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MAY
SCANNED N

, ,			EXTENDE							1
	990-T	6	Exempt Organization	on Busii y tax under						OMB No 1545-0047
	[§] Ş	For cal	endar year 2019 or other tax year beginning					N 30, 20	<i>0</i> 20	2019
	V	'	► Go to www.irs.gov/Fo					 -		2013
	rtment of the Treasury al Revenue Service	▶	Do not enter SSN numbers on this fo)	Open to Public Inspection 501(c)(3) Organizations Or
A [Check box if address changed		Name of organization (Check	box if name cha	nged ai	nd see instru	ctions.)		(Em	oloyer identification number iployees' trust, see ructions)
B E	xempt under section	Print	WHITWORTH UNIVER	SITY						91-0473310
X] 501(c)(3 0	or	Number, street, and room or suite no	o. If a P.O. box, s	see inst	tructions				elated business activity cod instructions)
	408(e) 220(e)	Туре	300 W HAWTHORNE	ROAD				 	_ `	,
	408A530(a) 529(a)		City or town, state or province, coun SPOKANE, WA 992	• •	oreign (postal code			532	2000
C Bo	ok value of all assets end of year		F Group exemption number (See ins							
	335,005,5			501(c) corpor	ation	501	(c) trust		a) trust	Other trus
		-	tion's unrelated trades or businesses.					the only (or first) u		
			SS-THROUGH INVESTI					complete Parts I-V		
			ce at the end of the previous sentence	, complete Parts	I and I	II, complete a	Schedule	M for each additio	nal trac	e or
-	siness, then complete I		v. oration a subsidiary in an affiliated gro	oun or a parent (uheidi	ary controlled	Laroup?		$\overline{\Box}$	es X No
			oration a substitiary in an anniated gro ifying number of the parent corporation		0005101	ary controlled	group		اسا	es A NO
	ie books are in care of			<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		-	Telenh	one number	509-	-777-4225
			le or Business Income			(A) Inco		(B) Expense		(C) Net
1a	Gross receipts or sale					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>\</u>		
	Less returns and allow		c Balance	₃ ▶ │	1c			_		1
2	Cost of goods sold (S		A, line 7)	· [2					
3	Gross profit. Subtract		•		3					1
4 a	Capital gain net incom	e (attaci	n Schedule D)	<u>_</u>	4a					
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b		633.			63
C	Capital loss deduction	for trus	ts		4c					
5	Income (loss) from a	partners	hip or an S corporation (attach statem	ient)	5	-2,	845.	STMT	1	-2,84
6	Rent income (Schedul	e C)		L	6					
7	Unrelated debt-finance		•		7					<u></u>
8			nd rents from a controlled organization		8			/		
9			n 501(c)(7), (9), or (17) organization	·	9			·		
10	Exploited exempt activ	-	· · · · · · · · · · · · · · · · · · ·	<u></u>	10					
11	Advertising income (S			· -	11		/			-
12	Other income (See ins		· ·		12 13	-2/	<u>/</u> 212.			-2,21
13 Pa	rt II Deduction		t Taken Elsewhere (See ins							
			e directly connected with the unre				,			
14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)			/			14	
15	Salaries and wages								15	
16	Repairs and maintena	ance							16	
17	Bad debts								17	
8	Interest (attach sched	dule) (se	e instructions)						18	
9	Taxes and licenses								19	150
20	Depreciation (attach l						20		 	-
!1	·	ımed on	Schedule A and elsewhere on return			[2	1a		21b	
2	Depletion								22	
3	Contributions to defe		npensation plans						23	
24	Employee benefit pro	-	hadula I)						24	<u> </u>
25	Excess exempt expen	•	· /						25	
26	Excess readership co Other deductions (att					SEE	STAT	EMENT 2	26	1,88
27 28	Total deductions (att					تا تا ن	PINI		28	2,03
20 29			come before net operating loss deduc	tion Subtract lin	1e 28 fr	om line 13			29	-4,24
			oss arising in tax years beginning on o						1 23	1
	(see instructions)		oo alloing in tan yours beginning on o	artor buridary	., 2010				30	
30										-4,24
31	·	axable in	come. Subtract line 30 from line 29						31	_ 4,44,

58 Du	ırıng 1	the tax year, did the organization receive a dis	tribution from, or was it thi	e grantor of, or	transferor to, a fore	ign trust?			X_
lf'	Yes,"	see instructions for other forms the organization	tion may have to file.						
59 En	ter th	e amount of tax-exempt interest received or a	ccrued during the tax year	▶ \$					
Sign	Un	nder penalties of perjury, I geclare that I have examined rrect, and complete Declaration of preparer other than	this return, including accompan n taxpayer) is based on all inform	nation of which pr	eparer has any knowledg	e best of my kno je	wledge	and belief, it is true,	
Here		Signature of officer	- <u>Y</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	• -	FINANCE & HISTRATION	I	the p	the IRS discuss this retoreparer shown below (suctions)? X Yes	
Paid		Print/Type preparer's name LAWRENCE H. MOHR, CPA	Preparer's signature LAWRENCE H. CPA	MOHR,	Date 02/01/21	Check self- employe	ıf ed	PTIN P0044760	12
Preparer Use Only		Firm's name ► BAKER TILLY	US, LLP		02/01/21	Firm's EIN	>	39-08599	
		225 S 6TH Firm's address MINNEAPOLI	ST #2300 S, MN 55402			Phone no.	61	2.876.450	0
923711 01-2	27-20							Form 990	-T (2019

103

Schedule A - Cost of Good	s Sold. Enter n	nethod of inver	ntory v	aluation 🕨 🗎	N/A		 		
1 Inventory at beginning of year	1		6 Inventory at end of year 6						
2 Purchases	2		_	Cost of goods se		tract I	ine 6	e1 -	
3 Cost of labor	3			from line 5. Ente	r here ar	nd ın F	Part I,	<u> </u>	
4a Additional section 263A costs			1	line 2				7	
(attach schedule)	4a		8	Do the rules of s	ection 2	63A (v	with respect to	Yes No	
b Other costs (attach schedule)	4b			property produc	ed or acc	quired	for resale) apply to -		
5 Total. Add lines 1 through 4b	5			the organization					
Schedule C - Rent Income	(From Real P	roperty and	Per	sonal Prope	rty Le	ase	d With Real Prope	erty)	
(see instructions)			·						
1. Description of property									
(1)									
(2)		-			·				
(3)									
(4)									
	2. Rent received						2/a \ Dadustana disaathi a	annested with the manners	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the poproperty exceeds 50% and on profit or income	% or if		columns 2(a) and	connected with the income in d 2(b) (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total				0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•	_			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	ınstru	ctions)					
			,	. Gross income from	,		Deductions directly connected to debt-finance.		
1. Description of debt-fir	nanced property		-	or allocable to debt- financed property		(a)	Straight line depreciation	(b) Other deductions	
				ilianced property			(attach schedule)	(attach schedule)	
			┼					 	
(1)									
(2)			+-		<u> </u>				
(3)			+					· <u> </u>	
(4)	F 4		 _				7.0	O Allerable de destace	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt-financ	ocable to ed property chedule)	6	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)					%				
(2)					%				
(3)					%				
(4)			<u> </u>		%				
			•				nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		•					0.	0.	
Total dividends-received deductions in	ncluded in column 8	<u> </u>						0	
								Form 990-T (2019)	

Schedule F - Interest, A	Annuities, l	Royalties	, and Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)
			Exempt	Controlled O	rganızatı	ons				-
1. Name of controlled organizat	tion	2 Employer identification number	3. Net un (loss) (see	related income a instructions)	4. Tol payr	tal of specified ments made	ınclud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
	·		<u> </u>							
(2)			+							
(3)			-							
(4)										
Nonexempt Controlled Organi	zations		I				<u>. </u>			
7. Taxable Income	I	ted income (loss	e) O Total	of specified payr	nonte	10. Part of colu	nn O thai	rie included	11 0	eductions directly connected
7. Taxable Income		etructions)	9. 10tal	made	nems	in the controlli	ng organ income	ization's		th income in column 10
(1)										
(2)					i					
(3)										
(4)							-			
	1		<u> </u>			Add colum	ne 5 and	₹ 10		Add columns 6 and 11
						Enter here and		1, Part I,		here and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme	nt Income	of a Sect	ion 501(c)(7	7). (9). or (17) Ord	anization			<u> </u>	
(see insti		o. a ooo.		,, (-), (, :	,				
1. Desc	ription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5 Total deductions and act acides (col 3 plus col 4)
(1)					1					
(2)				†						
(3)										
(4)										
(4)	<u> </u>			Enter here and	on page 1.			-		Enter here and on page 1,
			_	Part I, line 9, co	lumn (A)	• •	•			Part I, line 9, column (B)
Totals			>	T. A.	0.	•		- -		. 0.
Schedule I - Exploited (see instru	•	tivity inc	ome, Otner	inan Adv	ertisin	g income				
Description of exploited activity	2. Gross unrelated busin income froi trade or busin	ness dir	3. Expenses ectly connected with production of urrelated usiness income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed .	6. Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	·									
(3)										
(4)										
	Enter here and page 1, Part line 10, col (1,	nter here and on page 1, Part I, ne 10, col (B)				, N			Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.	0.	<u> </u>		u .		-		0.
Schedule J - Advertisir										
Part I Income From I	Periodicals	Reporte	d on a Cons	solidated	Basis					_
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-					F -
(2)			_	7						'
(3)										1:
(4)	1			7						1
				T	·	1				
Totals (carry to Part II, line (5))	•	0.	0	•						0. Form 990-T (2019)

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Form 990-T (2019) WHITWORTH UNIVERSITY

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part III, 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)			<u>-</u>			
Totals from Part I	0.	0.	A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, ग्रह्मान उत्पन	The same of	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
Totals, Part II (lines 1-5)	0.	0.	a salar	by A Marie	7	0.
Schedule K - Compensatio		•	Trustees (see in	structions)		

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 (2019)

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FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
STEPSTONE TACTICAL GROWTH FUND LP EIN: 90-1022061 - ORDINARY BUSINESS INCOME NORTH SKY CLEAN TECH FUND IV, LP EIN: 32-0206992 - ORDINARY BUSINESS INCOME	-8,240. 11,594.
REAL ESTATE INTERNATIONAL PARTNERSHIP FUND I, LP 41-2241428 - ORDINARY BUSIN MIT PRIVATE EQUITY FUND III, LP EIN: 20-4640729 - ORDINARY	1,038.
BUSINESS INCOME (SPECIAL SITUATION PARTNERS II, LP EIN: 20-4497486 - ORDINARY BUSINESS INCOME	-4,583. -2,248.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP EIN:06-1605325 - ORDINARY BUSINES COMMONFUND CAPITAL VENTURE PARTNERS VII, LP EIN: 16-1720044 - ORDINARY BUSIN	128. -14.
MAKENA PERPETUAL PRIVATE EQUITY LP EIN: 82-1765493 - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	-2,132.
ORDINARY BUSINESS INCOME REAL ESTATE DOMESTIC PARTNERSHIP FUND I, LP EIN: 26-2301163 - ORDINARY BUSIN PENN SQUARE GLOBAL REAL ESTATE FUND II, LP EIN:	-122. 301.
26-25903356 - ORDINARY BUSIN HORSLEY BRIDGE XI GROWTH BUYOUT-A, LP 81-4451062 - ORDINARY BUSINESS INCOME	23. 1,410.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-2,845.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,885.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,885.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT 3
	ORGANIZATION HAS FINANCIAL INTEREST	

NAME OF COUNTRY

CAYMAN ISLANDS COSTA RICA

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	11,770.	6,183.	5,587.	5,587.
NOL CARRYO	VER AVAILABLE THIS	YEAR	5,587.	5,587.
FORM 990-T		CONTRIBUTIONS	O DETERMINE FMV	STATEMENT 5 AMOUNT
	N/KIND OF PROPERTY ESTATE DOMESTIC	N/A	O DETERMINE FMV	AMOUNT
	P FUND I, LP EIN:	N/A		1.
	PETUAL PRIVATE	N/A		16.
TOTAL TO F	ORM 990-T, PAGE 2,	LINE 34		17.

FORM 990-T	CONTRIBUTIONS SUMM	ARY	STATEMENT	6
~ -	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	3		
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS			
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	17 0	_	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	17 0 17	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	RIBUTION 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

Name

Employer identification number

WHITWORTH UNIVERS	ГТҮ			91-	-0473310
Did the corporation dispose of any investment		ty fund during the tax ve	ar?	<u> </u>	Yes X No
If "Yes," attach Form 8949 and see its instr					100 [22] 110
Part I Short-Term Capital G	ains and Losses (See)	nstructions.)	<u> </u>		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga	ın 19	(h) 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 (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				1 1	
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					174.
4 Short-term capital gain from installment sale	es from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-ki	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	itation)	SEE S'	TATEMENT 7	6	(152,481.)
7 Net short-term capital gain or (loss) Combi	ne lines 1a through 6 in column l	h		7	-152,307.
Part II Long-Term Capital Ga				-	
See instructions for how to figure the amounts	(4)	(0)	(=)		(h) a
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 gar or loss from Form(s) 894 Part II, line 2, column (s	n 19, 3)	(h) Gain or (loss) Subtract 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			ļ		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					11,689.
11 Enter gain from Form 4797, line 7 or 9				11	20,067.
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-ki	nd exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	ne lines 8a through 14 in column	h		15	31,756.
Part III Summary of Parts I an	d II				· · · · · · · · · · · · · · · · · · ·
16 Enter excess of net short-term capital gain (ine 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-ter	m capital gain (line 15) over net s	short-term capital loss (line	7)	17	
18 Add lines 16 and 17. Enter here and on Form	1 1120, page 1, line 8, or the prop	er line on other returns		18	0.
Note: If losses exceed gains, see Capital Lo					
I HA For Panerwork Reduction Act Notice	can the Instructions for Form 1	120		•	Chadule D /Form 1120\ 2019

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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.

91-0473310

WHITWORTH UNIVERSITY

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are 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 Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box 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 loss If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis See the (Mo , day, yr) (Example 100 sh XYZ Co) disposed of column (f). See instructions from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) in Code(s) with column (g) the instructions adjustment SPECIAL SITUATION PARTNERS II, LP EIN: 20-4497486 52. REAL ESTATE DOMESTIC PARTNERSHIP FUND I, LP EIN: 26-2301163 116. MAKENA PERPETUAL PRIVATE EQUITY LP EIN: 82-1765493 6. 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)

174.

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.

WHITWORTH UNIVERSITY						91-0	91-0473310	
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. Transaction see page 1								
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. C	totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	, you aren't required ox applies for your long	to report these trans term transactions, compl	actions on Fo	orm 8949 (see instru Form 8949, page 2, for	ictions)	
If you have more long-term transactions than will								
(D) Long-term transactions rep		•	•	•	Note abo	ve)		
(E) Long-term transactions rep	•		•	eported to the IHS				
X (F) Long-term transactions not					A 4 1		T	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss)	
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
COMMONFUND PRIVATE				1		aajaatinon		
EQUITY PARTNERS				1				
VI, LP EIN:								
16-1720029	-						<796.3	
MIT PRIVATE EQUITY							\\\\\\\\\\\\\\\\\\\\\\\\\\	
FUND III, LP EIN:	· · · · · · · · · · · · · · · · · · ·					·· ·		
20-4640729							4,584.	
REAL ESTATE							4,304.	
DOMESTIC								
PARTNERSHIP FUND				 				
I, LP EIN:						· · · · · · · · · · · · · · · ·		
26-2301163				 			145.	
				<u> </u>		 	143.	
MAKENA PERPETUAL				ļ				
PRIVATE EQUITY LP							7,756.	
EIN: 82-1765493				1			7,756.	
								
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				-		·	<u> </u>	
2 Totals. Add the amounts in columnegative amounts) Enter each tot	al here and inclu	de on your						
Schedule D, line 8b (If Box D abo above is checked), or line 10 (If B	• •	,			:		11,689.	

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

Form **8949** (2019)