\sim
\circ
202
 1
~ 3
•
_
_
5
=
$\overline{}$
Ω
a
ED
NED
밀
밀
밀
밀
밀
SCANNED

Form 990-T	Exempt Orga						OMB No 1545-0047
	1	nd proxy tax und			2006		2019
•	For calendar year 2019 or other tax ye			and ending JUN			ZU 13
Department of the Treasury Internal Revenue Service	▶ Do not enter SSN numbe	rirs gov/Form990T for in rs on this form as it may				·!	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)	•	(Empl	oyer identification number loyees' trust, see ctions)
8 'Exempt under section	Print LAKESIDE SCHOOL						91-0564971
X 501(c)(3 03	or Number, street, and room	n or suite no. If a P.O. box	k, see in:	structions.			ated business activity code nstructions)
408(e) 220(e)	Type 14050 1ST AVE NE						
408A 530(a)	City or town, state or pro	vince, country, and ZIP or 25	r foreign	postal code		52599	90
C Book value of all assets at end of year	F Group exemption num	ber (See instructions.)					
	,505. G Check organization typ	e 🕨 🗓 501(c) corp	oration	501(c) trust	401(a) trust_	Other trust
H Enter the number of the	organization's unrelated trades or t	ousinesses. 🕨	1	Describe	the only (or first) ur	related	
trade or business here					complete Parts I-V.		
	plank space at the end of the previo	us sentence, complete Pa	rts I and	II, complete a Schedule	M for each addition	ial trade	or
business, then complete							_
• • •	the corporation a subsidiary in an	• • •	it-subsid	fiary controlled group?	▶ 1	Ye	s X No
	and identifying number of the parer	it corporation.		T-1I-		206)	269 2610
	▶ BIRAGE TANDON d Trade or Business Inc	rome	Т	(A) Income	one number (B) Expense:	-	368-3610 (C) Net
	 	Joine	 	(A) Income	(b) Expense:		(O) NEL
1a Gross receipts or sal		. Dalamas	,		/ - s - s - 1 - 1	.	
b Less returns and allo		c Balance	1c 2				, , , , , , , , , , , , , , , , , , ,
2 Cost of goods sold (3 Gross profit. Subtract		•	3 '		*, <u>.</u>	,	
	me (attach Schedule D)		4a	124,316.			124,316.
	i 4797, Part II, line 17) (attach Forn	n 4797)	4b	71,111		•	
c Capital loss deduction		14/5/)	4c				
•	partnership or an S corporation (a	ttach statement)	5	447,463.	STMT 3		447,463.
6 \ Rent income (Sched		ttaon statomont,	6	/			
	ced income (Schedule E)	-	1			,	
	yalties, and rents from a controlled	organization (Schedule F)∡	8				`
	f a section 501(c)(7), (9), or (17) o		9				
	vity income (Schedule I)		10				
11 Advertising income (, ,		11				
	structions, attach schedule)		12		_ Fig. 1.	•	
13 Total. Combine line	s 3 through 12		13	571,779.			571,779.
	ns Not Taken Elsewher						
·	must be directly connected w		ess inc	ome.)		,	
14 Compensation of of	ficers, directors, and trustees (Sch	dule-K-)	<u>-</u>			14	
15 Salaries and wages		RECEN	<u> </u>			15	
16 Repairs and mainte		707		res l		16	
17 Bad debts		MAY 1 2 20	21	SEE STATEMEN		17	5.040
	edule) (see instructions)				IT 4	18	5,849.
19 Taxes and licenses		OGDEN, L	·'	<u>~</u>		19	13.
20 Depreciation (attach			21	20		 	
	aimed on Schedule A and elsewher	e on return		21a		21b	
22 Depletion						22	
	erred compensation plans			,		23	
24 Employee benefit po						24	
25 Excess exempt expo	,					25	
26 Excess readership of				opo omamovos	ım G	26	105 407
27 Other deductions (a				SEE STATEMEN	11 3	27	105,497.
	dd lines 14 through 27			f l 10		28	111,359.
	taxable income before net operating					29	460,420.
<i>1</i>	perating loss arising in tax years be	ginning on or after Januar	y 1, 201	8 SEE STATEMEN	ም 6	,,	36,125.
(see instructions)	kovahla ingama Cukturat lina 00 t	um luna 20		COS SINIEMEN		30	424,295.
31 Unrelated business	taxable income. Subtract line 30 fro	nn ime 29				31	747,473.

Par	t III	Total Unrelated Business Ta	xable Income						
32	Total of	unrelated business taxable income compl	ited from all unrelated trades or businesses	s (see instruction	s)	32		424,	295.
33	Amoun	ts paid for disallowed fringes				33			
34	Charita	ble contributions (see instructions for limit	ation rules) STMT 8	STMT 9	,	34			٥.
35	Total ur	prelated husiness taxable income before pr	e-2018 NOLs and specific deduction Subt	ract line 34 from the	sum of lines 32 and 33	35		424,	295.
36	Deducti	ion for net operating loss arising in tax yea	rs beginning before January 1, 2018 (see i	nstructions)	STMT 7	36		424,	295.
37			specific deduction. Subtract line 36 from I			37			
38		deduction (Generally \$1,000, but see line	•		8	38		1.	000.
39	•		e 38 from line 37. If line 38 is greater than	line 37				<u>_</u>	
03		ne smaller of zero or line 37	to do from fine or. If fine oo is greater than	mic or,		39	İ		0.
Par		Tax Computation			·	<u> </u>			
40		zations Taxable as Corporations Multiply	/ line 39 by 21% (0.21)		•	40			0.
41	Trusts	Taxable at Trust Rates See instructions f	or tax computation. Income tax on the amo	ount on line 39 fro	ım:				
	T:	ax rate schedule or Schedule D (F	orm 1041)		•	4 1	L		_
42	Proxy t	ax See instructions			•	42			
43	•	tive minimum tax (trusts only)				43			
44		Noncompliant Facility Income See instru	uctions			44			
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, w	hichever applies			45			0.
Par		Tax and Payments							
46 a	Foreign	tax credit (corporations attach Form 1118	, trusts attach Form 1116)	46a					
b	Other c	redits (see instructions)		46b		_]			
С	General	business credit. Attach Form 3800		46c] []			
d	Credit f	or prior year minimum tax (attach Form 88	301 or 8827)	46d					
е		redits. Add lines 46a through 46d				46e	l		
47	Subtrac	t line 46e from line 45				47			0.
48		exes. Check if from. Form 4255	Form 8611 Form 8697 Fe	orm 8866 🔲 (Other (attach schedule)	48			
49	Total ta	Add lines 47 and 48 (see instructions)				49	<u> </u>		0.
50	2019 ne	et 965 tax liability paid from Form 965-A oi	Form 965-B, Part II, column (k), line 3			50			0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019	(OA Sta	4,876	.			
ь	2019 es	stimated tax payments		51b		_	į.		
C	Tax dep	osited with Form 8868		51c					
d	Foreign	organizations: Tax paid or withheld at sou	rce (see instructions)	51d		_			
е	Backup	withholding (see instructions)		51e					
f	Credit f	or small employer health insurance premiu	ıms (attach Form 8941)	51f					
o		redits, adjustments, and payments:	Form 2439			$\Box A A$			
•		orm 4136	Other Tota	al ▶ 51g		_			
52	Total pa	ayments. Add lines 51a through 51g			*	52		4,	876.
53	Estimat	ed tax penalty (see instructions). Check if I	Form 2220 is attached			53			
54	Tax due	e. If line 52 is less than the total of lines 49	, 50, and 53, enter amount owed		10 Þ	54			
55	Overpa	yment. If line 52 is larger than the total of	lines 49, 50, and 53, enter amount overpaid	d	10	55		4,	876.
11 -56_		e amount of line 55 you want. Credited to		4,876.	Refunded	56			0.
Par	t VI	Statements Regarding Certa	in Activities and Other Inforn	nation (see i	nstructions)				
57	-		organization have an interest in or a signa					Yes	No
		, , ,) in a foreign country? If "Yes," the organiz	-					
	FinCEN	Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter the name of	the foreign coun	try				
	here	>							Х
58	During	the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a	foreign trust?				X
		see instructions for other forms the organ							
59		e amount of tax-exempt interest received of			460.		-1-4 -1 1	لــــــــــــــــــــــــــــــــــــــ	<u> </u>
Sign		nder penalties of perjury, I declare that I have exami prect, and complete Declaration of preparer (other	ned this return, including accompanying schedules than taxpayer) is based on all information of which	preparer has any kno	wledge	ledge and b	eller, it is tru	е,	
Here		Moale	15/7/11 N ACCT E	HEAD OF SCHO	07 /080	•	S discuss this		vith
		Signature of officer	Date Title	TEAD OF SCHOOL		the prepare instructions	r shown belo s)? X Y		No
		, `- 		Data	Check	1			1 140
_		Print/Type preparer's name	Preparer's signature	Date	self- employe	1	ν.		
Paid		SARAH B. HUANG	SARAH B. HUANG	04/27/21	Seil- ellibiolei		0745974	4	
	parer	Firm's name CLARK NUBER, PS	pindin b, normo	-/ = · / <u>-</u>	Firm's EIN	_	91-1194	_	
Use	Only		STREET, SUITE 1400		CHIH S LIN	•			
		Firm's address BELLEVUE, WA	•		Phone no.	425-45	4-4919		
		Suddieds P SEBBETOB, NA			1 110110 1101			- T	

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6
2 Purchases	2		7 Cost of goods sold. St	ubtract I	ine 6	harge.
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	,
4 a 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 próduced or a			
5 Total. Add lines 1 through 4b	5		the organization?	·		х
Schedule C - Rent Income (I (see instructions)	From Real P	Property and	Personal Property L	ease	d With Real Prop	erty)
1. Description of property						
(1)						
(2)	-	_		•		
(3)	,	-				<u>.</u>
(4)		••				
	2 Rent receive	d or accrued				
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of than	` of rent for pe	od personal property (if the percentagersonal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	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 2 here and on page 1, Part I, line 6, column	(A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B))
Schedule E - Unrelated Deb	t-Financed I	ncome (see I	nstructions)	1		·
			2. Gross income from		Deductions directly conr to debt-finance	
1 Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						<u> </u>
(2)					-	
(3)	`					
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis ocable to ced property schedule)	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)			%		<u>.</u>	
(3)			%			
(4)			%			
,					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					0	. 0.
Total dividends-received deductions inc	cluded in column	8				0.
TOTAL GIVINGINGS TOUCHVER NEGROTIONS INC	2,0000 111 001011111					F 200 T (0040)

Schedule F - Interest, A		_			Controlled O						· · · · · · · · · · · · · · · · · · ·
1 Name of controlled organizati	on .	2. Emp identific numb	ation (related income e instructions)	4. Tot pay	tal of specified ments made	ınclud	t of column 4 t ed in the contr ation's gross ii	olling	6. Deductions directly connected with income in column 5
(1)	·		· .								
(2)							,				
(3)											
(4)											- "
Nonexempt Controlled Organia	zations		<u> </u>							٠,	
7 Taxable Income		related income	e (loss)	O Total	of specified payr	nents	10 Part of colur	nn 9 tha	t is included	11 Dec	ductions directly connected
, radale mesme		e instructions)		J. 10.01	made		in the controlli	ng organ income	nzation's		income in column 10
(1)				-	u=				-		
(2)										_	
				t	4						
(3)									_	_	
(4)			<u> </u>								<u> </u>
,		•					Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	•		•			•			0.		0.
Schedule G - Investme	nt Incom	e of a S	ection 50	1(c)(7	7), (9), or (17) Org	anization		•		
- (see instr											
1 Descri	ription of incom	ne			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4 Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)		1							•		
(2)			7								
(3)										•	
(4)			-								
Totals				•	Enter here and o Part I, line 9, co					75.545.34 	Enter here and on page 1 Part I, line 9, column (8)
Schedule I - Exploited I	-	Activity	Income, C	Other	Than Adv	ertisin	g Income		-		
(see instru	ctions) (1
1 Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	 Expense directly conner with product of unrelate business inco 	ected tion ed	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) /											
(2)				_							
(3)					†		,				· · · · · · · · · · · · · · · · · · ·
					+		, , , , , , , , , , , , , , , , , , ,				
(4)	Enter here page 1, line 10, c	Parti, ol (A)	Enter here an page 1, Par line 10, col	t I, (B)						Tok 2	Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisir	na Incom	0.	atrioticas)	0.	[] A T. 5	,,, 1	a sa jis	4 * ; ' <u>'</u>	7000		0.
			structions)	C		Doois					
Part I* Income From F	-erioaica	us Repo	псестоп а	Cons	SUNGACEG	D4212				١	,
(<u> </u>				7 4					. 1	7 Evene and decide
1. Name of periodical		2. Gross advertising income	3. D advertisii		4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					* * * * * * * * * * * * * * * * * * *	234	·•		ر	j	
(2)	<u> </u>		1	`	7. **	* · · ·	`,				S. All Control of the Control
(3)					7	ر ۾ پولوج	. T				Service of the servic
	+				\dashv	A la la la la	`				秦、人员工工品。
(4)			+	1	79		1.	-		-	ar a con regard
Totals (carry to Part II, line (5))	•	I	0.	٠٠' ر).		<u> </u>				0 . Form 990-T (2019

Part	II Income From Per	riodicals Report	ted on a Sepa	rate Basis (For ea	ch periodical liste	d in Part II, fill in	
ý	columns 2 through 7 o	n a line-by-line basis	5)		_		
	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 reader costs (column 6 m column 5, but not than column 4
(1)	<u></u>		T				<u> </u>
(2)		•	1	"		}	

(3) (4) 0. 0. Totals from Part I 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. 0. Schedule K - Compensation of Officers, Directors, and Trustees ٥.

(see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 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)

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

	LAKESIDE SCHOOL				91-	-0564971
Dic	the corporation dispose of any investmen	nt(s) in a qualified opportuni	ty fund during the tax vear	?		Yes X No
	Yes," attach Form 8949 and see its instruc					
_	Part I Short-Term Capital Gai					
to e	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	19,	(h) Gain or (loss) Subtract column (e) from column (d) and
l hi	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	a) 	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	4,583.	354.			4,229.
	Short-term capital gain from installment sales				4	
	Short-term capital gain or (loss) from like-kind				5	,
	Unused capital loss carryover (attach computa				6	4 220
	Net short-term capital gain or (loss). Combine				7	4,229.
	Part II Long-Term Capital Gai	ns and Losses (See in	istructions.)	 		
	e instructions for how to figure the amounts enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
Thi ou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (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 Totals for all transactions reported on					
J	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked	42,843.	2,235.			40,608.
11	Enter gain from Form 4797, line 7 or 9				11	79,479.
	Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
	Long-term capital gain or (loss) from like-kind				13	
	Capital gain distributions				14	
	Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	h		15	120,087.
	Part III Summary of Parts I and		· · · · · · · · · · · · · · · · · · ·		_	
_	Enter excess of net short-term capital gain (lin		loss (line 15)		16	4,229.
	Net capital gain. Enter excess of net long-term				17	120,087.
	Add lines 16 and 17. Enter here and on Form				18	124,316.
.0	Note: If losses exceed gains, see Capital Los		/ /			
	Total In location exceed game, and Capital LOS	See Street Hotel dollorion				

LHA

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

2019
Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

91-0564971

LAKESIDE SCHOOL						91-0	064971
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ation as Form 109	you received any 99-B Either will s	/ Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) fron r cost) was	n your broker A su reported to the IR	bstitute S by your
Part Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are ger	nerally short-term (see	instruction	s) For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ad	justments or
You must check Box A. B. or C below. (Check only one bo	X. If more than one b	ox applies for your short	-term transactions, comp	lete a separat	te Form 8949, page 1, for	
f you have more short-term transactions than will							
(A) Short-term transactions rep	-		=		Note ab	ove)	
(B) Short-term transactions rep			_	ported to the IRS			
X (C) Short-term transactions no		u on Form <u>1</u> 099-l	3		A dd	-A '6 A	
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other	Adjustmer loss f v	nt, if any, to gain or ou enter an amount	(h) Gaın or (loss).
Description of property (Example 100 sh XYZ Co)	Date acquired	Date sold or	(sales price)	basis See the	ın column	(g), enter a code in	Subtract column (e)
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of (Mo, day, yr.)		Note below and). See instructions.	from column (d) &
		(IVIO, Cay, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
CL IV IHC LLC	VARIOUS	VARIOUS		354.			<354.>
DENHAM OIL & GAS FUND LP	VARIOUS	VARIOUS	2,927.				2,927.
KOHLBERG TE INVESTORS VIII,							
LP	VARIOUS	VARIOUS	1,280.				1,280.
COMMONFUND CAPITAL NATURAL							
RESOURCES PARTNERS VI, LP	VARIOUS	VARIOUS	1.				1.
COMMONFUND CAPITAL NATURAL							
RESOURCES PARTNERS VII, LP	VARIOUS	VARIOUS	374.				374.
COMMONFUND CAPITAL PRIVATE							
EQUITY PARTNERS VI, LP	VARIOUS	VARIOUS	1.				1.
-							
						-	
		-					
			_		-		-
			-			-	
-	-						
· · · · · · · · · · · · · · · · · · ·	,						
			··· -				
<u> </u>							
	r					*	
2 Totals. Add the amounts in colun	nns (d), (e), (g), aı	nd (h) (subtract					
negative amounts) Enter each tot	tal here and inclu	ide on your					
Schedule D, line 1b (If Box A abo		The second secon					
above is checked), or line 3 (if Bo	ox C above is ch	ecked)	4,583.	354.			4,229.

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

LAKESIDE SCHOOL

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.

91-0564971

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or 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 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not	reported to you	on Form 1099-B		T	r		
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	nt, 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)
CL IV IHC LLC	VARIOUS	VARIOUS	1,780.				1,780.
DENHAM OIL & GAS PUND LP	VARIOUS	VARIOUS	27,602.				27,602.
TIFF REALTY AND RESOURCES		`					
2008, LLC	VARIOUS	VARIOUS	118.				118.
KOHLBERG TE INVESTORS VIII,							
LP	VARIOUS	VARIOUS		446.			<446.>
COMMONFUND CAPITAL							
INTERNATIONAL PARTNERS VI,							
LP	VARIOUS	VARIOUS	1,217.				1,217.
COMMONFUND CAPITAL NATURAL							
RESOURCES PARTNERS VI, LP	VARIOUS	VARIOUS		4.			<4.>
COMMONFUND CAPITAL NATURAL							
RESOURCES PARTNERS VII, LP	VARIOUS	VARIOUS		71.			<71.>
COMMONFUND CAPITAL PRIVATE							
EQUITY PARTNERS VI, LP	VARIOUS	VARIOUS		1,592.			<1,592.>
COMMONFUND CAPITAL PRIVATE	·						
EQUITY PARTNERS VII, LP	VARIOUS	VARIOUS	12,102.				12,102.
ENDOWMENT VENTURE PARTNERS		-					
V, LP	VARIOUS	VARIOUS		122.			<122.>
TIFF REALTY AND RESOURCES							•
II, LLC	VARIOUS	VARIOUS	24.				24.
		_					
		_				_	
			•				
		-					
	· -						
				-			
	· · · · · · · · · · · · · · · · · · ·						
				-			
2 Totals. Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ıde on your					
Schedule D, line 8b (if Box D above is checked), or line 10 (if E			42,843.	2,235.		<u> </u>	40,608.

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 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

PURSUANT TO TREAS. REG. 1.512(A)-6(C)(1)(I), THE UNRELATED BUSINESS ACTIVITY FOR THE ORGANIZATION IS INVESTMENT ACTIVITIES FROM QUALIFYING PARTNERSHIP INTERESTS.

TO FORM 990-T, PAGE 1

ORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
PESCRIPTION '	NET INCOME OR (LOSS)
L IV IHC LLC - ORDINARY BUSINESS INCOME (LOSS)	106,34
OMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, L.P	
RDINARY BUSINESS INCOM	. 92
OMMONFUND CAPITAL NATURAL RESOURCES PRTNRS VI, L.P	
RDINARY BUSINESS INC	9,02
OMMONFUND CAPITAL NATURAL RESOURCES PRTNRS VII, L.P	
RDINARY BUSINESS IN	-4;01
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, L.P	
RDINARY BUSINESS INCOM	-1,37
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L.P	
RDINARY BUSINESS INCO	-24
OMMONFUND CAPITAL VENTURE PARTNERS VII, L.P ORDINARY	
USINESS INCOME (LO	- 2
OMMONFUND CAPITAL VENTURE PARTNERS VI, L.P ORDINARY	
USINESS INCOME (LOS	12
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L.P	_
RDINARY BUSINESS INC	1,88
OMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P ORDINARY	·
USINESS INCOME (L	-1
ENHAM OIL & GAS FUND - ORDINARY BUSINESS INCOME (LOSS)	-45,34
NDOWMENT PRIVATE EQUITY PARTNERS IV, L.P ORDINARY	
USINESS INCOME (LOSS	-1
ORTHGATE VENTURE PARTNERS II, L.P ORDINARY BUSINESS	
NCOME (LOSS)	-33
IFF REALTY AND RESOURCES 2008, LLC - ORDINARY BUSINESS	
NCOME (LOSS)	-53
IFF REALTY AND RESOURCES II, LLC - ORDINARY BUSINESS	
NCOME (LOSS)	-39
IFF REALTY AND RESOURCES III, LLC - ORDINARY BUSINESS '	
NCOME (LOSS)	-64
NIVERSITY TECHNOLOGY VENTURES, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-
OHLBERG TE INVESTORS VIII, L.P ORDINARY BUSINESS	
NCOME (LOSS)	3,31
URABLE CAPITAL ONSHORE FUND LP - ORDINARY BUSINESS INCOME	
LOSS)	-2,60
ORTOISE COMMINGLED FUND LLC - ORDINARY BUSINESS INCOME	
LOSS)	381,80
EWRESI, LLC - ORDINARY BUSINESS INCOME (LOSS)	-43
OTAL, INCLUDED ON FORM 990-T, PAGE 1, LINE 5	447,46

FORM 990-T	M 990-T INTEREST PAID						
DESCRIPTION	•		AMOUNT				
CL IV IHC LLC			2,042.				
TIFF REALTY AND RESOURCES 20			297.				
COMMONFUND CAPITAL INTERNATI COMMONFUND CAPITAL PRIVATE E			6, 162.				
DURABLE CAPITAL ONSHORE FUND		I, DF	3,342.				
TOTAL TO FORM 990-T, PAGE 1,	LINE 18		5,849.				
FORM 990-T	OTHER DEDUCTI	ONS	STATEMENT 5				
DESCRIPTION			AMOUNT				
TAX PREPARATION FEES FOR FOR DEPLETION	м 990-т		7,813. 97,684.				
TOTAL TO FORM 990-T, PAGE 1,	LINE 27		105,497.				
	· ·						
FORM 990-T NET	OPERATING LOSS D	EDUCTION	STATEMENT 6				
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR				
06/30/19	0.	191,347.	191,347.				
NOL CARRYOVER AVAILABLE THIS	YEAR	191,347.	191,347.				

FORM 990-T	NET	DEDUCTION	STATEMENT 7		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/17	275,362.	0.	275,362.	275,362.	
06/30/18	148,933.	0.	148,933.	148,933.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	424,295.	424,295.	

FORM 990-T	CONTRIBUTIONS					STATEMENT 8		
DESCRIPTION/KIND OF PROPERTY	METHOD	USED	то	DETERMINE	FMV	`	AMOUNT	
COMMONFUND CAPITAL NATURAL RESOURCES PARNERS VI, L.P.	N/A	1		,		•	8.	
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, L.P.	N/A	-		•				
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, L.P.	N/A	,					1.	
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L.P.	N/A					,	3.	
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L.P.	N/A			`			26.	
NORTHGATE VENTURE PARTNERS II, L.P.	N/A						1.	
CL IV IHC LLC	N/A						37.	
TORTOISE COMMINGLED FUND LLC	N/A						357.	
DENHAM PIL & GAS FUND LP	N/A						62.	
TOTAL TO FORM 990 TT, PAGE 2, LI	NE 34					/.	506.	

<u>, , ,</u>		1				
FORM 990-T	CONTR	RIBUTIONS	SUMMARY		STATEMENT	9
OHALTETED	CONTRIBUTIONS SUBJECT	· то 100%	T.TMTT	,		
	CONTRIBUTIONS SUBJECT		LIMIT		-	
	OF PRIOR YEARS UNUSED	CONTRIBU	JTIONS			
FOR TAX	YEAR 2014					
FOR TAX	YEAR 2015		4			
FOR TAX	YEAR 2016		373)	
FOR TAX	YEAR 2017		542			
FOR TAX	YEAR 2018		` 516		,	
TOTAL CARE	RYOVER			1,435		
TOTAL CURE	RENT YEAR 10% CONTRIBU	TIONS		506	,	
TOTAL CONT	TRIBUTIONS AVAILABLE			1,941		
TAXABLE INCOME LIMITATION AS ADJUSTED			0			
EXCESS CONTRIBUTIONS				1,941		
EXCESS 100	0% CONTRIBUTIONS			0		
TOTAL EXC	ESS CONTRIBUTIONS			1,941		
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON				0
TOTAL CONT	TRIBUTION DEDUCTION ~					0