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| 2018 | 2 |
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| MAY  |   |
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| Form             | 990-T                                  |                    | Exempt Organiza<br>(and pro   | ation Busin<br>oxy tax unde                 |          |                  |            |                 |                      | OM          | IB No 1545-0687           |
|------------------|--|--------------------|---|---|----------|------------------|------------|-----------------|----------------------|-------------|---------------------------|
|                  |  | For cale           | endar year 2013 or other tax ye                                       | ear beginning July ► See separate in        |          |                  | lingJune   | e 30, <b>20</b> | 14 .                 | 2           | 2013                      |
|                  | ent of the Treasury<br>Revenue Service | 1990t.<br>1(c)(3). | pen to<br>01(c)(  | Public Inspection for 3) Organizations Only |          |                  |            |                 |                      |             |                           |
|                  | Check box if address changed           |                    | Name of organization (  | Check box if name ch                        | nanged a | and see instruct | ions)      |                 |                      |             | entification number       |
|                  | pt under section                       |                    | University of Ver   | mont and Stat                               | te Aa    | ricultura        | 1 Coll     | .eae            | (Employ              | /ees' t     | rust, see instructions.)  |
|                  | on(C)(3)                               | Print              | Number, street, and room or   |   |          |                  |            |                 | 030:                 | 1794        | 140                       |
|                  | )8(e)                                  | Type               | 85 So. Prospect   | Street, Roc                                 | om 33    | 33               |            |                 |                      |             | siness activity codes     |
|                  | 98A 🔲 530(a)                           | , Jpc              | City or town, state or province                                       |   | _        |                  |            | -               | (See in:             | structi     | ons)                      |
| ☐ 52             | !9(a)                                  |                    | Burlington, VT (  | 05405                                       |          |                  |            |                 | 811000               | )           | 541380                    |
| C Book           | value of all assets<br>d of year       | F Gr               | oup exemption number  | (See instructions                           | .) 🕨     |                  |            |                 |                      |             |                           |
|                  | 40,750,000                             | G C                | neck organization type  | ► X 501(c) corp                             | poratio  | on 🔲 50          | 01(c) tru  | st [            | ] 401(a) t           | rust        | Other trust               |
| H De             | scribe the orga                        | nizatior           | n's primary unrelated bu  | siness activity.                            | Tes      | sting and        | l repa     | ir of           | hospit               | al          | equipment                 |
| I Du             | ring the tax year,                     | , was the          | e corporation a subsidiary  | in an affiliated gro                        | up or a  | a parent-subs    | idiary co  | ntrolled g      | roup? .              | . ▶         | ☐ Yes ☒ No                |
| lf "             | Yes," enter the i                      | name ar            | nd identifying number of t  | the parent corpora                          | tion. I  | <u> </u>         |            |                 |                      |             |                           |
|                  |  |                    | ▶Claire Burling   |   | ller     |                  | Telepho    | ne numb         | <b>er ▶</b> 80       | 2-6         | <del>56-8356</del>        |
| Part             |  |                    | e or Business Incom   | 10  |          | (A) Inco         | me         | (B) E           | cpenses              |             | (C) Net                   |
| 1a               | Gross receipts                         |                    |   |   |          |                  |            |                 |                      |             |                           |
| b                | Less returns and a                     |                    |   | c Balance ►                                 | 1c       | 6,301,1          |            |                 | as de la compa       |             |                           |
| 2                | •                                      |                    | Schedule A, line 7)   |   | 2        | 522,6            |            |                 |                      |             | on the south of           |
| 3                | •                                      |                    | t line 2 from line 1c   |   | 3        | 5,778,4          |            |                 |                      |             | 5,778,495.00              |
| 4a               |  |                    | ne (attach Form 8949 ar   | •   | 4a       | 17               | 7,625      |                 |                      | 35%         | 177,625.00                |
| b                |  | -                  | 4797, Part II, line 17) (atta   | •   | 4b       |                  |            |                 |                      | 24<br>5 is  | 0.00                      |
| c                | Capital loss de                        |                    |   |   | 4c       | <del></del>      | 0 047      | 5 4 4 4         |                      | ##          | 0.00                      |
| 5                |  |                    | erships and S corporations  | - · · · ·                                   | 5        |                  | 9,047      | Section 2       |                      | 130         | (9,047.00)                |
| 6<br>7           | Rent income (                          |                    | ile C)     .    .    .    .<br>ced income (Schedule E                 |   | 7        |                  |            |                 |                      | +           | 0.00                      |
| 8                |  |                    |   | -   | <u> </u> |                  |            |                 |                      | +           |                           |
| 9                |  | -                  | and rents from controlled organ<br>tion 501(c)(7), (9), or (17) organ |   |          |                  |            |                 |                      |             | 0.00                      |
| 10               |  |                    | ivity income (Schedule I)   |   | 10       |                  |            |                 |                      | +           | 0.00                      |
| 11               | Advertising inc                        |                    |   | ,   | 11       |                  |            | <u> </u>        |                      |             | 0.00                      |
| 12               |  |                    | ructions; attach schedule   |   | 12       |                  |            |                 | 465 W W S C S C S    | £           | 0.00                      |
| 13               | Total. Combin                          |                    |   | ·,· · · · ·                                 | 13       | 5,947,0          | 73.00      | mosteriano in   | 0.0                  | 0 -         | 5,947,073.00              |
| Part             |  |                    | Taken Elsewhere (Se   |   | -        |                  |            |                 |                      |             |                           |
|                  |  |                    | be directly connected   |   |          |                  |            | , (             | о <b>р</b> 1 / 0 . С |             |                           |
| 14               |  |                    | cers, directors, and trust  |   |          |                  |            |                 | . 14                 | 1           |                           |
| 15               | Salaries and w                         |                    |   |   |          |                  |            |                 | . 18                 | 5           | 2,227,821                 |
| 16               | Repairs and m                          | aintena            | ance  |   |          |                  |            |                 | . 10                 | 3           | 1,361,586                 |
| 17               | Bad debts .                            |                    |   | RE;   | ٠. ٦     |                  |            |                 | . 17                 | 7           |                           |
| 18               | Interest (attach                       | n sched            | lule)   |   |          |                  |            |                 | . 11                 | 3           |                           |
| 19               |  |                    |   | io in in                                    |          |                  |            |                 | . 19                 | _           | 31,763                    |
| 20               |  |                    | ns (See instructions for  |   | 9 20     | 5 -   ≧   -      |            |                 | . 20                 |             |                           |
| 21               | Depreciation (a                        | attach F           | Form 4562)  |   |          | 21               | _          |                 |                      |             |                           |
| 22               | Less depreciat                         | tion cla           | imed on Schedule A and  | d elsewhere on re                           | turn     | 22a              | <u></u>    | <u>.</u>        | 22                   | <del></del> | 0.00                      |
| 23               | Depletion                              |                    |   |   | <u> </u> | <u> </u>         | •          |                 | . 2:                 |             |                           |
| 24               |  |                    | rred compensation plans   |   |          |                  |            |                 | . 24                 | _           | 010 200                   |
| 25<br>26         | • •                                    | -                  | grams   |   |          |                  | •          |                 | . 2                  |             | 912,390                   |
| 26<br>27         | •                                      | •                  | nses (Schedule I)   |   |          |                  | •          |                 | . 20                 |             |                           |
| 2 <i>1</i><br>28 |  |                    | ach schedule)   |   |          |                  | temo       | nt a            | . 2                  | _           | 1 077 100                 |
| 29               |  |                    | dd lines 14 through 28  |   |          |                  | ,, , , , , | ., .,           | . 2                  |             | 1,077,180<br>0,610,740.00 |
| 30               |  |                    | xable income before net   |   |          |                  | line 29 f  | rom line        |                      | _           | 336,333.00                |
| 31               | Net operating                          | loss de            | duction (limited to the a   | mount on line 30)                           | ) .      | Sta              | teme       | nt 3            | . 3                  | _           | 336,333                   |
| 32               |  |                    | exable income before sp   |   |          |                  |            |                 |                      | _           | 0.00                      |
| 33               |  |                    | enerally \$1,000, but see   |   |          |                  |            |                 |                      |             | 3.00                      |
| 34               |  |                    | taxable income. Subtra  |   |          |                  |            |                 |                      |             |                           |
|                  |  |                    | ero or line 32  |   |          |                  |            |                 |                      | 4           | 0.00                      |

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Form 990-T (2013)

| Form 990-T (2013)  |   |          |               |                                       |  |  |   | Page 3  |  |  |
|--|---|----------|---------------|---------------------------------------|--|--|---|---|--|--|
| Schedule C—Rent Incom (see instructions)   | e (From Rea   | l Pro    | perty and     | d Person                              | al Property  | Le   | eased With Real Pro   | perty)  |  |  |
| 1. Description of property   |   |          |               |                                       |  |  |   |   |  |  |
| (1)  |   |          |               |                                       |  |  |   |   |  |  |
| (2)  |   |          |               |                                       |  |  | <del></del>   |   |  |  |
| (3)  |   |          | <del></del>   | · · · · · · · · · · · · · · · · · · · |  |  |   |   |  |  |
| (4)  |   |          |               |                                       | ····   |  |   |   |  |  |
| <u> </u>   | 2. Rent received  | d or acc | rued          |                                       |  |  |   |   |  |  |
| (a) From personal property (if the per<br>for personal property is more than<br>more than 50%)             |   | perce    | ntage of rent | for personal                          | property (if the property exceed profit or Income) |  | 3(a) Deductions directly connected with the Income in columns 2(a) and 2(b) (attach schedule) |   |  |  |
| (1)  |   |          |               |                                       |  |  |   | <del></del>   |  |  |
| (2)  |   | _        |               |                                       |  |  |   | <del></del>   |  |  |
| (3)  |   |          |               |                                       | · · · · ·  |  |   |   |  |  |
| (4)  |   |          |               |                                       |  |  | -   |   |  |  |
| Total  |   | Total    |               |                                       |  |  |   |   |  |  |
| (c) Total income. Add totals of cohere and on page 1, Part I, line 6,                                      | olumns 2(a) and   | 2(b). E  | inter         |                                       |  | •  | (b) Total deductions. Enter here and on page Part I, line 6, column (B)                       |   |  |  |
| Schedule E—Unrelated D   | ebt-Finance   | d Inc    | ome (see      | instructio                            | ns)  |  |   |   |  |  |
| 1. Description of de   | ebt-financed proper   | rty      |               |                                       | income from or<br>to debt-financed                 |  | Deductions directly con<br>debt-finance     Straight line depreciation                        | ected with or allocable to<br>d property  (b) Other deductions                  |  |  |
|  |   |          |               | į į                                   | property   | '  | (attach schedule)   | (attach schedule)   |  |  |
| (1)  | -   |          |               |                                       | -  | 十  |   |   |  |  |
| (2)  |   |          |               |                                       |  |  |   |   |  |  |
| (3)  |   |          |               |                                       |  | T  |   |   |  |  |
| (4)  |   |          |               |                                       |  | 1  |   |   |  |  |
| Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule) | 5. Average adjusted<br>of or allocable to<br>debt-financed prop<br>(attach schedule |          | o to 4        |                                       | Column<br>divided<br>column 5                      |  | 7. Gross income reportable (column 2 × column 6)  | 8. Allocable deductions<br>(column 6 × total of columns<br>3(a) and 3(b))       |  |  |
| (1)  |   |          |               | %                                     |  | 6  |   |   |  |  |
| (2)  |   |          |               | %                                     |  | 6  |   |   |  |  |
| (3)  |   |          |               | %                                     |  | <u> </u>   |   |   |  |  |
| (4)  |   |          | -             | %                                     |  | 6  | <u> </u>  | ·   |  |  |
| Totals   | tions included in   |          |               |                                       | I  |  | Enter here and on page 1,<br>Part I, line 7, column (A).                                      | Enter here and on page 1,<br>Part I, line 7, column (B).                        |  |  |
| Schedule F-Interest, Ann   |   |          |               | te From (                             | Controlled (                                       | )rc  | anizations (see instru  | ctions)   |  |  |
| Schedule F—Interest, Ann   | luicies, Royai  | LIGO,    |               |                                       |  |  | Janizationo (See mistro   | Citoria   |  |  |
| Name of controlled<br>organization   | 2. Employe identification nu  |          | <u>-</u>      | ated income                           |  |  | 5. Part of column 4 that is included in the controlling organization's gross incom            | connected with Income   |  |  |
| (1)  |   |          |               |                                       |  |  |   |   |  |  |
| (2)  |   |          |               |                                       |  |  |   |   |  |  |
| (3)  |   |          |               |                                       |  |  |   |   |  |  |
| (4)  |   |          |               |                                       |  |  |   |   |  |  |
| Nonexempt Controlled Organi  | zations   |          |               |                                       |  |  |   |   |  |  |
| 7. Taxable Income  | me 8. Net unrelated income (loss) (see instructions)                                |          |               | 9. Total of specified payments made   |  | 10. Part of column 9 that included in the controlling organization's gross incom | connected with income in  |   |  |  |
| (1)  | 1   |          |               |                                       |  |  |   |   |  |  |
| (2)  |   |          |               |                                       |  |  |   |   |  |  |
| (3)  |   |          |               |                                       |  |  |   |   |  |  |
| (4)  |   |          |               |                                       |  |  |   | <del></del>   |  |  |
|  |   | •        |               |                                       |  |  | Add columns 5 and 10.<br>Enter here and on page 1<br>Part I, line 8, column (A)               | Add columns 6 and 11<br>Enter here and on page 1,<br>Part I, line 8, column (B) |  |  |
| Totals   |   |          |               |                                       |  |  | <b>&gt;</b>   |   |  |  |

| Schedule G—Investment Inco   | me of a Section   | 501/c                       | 1/7) (9)   | or (17) Organi   | zation (see inst  | ruction              | <u>el</u>                      | Page 4   |
|--|---|-----------------------------|--|--|---|----------------------|--------------------------------|--|
|  |   |                             | 3  | . Deductions   | 4. Set-aside:   |                      | 5. Total deductions            |  |
| Description of income  | 2. Amount of inc  | ome                         |  | ctty connected<br>ach schedule)  | (attach schedule)   |                      | nedule) and set-aside plus col |  |
| (1)  |   |                             |  |  |   |                      |                                |  |
| (2)  |   |                             |  |  |   |                      |                                |  |
| (3)  |   |                             |  |  |   |                      |                                |  |
| (4)  |   |                             |  |  |   |                      |                                |  |
|  | Enter here and on<br>Part I, line 9, colu                             |                             |  |  |   |                      |                                | re and on page 1,<br>ne 9, column (B).   |
| Totals   | <b>&gt;</b>   |                             |  |  |   | N 2                  |                                |  |
| Schedule I—Exploited Exemp   | t Activity Incom  | e, Oth                      | er Than  | Advertising In   | come (see inst  | ruction              | s)                             |  |
| Description of exploited activity  | 2. Gross<br>unrelated<br>business income<br>from trade or<br>business | du<br>conne<br>produ<br>unr | openses<br>rectly<br>ected with<br>uction of<br>related<br>ss income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | attrib               | openses<br>utable to<br>umn 5  | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |
| (1)  |   |                             |  |  |   |                      |                                |  |
| (2)  |   |                             |  |  |   |                      |                                |  |
| (3)  |   |                             |  |  |   |                      |                                | ·  |
| (4)  |   |                             |  | _  |   |                      |                                |  |
| Totals   | Enter here and on page 1, Part I, line 10, col. (A).                  | page                        | ere and on<br>1, Part I,<br>), col (B)                               |  |   |                      |                                | Enter here and<br>on page 1,<br>Part II, line 26   |
| Schedule J-Advertising Inco  | me (see instructio  | ns)                         |  |  |   | (Sept.)              |                                | ·  |
| Part I Income From Perio   |   |                             | Consoli  | dated Basis  |   |                      |                                |  |
| 1. Name of periodical  | 2. Gross<br>advertising<br>income                                     |                             | Direct<br>sing costs   | 4. Advertising gain or (loss) (cot 2 minus col. 3). If a gain, compute cols 5 through 7                              | 5. Circulation income   | 6. Readership costs  |                                | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4)   |
| (1)  |   |                             |  |  |   |                      |                                |  |
| (2)  | -   · · · · ·   |                             |  |  |   |                      |                                |  |
| (3)  |   |                             |  |  |   |                      |                                |  |
| (4)  |   |                             |  |  |   |                      |                                |  |
|  |   |                             |  |  |   |                      |                                |  |
| Totals (carry to Part II, line (5))  Part II Income From Perio 2 through 7 on a line |   | on a                        | Separat  | e Basis (For ea  | ach periodical I  | isted i              | n Part II,                     | fill in columns  |
| Name of periodical   | 2. Gross<br>advertising<br>income                                     |                             | Direct<br>sing costs   | gain or (loss) (col<br>2 minus col. 3) If<br>a gain, compute<br>cols 5 through 7                                     | 5. Circulation income   |                      | adership<br>osts               | costs (column 6<br>minus column 5, but<br>not more than<br>column 4)                           |
| (1)  |   |                             |  |  |   |                      |                                |  |
| (2)  |   | <u> </u>                    |  |  |   |                      |                                |  |
| (3)  |   |                             |  |  | _   |                      |                                |  |
| (4)  |   |                             |  | The First Control of the First Control of the San  | res the state of the section which the                              | and a section of the | The complete street with       |  |
| Totals from Part I   | <del></del>   |                             |  |  |   |                      |                                |  |
| Totals, Part II (lines 1-5)  | Enter here and on page 1, Part I, line 11, col. (A)                   | page                        | ere and on<br>1, Part I,<br>I, col (B)                               |  |   |                      |                                | Enter here and<br>on page 1,<br>Part II, line 27   |
| Schedule K—Compensation of   | of Officers, Direc  | ctors, a                    | and Tru  | <b>stees</b> (see instr  | uctions)  |                      |                                |  |
| 1. Name  |   |                             | ;  | 2. Title   | 3. Percent of<br>time devoted to<br>business                        | o <b>4</b> .         |                                | on attributable to<br>d business   |
| (1)  |   | L                           |  |  | 9   | 6                    |                                |  |
| (2)  |   | L                           |  |  | 9   | 6                    |                                |  |
| (3)  |   |                             |  |  | 9   | 6                    |                                |  |
| (4)  |   |                             |  |  | 9   | 6                    |                                |  |
| Total. Enter here and on page 1, Part II,  | , line 14 .   |                             |  |  |   | <b>▶</b>             |                                |  |

University of Vermont and State Agricultural College 03-0179440 FYE 6/30/2014 Statement 1

Part I, Line 5: Income/<Loss> From Partnerships

|   |            | Income / |
|---|------------|----------|
| Partnership Name  | EIN        | (Loss)   |
| Commonfund Capital International Partners V, L.P. #174    | 16-1720038 | (4)      |
| Commonfund Capital International Partners VI, LP #252     | 20-8306365 | 959      |
| Commonfund Capital Natural Resources Partners IX, LP #133 | 37-1656529 | (20,594) |
| Commonfund Capital New Leaders, LP #15                    | 06-1543744 | (61)     |
| Commonfund Capital Private Equity Partners VI, L.P. #212  | 16-1720029 | (3,231)  |
| Commonfund Capital Private Equity Partners VII, L.P. #266 | 20-8306306 | (13,564) |
| Commonfund Capital Venture Partners VI, L.P. #181         | 06-1605325 | (803)    |
| Commonfund Capital Venture Partners VII, L.P. #199        | 16-1720044 | 9,983    |
| Commonfund Capital Venture Partners VIII, L.P. #253       | 11-3814030 | (779)    |
| Davidson Kempner Institutional Partners #204              | 13-3597020 | (862)    |
| Dover Street V L.P.                                       | 98-0373064 | 94       |
| Endowment Private Equity Partners III, L.P. #52           | 06-1503290 | (21)     |
| Endowment Private Equity Partners III, L.P. #51           | 06-1503290 | (63)     |
| Metropolitan Real Estate Partners V, LP                   | 20-8395095 | 4,730    |
| Siguler Guff Distressed Opportunities Fund III, LP        | 26-1412407 | 1,566    |
| The Varde Fund, L.P.                                      | 41-1861907 | 7,704    |
| Varde Investment Partners, L.P.                           | 41-2018992 | 5,900    |
|   |            | (9,047)  |

### University of Vermont and State Agricultural College 03-0179440 June 30, 2014 Statement 2

## Other deductions (Form 990-T, line 28):

| Other deductions - subtotal - Line 28 | 1,077,180        |
|---------------------------------------|------------------|
| IC - Overhead                         | 155,258          |
| IC - Equipment Rental                 | 133,258          |
| IC - Rental of Facility               | 163,476<br>8,856 |
| Service Contracts                     | 709              |
| Consulting & Professional Services    | 8,699            |
| Hospitality & Business Meals          | 146,993          |
| Conference Registration               | 514              |
| Travel                                | 2,118            |
| Postage & Shipping                    | 2,790            |
| IC - Other UVM Services               | 285              |
| Laboratory & Research Supplies        | 159,142          |
| Supplies & Materials                  | 1,457            |
| IC - Davis Center Services            | 8,752            |
| IC - Athletic Services                | 358              |
| IC - Parking Services                 | 3,500            |
| IC - Davis Custodial Fees             | 24               |
| IC - Police Services                  | 290              |
| IC - Work Order Fringe                | 315              |
| IC - Work Order Labor                 | 754              |
| IC - PPD WO - Benefits                | 237              |
| IC - PPD WO - Wages                   | 531              |
| IC - CAES WO - Benefits               | 4,436            |
| IC - CAES WO - Wages                  | 10,959           |
| IC - Audio/Visual Services            | 3,768            |
| Credit Card Fees                      | 5,542            |
| Other Operating                       | 409,417          |
|                                       | 400 447          |

### University of Vermont and State Agricultural College 03-0179440 Statement 3 Year ending 6/30/2014

#### Net operating loss carryover (Form 990-T Line 31):

| Year Generated | Net Operating Loss | Used                     | Expired           | Amount Available |
|----------------|--------------------|--------------------------|-------------------|------------------|
| 6/30/2005      | (78,999)           | (78,999)                 |                   | •                |
| 6/30/2007      | (125,391)          | (125,391)                |                   | -                |
| 6/30/2009      | (568,807)          | (438,565)                |                   | (130,243)        |
| 6/30/2013      | (285,522)          | -                        |                   | (285,522)        |
|                |                    |                          |                   |                  |
|                |                    | Tota                     | al NOL available  | (415,765)        |
|                |                    | NOL used in 6/3          | 30/2014 - line 31 | (336,333)        |
|                | Total NOL a        | vailable to carryforward | d to future years | (79,432)         |

#### FY2005 NOL Used:

| FY2006 | (78,999.00) 990-T, amended 11/8/2007 (78,999.00) |
|--------|--|
|        | FY2007 NOL Used:                                 |
| FY2006 | (119,734.00) 990-T, amended 11/8/2007            |
| FY2008 | (5,657.00) 990-T                                 |
|        | (125,391.00)                                     |
|        | FY2009 NOL Used:                                 |
| FY2004 | (10,467.50) Form 1139 (limited to 50%)           |
| FY2008 | (172,764.00) Form 1139                           |
| FY2010 | (98,855.00) 990-T                                |
| FY2011 | (11,169.00) 990-T                                |
| FY2012 | (145,309.00) 990-T                               |
|        | (438,564,50)                                     |

#### **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.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

| Name |  |                                  |                                 | ' '   |      | iuncation number   |
|------|--|----------------------------------|---------------------------------|---|------|--|
| Uni  | versity of Vermont and State Agricu.   |                                  |                                 |   | 1794 | 40   |
| Pa   | t I Short-Term Capital Gains and Losses –  | -Assets Held O                   | ne Year or Les                  | S   |      |  |
|      | 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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to or loss from Form 8949, Part I, line column (g)  | ı(s) | (h) Gain or (loss)<br>Subtract column (e) from<br>column (d) and combine<br>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 <b>Box A</b> checked   |                                  |                                 |   |      |  |
| 2    | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked   |                                  |                                 |   |      |  |
| 3    | Totals for all transactions reported on Form(s) 8949 with Box C checked  |                                  |                                 |   |      | 46,163   |
| 4    | Short-term capital gain from installment sales from For  | m 6252, line 26 or 3             | 37                              |   | 4    |  |
| 5    | Short-term capital gain or (loss) from like-kind exchang   | es from Form 8824                |                                 |   | 5    |  |
| 6    | Unused capital loss carryover (attach computation) .   |                                  |                                 |   | 6    | ( )  |
|      | Net short-term capital gain or (loss). Combine lines 1a t  | through 6 in column              | nh                              | <u> </u>  | 7    | 46,163.00  |
| Pai  |  | Assets Held M                    | ore Than One                    |   |      | I 2 1 2 2 2 2  |
|      | 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   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to or loss from Form 8949, Part II, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)          |
|      | whole dollars  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 |                                  |                                 | Garage Salar  |      | are recall was containing)   |
| 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 <b>Box E</b> checked   |                                  |                                 |   |      |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with Box F checked  |                                  |                                 |   |      | 71,999   |
| 11   | Enter gain from Form 4797, line 7 or 9   |                                  |                                 |   | 11   | 59,463   |
| 12   | Long-term capital gain from installment sales from Form  | m 6252, line 26 or 3             | 37                              |   | 12   | <u> </u>   |
| 13   | Long-term capital gain or (loss) from like-kind exchange   | es from Form 8824                |                                 |   | 13   |  |
| 14   | Capital gain distributions (see instructions)  |                                  |                                 |   | 14   |  |
|      | Net long-term capital gain or (loss). Combine lines 8a th  | hrough 14 in colum               | nn h                            |   | 15   | 131,462.00   |
| 16   | Enter excess of net short-term capital gain (line 7) over  | net long-term cap                | ital loss (line 15)             | · · · · ·   | 16   | 46,163.00  |
| 17   | Net capital gain. Enter excess of net long-term capital  | gain (line 15) over r            | net short-term cap              | ital loss (line 7)  | 17   | 131,462.00   |
| 18   | Add lines 16 and 17. Enter here and on Form 1120, pag<br>Note. If losses exceed gains, see Capital losses in a   |                                  | proper line on oth              | er returns  | 18   | 177,625.00   |

## University of Vermont and State Agricultural College 03-0179440 FYE 6/30/2014

# Schedule D Statement

71,999

| Part I, Line 3: Short-Term Capital Gains and Losses   |  | Cain                               |
|---|--|------------------------------------|
| Partnership Name  | <u>EIN</u>   | <u>Gain /</u><br>(Loss)            |
| Commonfund Capital Private Equity Partners VI, L.P. #212<br>Commonfund Capital Private Equity Partners VII, L.P. #266<br>Varde Investment Partners, L.P.<br>Total                                   | 16-1720029<br>20-8306306<br>41-2018992               | (1,107)<br>229<br>47,041<br>46,163 |
| Part I, Line 6: Unused Capital Loss Carryover   |  |                                    |
| Short-term capital loss (6/30/2012)<br>Long-term capital loss (6/30/2012)   |  | 0<br>0<br>0                        |
| Part II, Line 10: Long-Term Capital Gains and Losses  |  |                                    |
| Partnership Name  | <u>EIN</u>   | <u>Gain /</u><br>(Loss)            |
| Commonfund Capital Private Equity Partners VI, L.P. #212<br>Commonfund Capital Private Equity Partners VII, L.P. #266<br>Metropolitan Real Estate Partners V, LP<br>Varde Investment Partners, L.P. | 16-1720029<br>20-8306306<br>20-8395095<br>41-2018992 | (45)<br>655<br>2,328<br>69,061     |

Total

# Form **8949**

# **Sales and Other Dispositions of Capital Assets**

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► 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

2013

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

University of Vermont and State Agricultural College

Social security number or taxpayer identification number 030179440

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short term. 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 total directly on Schedule D, line 1a; you are not 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 ☐ (C) Short-term transactions   |                                 |                             |                                    | sis was <b>not</b> repo                               | rted to the I  | RS  |  |
|---|---------------------------------|-----------------------------|------------------------------------|---|--|---|--|
| 1 (a)   | (b) Date                        | (c)<br>Date sold or         | (d)<br>Proceeds                    | (e) Cost or other basis. See the Note below           | Adjustment, if<br>If you enter an<br>enter a co<br>See the sep | (h)<br>Gain or (loss).<br>Subtract column (e) |  |
| Description of property (Example, 100 sh XYZ Co)  | Date acquired<br>(Mo , day, yr) | disposed<br>(Mo , day, yr ) | (sales pnce)<br>(see instructions) | and see Column (e)<br>In the separate<br>instructions | (f)<br>Code(s) from<br>instructions                            | (g)<br>Amount of<br>adjustment                | from column (d) and<br>combine the result<br>with column (g) |
| Income pass-through fro   | m partne                        | rship in                    | restments                          |   |  |   | 46,163   |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   | <u> </u>   |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
|   |                                 |                             |                                    | :<br>   |  |   |  |
|   |                                 |                             |                                    |   |  |   |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total School of D. Han 1b (f Roy A shows | al here and inc                 | lude on your                |                                    |   |  |   |  |

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.

Form **8949** (2013)

46,163.00

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side ) University of Vermont and State Agricultural College Social security number or taxpayer identification number 03-0179440

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. 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 total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

| bu must check Box D, E, or F to separate Form 8949, page 2, for or of the boxes, complete as m                           | r each applic | able box. If y              | ou have more lo                               | ng-term transac  |                                     |  |  |
|--|---------------|-----------------------------|---|--|-------------------------------------|--|--|
| <ul><li>☐ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☒ (F) Long-term transactions</li></ul> | reported on   | Form(s) 1099                | -B showing bas                                |  |                                     |  | ;)   |
| (a)  Description of property (Example 100 sh XYZ Co)   | (b)           | (c) Date sold or            | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see Column (e) in the separate instructions |                                     | Gain or (loss).<br>Subtract column (e) |  |
|  |               | disposed<br>(Mo , day, yr ) |   |  | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment         | from column (d) and<br>combine the result<br>with column (g) |
| come pass-through fro  | m partne      | rship inv                   | estments                                      |  |                                     |  | 71,99  |
|  |               |                             |   |  |                                     |  |  |
|  |               |                             |   |  |                                     |  |  |
|  |               |                             |   |  |                                     |  |  |

| TUCOWE          | pass-through  | rqm                      | partne                       | rsnip in                   | vestments |          |          | <br>71,99    |
|-----------------|---|--------------------------|------------------------------|----------------------------|-----------|----------|----------|--------------|
|                 |   |                          |                              |                            |           | 1        |          |              |
|                 | <del></del> .   |                          |                              |                            |           |          |          | <br><u>.</u> |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          | <b>†</b> |              |
|                 |   |                          |                              |                            |           |          | ļ        |              |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          | <br>         |
|                 |   |                          | ··                           |                            |           |          |          |              |
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|                 | · · · · · · · · · · · · · · · · · · ·   |                          |                              |                            |           |          |          | <br>         |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          | <del>-</del>                 |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              | -                          |           | <u> </u> |          | <br>         |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          |              |
|                 |   |                          |                              |                            |           |          |          | <br>         |
| negati<br>Sched | s. Add the amounts in co<br>ive amounts). Enter each<br>dule D, line 8b (if Box D a<br>bus checked) or line 10 (i | total here<br>above is c | e and includ<br>hecked), lin | e on your<br>e 9 (if Box E |           |          |          | 71.999.0     |

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.

### Sales and Other Dispositions of Capital Assets

#### Form 8949 Statement

# Part I, Line 1: Short-Term transactions, not reported to you on Form 1099-B

| Partnership Name  | EIN        |         |
|---|------------|---------|
| Commonfund Capital Private Equity Partners VI, L.P. #212  | 16-1720029 | (1,107) |
| Commonfund Capital Private Equity Partners VII, L.P. #266 | 20-8306306 | 229     |
| Varde Investment Partners, L.P.                           | 41-2018992 | 47,041  |
| Total   |            | 46,163  |

### Part II, Line 1: Long-Term transactions, not reported to you on Form 1099-B

| Partnership Name  | <u>EIN</u> | (Loss) |
|---|------------|--------|
| Commonfund Capital Private Equity Partners VI, L.P. #212  | 16-1720029 | (45)   |
| Commonfund Capital Private Equity Partners VII, L.P. #266 | 20-8306306 | 655    |
| Metropolitan Real Estate Partners V, LP                   | 20-8395095 | 2,328  |
| Varde Investment Partners, L.P.                           | 41-2018992 | 69,061 |
| Total   |            | 71,999 |