERE IS MORE THAN ONE TRADE OR BUSINESS CONDUCTED BY THE PARTNERSHIP.

TO FORM 990-T, PAGE 1

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	FOOTNOTES	STATEMENT 2
FORM 990-T, LINE 19		
STATE TAXES: COLORADO		826.
TOTAL STATE TAXES		826

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
PARK STREET CAPITAL NATURAL RESOURCE FUND III, L - ORDINARY BUSINESS INCOME TIFF PARTNERS III, LLC - ORDINARY BUSINESS INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2005, LLC - ORDINARY BUSINESS INCOME (LOSS) PAINE & PARTNERS CAPITAL FUND III CZ II, LP - ORDINARY BUSINESS INCOME (LOSS PAINE & PARTNERS CAPITAL FUND III AIV III, LP - ORDINARY BUSINESS INCOME (LO SRA PRIVATE EQUITY PORTFOLIO II (E&F) LP - ORDINARY BUSINESS INCOME (LOSS) TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-10,029 -38 -214 74,506 -38,213 -21,295 4,717
FORM 990-T CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE DISBURSEMENTS (FORM N/A 990-PF, PART I, LINE 25, COLUMN (A)	11,324,727
TOTAL TO FORM 990-T, PAGE 1, LINE 20	11,324,727
FORM 990-T OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT
TAX PREPARATION FEE TIFF PRIVATE EQUITY PARTNERS 2005, LLC PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP PAINE & PARTNERS CAPITAL FUND III AIV III, LP	4,000 6 1,815 3,644
TOTAL TO FORM 990-T, PAGE 1, LINE 28	9,465

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	6
QUALIFIED	CONTRIBUTIONS SUBJECT	TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	CONTRIBUTIONS 11,000,938 11,766,029 13,730,436 12,023,637 10,757,201			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBU	rions	59,278,241 11,324,727		
	TRIBUTIONS AVAILABLE SCOME LIMITATION AS AD	JUSTED .	70,602,968 3,033	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CSS CONTRIBUTIONS		70,599,935 0 70,599,935	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	ON		3,	033
TOTAL CONT	RIBUTION DEDUCTION			3,	033

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

GILL FOUNDATION				84-	1264186
Part I Short-Term Capital Ga	ins and Losses (See	instructions)		*	
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89- Part I, line 2, column (in 49, g)	(h) 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					15,831.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	<u> </u>
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	15,831.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)			· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	· (d) Proceeds	(e) Cost	(g) Adjustments to gal or loss from Form(s) 894	49.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (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					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked		· · · · · · · · · · · · · · · · · ·	<u> </u>		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked			<u> </u>		
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	7		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		n h		15	
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16	15,831.
17 Net capital gain. Enter excess of net long-term	. •	. ,	e 7)	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns.		18	15,831.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

Schedule D (Form 1120) 2018

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

2018

Ittachment 124

Name(s) shown on return

Social security number or taxpayer identification no.

GILL FOUNDATIO	N					84-1	264186
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	ation as Form 109 oox to check	99-B Either will:	show whether you	r basis (usually you	r cost) was	reported to the IF	ibstitute RS by your
Part I Short-Term. Transactions, see page 2	ions involving capit	al assets you held	1 year or less are ge	nerally short term (see	instruction	s) For long-term	
Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 1s	, you aren't required	I to report these trans	actions on F	orm 8949 (see instru	ictions)
You must check Box A, B, or C below. Of the state of the	I fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	cked as you n	eed	each applicable box
(A) Short-term transactions rep	•	•	•	•	Note ab	ove)	
(B) Short-term transactions rep		•	•	eported to the IRS			
X (C) Short-term transactions no				1 4.5	Adjustmen	nt, if any, to gain or	1 45
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If ye	où enter an amount	(h) Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo., day, yr.)	disposed of	(sales price)	basis See the	in column	(g), enter a code in . See instructions.	Subtract column (e)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, 523, 3,	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) In the instructions	Code(s)	Amount of adjustment	with column (g)
SRA PRIVATE EQUITY			<u>.</u>	ļ			
PORTFOLIO II (E&F)				<u> </u>			45 004
LP				ļ			15,831.
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2 Totals. Add the amounts in columnegative amounts) Enter each to Schedule D, line 1b (if Box A about 15 feet and 15 feet a	tal here and inclu	ide on your					45.004
above is checked), or line 3 (if B	ox C above is ch	necked)		l	l		15,831.

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)