	000 T	l <b>E</b>	EXTENDED TO NOVE	EMBE	R 15, 20	12	739355 ox Boturn	41	OMB No 1545	. フ 5-0687	
	Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB NO 1343		
	<b>.</b>		• • •	er se	•	••		1	~ 2n1	10 20	
		For ca	lendar year 2018 or other tax year beginning  Go to www.irs.gov/Form990T for in		, and ending			-	\4-01	AAA.	
	Department of the Treasury Internal Revenue Service	▎▗	Go to www.irs.gov/Form9901 for in Do not enter SSN numbers on this form as it may					F	Open to Public In 501(c)(3) Organize	spection for	
	A Check box if		Name of organization ( Check box if name c		<del></del>		<u></u>	D Emple	oyer identification		
	address changed		CONGREGATION OF THE MI						loyees' trust, see ictions )		
	B Exempt under section	Print	VINCENT DE PAUL IN GERI					2	3-62667	738	
	X 501(cy/3)	_ or	Number, street, and room or suite no. If a P.O. box	x, see in	structions.				ated business act	ivity code	
	408(e) 220(e)	Туре	500 E. CHELTEN AVENUE					] "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Book value of all assets at end of year F Group exemption number (See instructions.)										
									900000		
										<del></del>	
	229,087,0			oration						ner trust	
		-	tion's unrelated trades or businesses.	<u> </u>			the only (or first) ur				
	The state of the s		/ESTMENT ACTIVITY				complete Parts I-V.				
			ce at the end of the previous sentence, complete Pa	rts i and	il, complete a So	cneaule	IVI for each addition	ai irade	OI .		
	business, then complete		-v. Poration a subsidiary in an affiliated group or a parer	nt_cubeu	diary controlled o	roup?	1	Ye	es X No		
			tifying number of the parent corporation.	it-subsi	ulary controlled gi	oup.			.3 [22] 140		
			ALLEN ANDREWS		···	Telepho	ne number 🕨 (	215	) 713-2	2425	
			le or Business Income	Ĭ	(A) Income		(B) Expenses		(C) N		
	1a Gross receipts or sale	s									
	b Less returns and allow	vances	<b>c</b> 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 incon	ne (attac	h Schedule D)	4a	6,3					<u>ر 383 . ,</u>	
	<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	-4,2	24.			-4	,224.	
	c Capital loss deduction			4c	40 6	49,698. STMT 1				,698.	
	, ,	•	ship or an S corporation (attach statement)	5	49,0	90.	L	49	,030.		
	<ul><li>6 Rent income (Schedu</li><li>7 Unrelated debt-financ</li></ul>	•	na (Schadula E)	7	-		<u>-</u>		,		
•			nd rents from a controlled organization (Schedule F)	8							
j			on 501(c)(7), (9), or (17) organization (Schedule G)	-		İ			,	,	
	10 Exploited exempt activ			10							
j S	11 Advertising income (S	Schedule	: J)	11		]	<u> </u>			<u>-                                      </u>	
5	12 Other income (See ins	struction	s; attach schedule)	12			<del>.</del>			055	
5	13 Total. Combine lines			13	51,8		-		51	<u>,857.</u>	
			ot Taken Elsewhere (See instructions for utions, deductions must be directly connected				income )				
								14	<u> </u>		
	<ul><li>14 Compensation of off</li><li>15 Salaries and wages</li></ul>	icers, un	rectors, and trustees (Schedule K)					15			
	16 Repairs and mainten	ance						16			
	17 Bad debts							17			
	18 Interest (attach sche	dule) (se	ee instructions)		SEE S	TAT	EMENT 2	18_	1	,604.	
	19 Taxes and licenses							19			
	20 Charitable contributi	ons (See	e instructions for limitation rules) STATEME	ENT	5 SEE S	TAT	EMENT 3	20_		<u>         8                           </u>	
	21 Depreciation (attach		•		21						
		umed or	Schedule A and elsewhere on return		228	1	<del></del>	22b			
	23 Depletion		RECEIVED					23	<u> </u>		
	24 Contributions to defe	,	mpensation-plans					24			
	<ul><li>25 Employee benefit pro</li><li>26 Excess exempt experience</li></ul>		LadMay 7 9 2010 101					25			
	<ul><li>26 Excess exempt experience</li><li>27 Excess readership contact</li></ul>	etel (Sci	100011074 # 0 5013		,			27			
		! .'	<u> </u>		SEE S	TAT	EMENT 4	28	23	,589.	
	29 Total deductions. A	dd lines	14 incording 28 N, UT					29		,201.	
	30 Unrelated business t	axable ır	ncome before net operating loss deduction. Subtrac	t line 29	from line 13			30		,656.	
			loss arising in tax years beginning on or after Janua		•	ns)		31		1	
	·	-	ncome. Subtract line 31 from line 30					32		<u>, 656 , </u>	
	823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.			G	$\backslash \gamma$		Form <b>990</b>	)- <b>T</b> (2018)	

23-626	673	Page 2
)	33	26,656.
,	34	
	35	
	36	26,656.
	37	26,656. 1,000.
		•
	38	25,656.
		•
<b>&gt;</b>	39	5,388.
m:		
•	40	
<b>&gt;</b>	41	
	42	
	43	
	44	5,388.
	]	
	1	
	] _	
	45e	
	46	5,388.
er (attach schedule)	47	
	48	5,388.
	49	0.

Form 990-	T(2018) VINCENT DE PAUL IN GERMANTOWN		23-626	<u> </u>	Page 2
Part	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	26,656.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si				
	lines 33 and 34			36	26,656.
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		<u> </u>	
30	enter the smaller of zero or line 36	00,		38	25,656.
Part					20,0000
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	39	5,388.
39	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 29 from:		33	3,3001
40		on line 30 moni.		40	
	Tay rate schedule or Schedule D (Furii 1041)			40	<del></del>
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	E 200
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	5,388.
Part		<del></del>		1	<del></del>
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	45c		ļ	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_45d			
е	Total credits. Add lines 45a through 45d			45e	5 202
46	Subtract line 45e from line 44			46	5,388.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 L Other (e	ttach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	5,388.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 ε	Payments: A 2017 overpayment credited to 2018	50a			
t	2018 estimated tax payments	50b	1,840.		
c	Tax deposited with Form 8868	50c			
(	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
•	Backup withholding (see instructions)	50e		.	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
	Other credits, adjustments, and payments: Form 2439				
-	Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g	-		51	1,840.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	27.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	3,575.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Ref	unded 🕨	55	
Part '	/I Statements Regarding Certain Activities and Other Informatio	n (see instruc	tions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
	here >				·   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ansferor to, a for	eign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.		2		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the I	est of my knowled	ge and belie	of, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge			
Here	1 /14/19 NEVEC DIA	ectoe of	Financel	-	scuss this return with nown below (see
	Signature of officer Date Title			tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check I	PTIN	
D-* *	Tropard Signature		self- employed		
Paid	orer TINA M. PETERS TINA M. PETERS 11	./12/19	zan ampiayau	PO	0904574
Prepa	THE PLANTER C MODANI DILIC		Firm's EIN		-1357951
Use (	2601 CAMBRIDGE CT, STE. 500		riim a Lilly 🤟		
	Firm's address ► AUBURN HILLS, MI 48326		Phone no. (	248)	375-7100
	-09-19				Form <b>990-T</b> (2018)

3 2018.05000 CONGREGATION OF THE MISSI 76175\_\_1

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A			··
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract	line 6	
3 Cost of labor	3		from line 5. Enter here	and in	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1263A (	with respect to	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real l	Property and	d Personal Property L	_ease	d With Real Prop	erty)
(see instructions)						
1. Description of property						
(1)	<del></del>		<del></del>			
(2)						
(3)						
(4)						
	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	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected with the income in ad 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	` ' ' '	ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		•	
			2. Gross income from		3. Deductions directly conr to debt-finance	nected with or allocable ed property
1. Description of debt-fu	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				<del>                                     </del>		
<u>(1)</u> <u>(2)</u>				$\vdash$		+
		<u>-</u>	+	<del>                                     </del>		
(3)				+		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property a 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)			%			
(3)			%	<u> </u>		
(4)	İ		%			
-17	•				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			•	1	0	. 0
Total dividends-received deductions of	ncluded in column	18				0
						Form <b>990-T</b> (201

Form 990-T (2018) VINCEN	IT DE I	PAUL	IN GE	RMANT(	<u>NWO</u>				<u>23-62</u>	<u>6673</u>	8 Pag	a 4
Schedule F - Interest,	Annuities	, Royal	ties, an	d Rents	From Co			itions	s (see in:	struction	ns)	
1. Name of controlled organize	ation	2. Em Identifi num	cation	3. Net unr	Controlled O	4. Tota	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5	
/1\												_
<u>(1)</u> <u>(2)</u>						<b></b>		Ì		$\neg$		_
(3)				<u> </u>		<del> </del>			· · · ·	-		_
(4)				<del>                                     </del>		<del>                                     </del>		l		$\neg$		_
Nonexempt Controlled Organ	ızatıons	•				J			<del></del>			_
7. Taxable Income	8. Net un	related income instructions		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ing organ s income	nization's		eductions directly connecte h income in column 10	d
(1)										<del>   </del>	_	_
(2)	1									-		_
(3)						- i						_
(4)		-										_
				•			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						<b>▶</b>			0.		0	•
Schedule G - Investme		e of a S	Section	501(c)(7	'), (9), or (	17) Org	anization					
	cription of incon	19			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)			_		-		(attach sched	1010)			(cor o pias cor 4)	_
(2)						1						_
(3)						Ì						
(4)						i						
					Enter here and Part I, line 9, co				-		Enter here and on page Part I, line 9, column (B	
Totals				. •		0.					0	٠.
Schedule I - Exploited (see instr	_	Activity	Income	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gurrelated luncome	ousiness from	directly c with pro of unr	penses connected oduction elated	4. Net incom from unrelated business (co minus colum gain, compute	trade or liumn 2 n 3) If a	5. Gross inco from activity t is not unrelat business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than	
(1)	1 1100 0 1		business	s income	through						column 4)	_
(2)	† · · · · · ·					- 1			1			_
(3)						İ						_
(4)	<u> </u>					İ					-	
Totals	Enter here page 1, line 10, c	Part I,		re and on I, Part I, col (B)		•					Enter here and on page 1, Part II, line 26	٠.
Schedule J - Advertisi	ng Incom		nstruction		1							Ť
Part I Income From					solidated	Basis		_				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs			5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										-		
(2)					-						1	
(4)					<b></b>		-					
Fotals (carry to Part II, line (5))	<u> </u>	(	0.	0								) <u>.</u>
											Form <b>990-T</b> (20	18)

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23-6266738

Page 5

Form 990-T (2018) VINCENT DE PAUL IN GERMANTOWN 23-62667

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.				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 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		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 1
DUGGD T DWT OV		NET INCOME
DESCRIPTION		OR (LOSS)
PANTHEON EUROPE FUND VI, LP - (	ORDINARY BUSINESS INCOME	
(LOSS)		215
PANTHEON EUROPE FUND VI, LP - 1		243
PANTHEON USA FUND VII, LP - ORI	DINARY BUSINESS INCOME	20 710
(LOSS)	DENIMAL DEAL ECMAME INCOME	39,712 16 16
PANTHEON USA FUND VII, LP - NET	RENTAL REAL ESTATE INCOME.	541
PANTHEON USA FUND VII, LP - DIV		505
PANTHEON USA FUND VII, LP - OTH		8,426
ADAMS STREET VENTURE INNOVATION		•
INCOME		4
ADAMS STREET VENTURE INNOVATION	I FUND II LP - DIVIDEND	
INCOME		36
TOTAL INCLUDED ON FORM 990-T, I	PAGE 1. LINE 5	49,698
FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		TUOMA
INTEREST EXPENSE		1,604
TOTAL TO FORM 990-T, PAGE 1, LI	NE 18	1,604
•		
TOTAL TO FORM 990-T, PAGE 1, LI	CONTRIBUTIONS	1,604 STATEMENT 3
FORM 990-T		
FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CHARITABLE CONTRIBUTIONS FROM	CONTRIBUTIONS	STATEMENT 3  AMOUNT
FORM 990-T DESCRIPTION/KIND OF PROPERTY	CONTRIBUTIONS  METHOD USED TO DETERMINE FMV	STATEMENT 3
FORM 990-T DESCRIPTION/KIND OF PROPERTY CHARITABLE CONTRIBUTIONS FROM	CONTRIBUTIONS  METHOD USED TO DETERMINE FMV  N/A	STATEMENT 3  AMOUNT

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PORTFOLIO DEDUCTIONS FROM K-1	S	23,589.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	23,589.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	5
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CAR TOTAL CUR	RYOVER RENT YEAR 10% CONTRIBUTIONS	. 8		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	8 2,566		
EXCESS 10	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	0 0 0		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			8
TOTAL CON	TRIBUTION DEDUCTION	•		8

## 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

CONGREGATION OF THE MISSION OF ST. VINCENT DE PAUL IN GERMANTOWN

23-6266738

Part I	Short-Term Capital Ga	ins and Losses (See	instructions.)			
to enter on t	ons for how to figure the amounts he lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form ma round off cer	y be easier to complete if you its to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	) 	combine the result with column (g)
reported was repo have no Howevel transacti	or all short-term transactions on Form 1099-B for which basis orted to the IRS and for which you adjustments (see instructions). r, if you choose to report all these ions on Form 8949, leave this line d go to line 1b					
	r all transactions reported on					
Form(s)	8949 with Box A checked					
	r all transactions reported on 8949 with Box B checked					
	r all transactions reported on					
	8949 with Box C checked					550.
4 Short-te	rm capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
	rm capital gain or (loss) from like-kin	•			5	
	capital loss carryover (attach computa	*	SEE ST	TATEMENT 6	6	( 15,181.)
7 Net shor	t-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-14,631.
Part II	Long-Term Capital Gai	ns and Losses (See i	nstructions.)			
	ons for how to figure the amounts he lines below.	(d)	(0)	(a) Advistments to as	_	(h) Gain or (loss) Subtract
	ing times below.  By be easier to complete if you list to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9.	column (e) from column (d) and combine the result with column (g)
on Form reported no adjus if you ch	r all long-term transactions reported 1099-B for which basis was to the IRS and for which you have tments (see instructions). However, oose to report all these transactions 8949, leave this line blank and go to					
	r all transactions reported on					
	8949 with Box D checked					
	r all transactions reported on					
	8949 with Box E checked					<del> </del>
	r all transactions reported on			ŀ		21,014.
	8949 with Box F checked			<u>.</u> .	11	21,014.
•	ıın from Form 4797, line 7 or 9 rm capıtal gaın from ınstallment sales	from Form 6252 June 26 or 2	7		12	
	rm capital gain or (loss) from like-kini				13	
•	rni capital gain of (1055) from like-killi Jain distributions	u exchanges from Form 6024			14	-
	•	n linne Sa through 14 in colum	n h		15	21,014.
Part III	term capital gain or (loss). Combine Summary of Parts I and					21,011.
16 Enter ex	cess of net short-term capital gain (lir	ne 7) over net long-term capita	I loss (line 15)		16	<u> </u>
	tal gain. Enter excess of net long-term	, ,	• •	7)	17	6,383.
·	s 16 and 17. Enter here and on Form		,		18	6,383.
Note: If I	losses exceed gains, see Capital loss	es in the instructions.				
	· .					

JWA

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

Schedule D (Form 1120) 2018

## 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

Attachment Sequence No 12A

Name(s) shown on return

CONGREGATION OF THE MISSION OF ST. VINCENT DE PAUL IN GERMANTOWN

Social security number or taxpayer identification no.

23-6266738

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. Transacti	ons involving capit	al assets vou held	1 vear or less are ger	nerally short-term (see	Instruction	s) 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. Of you have more short-term transactions than will							each applicable box
(A) Short-term transactions than will					-		
(B) Short-term transactions rep	•	•	•	•	HOLE ab	040)	
X (C) Short-term transactions no	•	•	-	ported to the into			
			i -	(2)	Adjustment, if any, to gain or		(b)
1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e)
(Example 100 sh. XYZ Co)	(Mo., day, yr.)						
(Example 100 on: X12 00 )	(110., 44), 31.,	(Mo , day, yr)		Note below and	(f)	(g)	from column (d) &
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
				the instructions	0000(0)	adjustment	with column (g)
PANTHEON USA FUND							5.40
VII, LP							548.
ADAMS STREET						-	
VENTURE INNOVATION							
FUND II			<u></u>				2.
		<del></del>					
	:: <del>-</del>						
				•			
-							
	*						
				<u> </u>			<del>                                     </del>
						-	
					-		
					_		
<del></del>							
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 abo							
above is checked), or line 3 (if Bo					550.		

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)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

CONGREGATION OF THE MISSION OF ST.

Social security number or taxpayer identification no.

23-6266738 VINCENT DE PAUL IN GERMANTOWN 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 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 (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) (b) (d) (e) (a) (c) 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.) (Mo, day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (f) (g) combine the result see Column (e) In Amount of adjustment Code(s) with column (g) the instructions PANTHEON EUROPE <334.> FUND VI, LP PANTHEON USA FUND 21,359. VII, LP ADAMS STREET VENTURE INNOVATION FUND II

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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

21,014.

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