Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning 6/01, 2015, and ending 5/31, 2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if name changed and see instructions.

OMB No. 1545-0687

Α	Check box if address changed				changed and see instructions.	,	D Empl	loyer identification number ployees' trust, see
В	Exempt under section		ABILENE CHRISTIAN U	INIV	ERSITY		instru	uctions.)
	X 501( C )( 3)		ACU BOX 29120	1 2 2				-0851900
	408(e) 220(e)	Туре	ABILENE, TX 79699-9	120			E Unre	elated business activity es (See instructions.)
	408A530(a)							
	529(a)						45	1211 812900
С			exemption number (See instruction					
	05.702272500		organization type	501(c	c) corporation 501	(c) trust 40	)1(a) tru	ust Other trust
<b>H</b> [	Describe the organization's	s primary איז איז איז.s	unrelated business activity. INVESTMENT INCOME					
			ration a subsidiary in an affiliate	ed gro	oup or a parent-subsidia	ry controlled grou	p?	► Yes X No
			ying number of the parent corp			, ,	•	
J	he books are in care of	STEVE	EN HOLLEY		Te	elephone number	325	-674-2539
Pai	t I Unrelated Trac	de or B	usiness Income		(A) Income	(B) Expense		(C) Net
1 a	Gross receipts or sales.		850,990.					
I	Less returns and allowances		c Balance►	1 c	850,990.			
2	Cost of goods sold (Sche	edule A, I	line 7)	2	242,510.			
3	Gross profit. Subtract line	e 2 from	line 1c	3	608,480.			608,480.
	. •	•	Schedule D)	4 a				
	• • • • • • • • • • • • • • • • • • • •		') (attach Form 4797)	4 b				
_				4 c				
5	Income (loss) from partn (attach statement)	nersnips a	and S corporations ST 1	5	-65,605.			-65,605.
6				6	156,106.	90,5	01.	65,605.
7			(Schedule E)	7	130/1001	,,,,	010	03/0031
8			m controlled organizations (Schedule F).	8				
9			(9), or (17) organization (Sch G)	9				
10			(Schedule I)	10				
11				11				
12	Other income (See instru	uctions; a	attach schedule)					
			SEE STATEMENT 2	12	14,589.			14,589.
			2	13	713,570.	90,5		623,069.
Pai	t II Deductions No	ot Take	n Elsewhere (See instru	ction	s for limitations on	deductions.)	(Excep	ot for
1.4			ons must be directly con rs, and trustees (Schedule K)					.)
14			rs, and trustees (Schedule N)				14 15	261 526
15 16	•						16	361,526.
17							17	
18							18	
19	•						19	
20			tructions for limitation rules)				20	
21		•	,					
22			nedule A and elsewhere on retu				22 b	
23	Depletion						23	2,188.
24	Contributions to deferred	d compen	sation plans				24	•
25	Employee benefit progra	ms					25	76,070.
26			ule I)				26	
27			le J)				27	
28			e)				28	232,611.
29			nrough 28ne before net operating loss de				29	672,395.
30 31			ited to the amount on line 30).				30 31	-49,326.
32			ne before specific deduction. Su				32	-49,326.
33			000, but see line 33 instruction				33	15,520.
34			tract line 33 from line 32. If line 33 is g				34	-49,326.
BAA	For Paperwork Reduction	on Act No	otice, see instructions.		TEEA0205L 10/12	2/15		Form <b>990-T</b> (2015)

Part III	Tax Computation						
35 Or	ganizations Taxable as Corporations. ${\sf S}$	ee instructions for tax compu	itation.				
	ntrolled group members (sections 1561	•					
	ter your share of the \$50,000, \$25,000,		•	at order):			
(1)		(3)					
	ter organization's share of: (1) Additiona			·			
	Additional 3% tax (not more than \$100,		<u> </u>				
	ome tax on the amount on line 34				35 c	0	
36 Trι	<b>ısts Taxable at Trust Rates.</b> See instruc	· ·					
	<u>—</u>	or Schedule D (Form			36		
	oxy tax. See instructions				37		
	ernative minimum tax				38		
	tal. Add lines 37 and 38 to line 35c or 3	36, whichever applies			39	0	•
	Tax and Payments						
<b>40 a</b> For	eign tax credit (corporations attach Forr	m 1118; trusts attach Form 1	116) <b>40 a</b>				
<b>b</b> Oth	ner credits (see instructions)		40 b				
<b>c</b> Ge	neral business credit. Attach Form 3800	(see instructions)	40 c				
<b>d</b> Cre	edit for prior year minimum tax (attach F	orm 8801 or 8827)	40 d				
e To	tal credits. Add lines 40a through 40d				40 e	0	
<b>41</b> Sul	btract line 40e from line 39	. <u></u> <u></u>	. <u></u>		41	0	
<b>42</b> Oth	ner taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8866				
	Other (attach schedule)				42		
43 To	tal tax. Add lines 41 and 42				43	0	-
<b>44 a</b> Pa	yments: A 2014 overpayment credited to	2015	44a				
<b>b</b> 20	15 estimated tax payments		44 b				
<b>c</b> Tax	deposited with Form 8868		44 c				
<b>d</b> For	reign organizations: Tax paid or withheld	d at source (see instructions).	44 d				
<b>e</b> Ba	ckup withholding (see instructions)		44 e				
<b>f</b> Cre	edit for small employer health insurance	premiums (Attach Form 894	1) <b>44 f</b>				
		orm 2439					
_	, <u> </u>	ther T	otal ► 44 g				
<u> </u>	tal payments. Add lines 44a through 44o				45	0	
.0 .0						0	•
46 Fst	timated tax nenalty (see instructions) C	theck if Form 2220 is attached	4	<b>-</b>	46		
	timated tax penalty (see instructions). C				46		
47 Ta	<b>x due.</b> If line 45 is less than the total of	lines 43 and 46, enter amour	nt owed		47		_
47 Tax 48 Ov	<b>x due.</b> If line 45 is less than the total of <b>erpayment.</b> If line 45 is larger than the t	lines 43 and 46, enter amour total of lines 43 and 46, enter	t owedamount overpaid.	<b>&gt;</b>	47 48		_
47 Tax 48 Ov 49 En	x due. If line 45 is less than the total of erpayment. If line 45 is larger than the ter the amount of line 48 you want: Crea	lines 43 and 46, enter amour total of lines 43 and 46, enter <b>dited to 2016 estimated tax</b>	nt owed amount overpaid. ►	Refunded ►	47		
47 Tax 48 Ov 49 En	x due. If line 45 is less than the total of erpayment. If line 45 is larger than the ter the amount of line 48 you want: Crea Statements Regarding Certa	lines 43 and 46, enter amour total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other	at owed	Refunded Page instructions)	47 48 49		
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47 Ta: 48 Ov 49 En  Part V  1 At fina Re 2 Du  If Y 3 En  Schedi 1 Inv 2 Pu 3 Co: 4 a Add  b Othe (atta 5 Tot	st due. If line 45 is less than the total of erpayment. If line 45 is larger than the ter the amount of line 48 you want: Creater than the external time 48 you want: Creater than the external time during the 2015 calendar year, ancial account (bank, securities, or other) in a port of Foreign Bank and Financial According the tax year, did the organization refers, see instructions for other forms the ter the amount of tax-exempt interest refer the amount of tax-exempt interest refers at beginning of year	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other, did the organization have are foreign country? If YES, the counts. If YES, enter the name exceive a distribution from, or experience or accrued during the ter method of inventory valua 1 50,360.  2 232,102.  3 4a  4b  5 282,462.  examined this return, including accommetoral distribution gaccommetors.	Information (so interest in or a so organization may so of the foreign couwas it the grantor e.  Itax year ► \$ Information (so interest in or a so organization may so of the foreign couwas it the grantor e.  Itax year ► \$ Information (so interest in or a so organization may so of the foreign couwas it the grantor e.  Itax year ► \$ Information (so interest in or a so organization may so organize in organization may so organize in orga	Refunded Refunded Ree instructions) gnature or other authors have to file FinCEN Funtry here VNITEI of, or transferor to, a  end of year	47 48 49  ority of Form 1  O KI foreign  foreign  foreign  foreign  foreign  foreign  foreign  foreign  foreign	114,  NGDOM X  n trust? X  39,952  242,510  Yes No ect to e) apply X  owledge and dge. IRS discuss this return with parer shown below (see	•
47 Ta: 48 Ov 49 En  Part V  1 At fina Re 2 Dui If Y 3 En  Schedi 1 Inv 2 Pui 3 Co: 4 a Add  b other 5 Tot  Sign Here	st due. If line 45 is less than the total of erpayment. If line 45 is larger than the ter the amount of line 48 you want: Creater than the external time 48 you want: Creater than the external time during the 2015 calendar year, ancial account (bank, securities, or other) in a port of Foreign Bank and Financial According the tax year, did the organization refects, see instructions for other forms the ter the amount of tax-exempt interest refected than the exempt interest refects and the enterty at beginning of year exchases.  Set of labor ditional section 263A costs (attach schedule)  Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declarate Signature of officer	tines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other, did the organization have are foreign country? If YES, the ounts. If YES, enter the name exceive a distribution from, or experience or accrued during the externation of inventory valua 1 50,360.  2 232,102.  3 4a  4b  5 282,462.  examined this return, including accommion of preparer (other than taxpayer) is	Information (so interest in or a si organization may so of the foreign couwas it the grantor e.  tax year ► \$ tion ► FIFO  6 Inventory at  7 Cost of good line 6 from and in Part  8 Do the rules property protection the organization and information party in the organization and information are also because the content of the organization and information are also because the content of the organization and information are also because the content of the cont	Refunded Refunded Ree instructions) gnature or other authors have to file FinCEN Funtry here VINITEIN of, or transferor to, a  o.  end of year	47 48 49  ority of orm 10  KI foreign  6  7  response from the preginstruction of the pregi	an trust? X  39,952  242,510  Yes No ect to e) apply X  wowledge and tige.  RS discuss this return with parer shown below (see lons)? X Yes No	•
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Schedule C - Rent Incom	ne (From Real	Property an	d Perso	nal Property	/ Leas	sed With Re	al Pro	perty)	(see instructions)
1 Description of property									
(1) TOWER RENTALS									
(2) HWC CONFERENCE ROO	OMS								
(3) CHAPEL ON THE HILI	Ĺ								
(4)									
	2 Rent receive	d or accrued				3(a) Dedu	ctions d	lirectly co	onnected with
(a) From personal pro (if the percentage of rent for property is more than 10%) more than 50%)	or personal % but not	(if the perce property ex	entage of ceeds 509	ersonal property rent for persona % or if the rent i or income)	/ al is	the inco	me in co (attach	olumns 2 n schedu	(a) and 2(b)
		basec	i on pront		222	SEE STATE	PMF M.T.	3	
<u>(1)</u> (2)					323. 161.				90,501.
(3)					622.				90,301.
(4)				3,	022.				
Total	Т	otal		156,	106.				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6						(b) Total deduct here and on page I, line 6, column (	1. Part		90,501.
Schedule E — Unrelated D	Debt-Financed	l Income (see	instructio	ns)					
1 Description of deb	ot-financed prope	rtv		income from able to debt-	<b>3</b> De			ected wit d proper	th or allocable to ty
				ed property	depr	(a) Straight line eciation (attach	e n sch)	<b>(b)</b> Otl (atta	her deductions ach schedule)
(1)									
(2)									
(3)									
(4)	F A		6.0	Na la constant   4		7.0	-	0 011	alala aladontiana
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of odebt-financed ach schedule)	div	Column 4 vided by olumn 5		7 Gross income ortable (column column 6)		(colur	able deductions nn 6 x total of s 3(a) and 3(b))
(1)				%					
(2)				જ					
(3)				8					
(4)				%					
Totals Total dividends-received deduct				▶	Enter Part	here and on p I, line 7, colum	age 1, En (A).	Enter her Part I, lir	re and on page 1, ne 7, column (B).
Schedule F — Interest, An				m Controlle	d Oro	ianizations (	see inst	tructions'	\
Schedule 1 Interest, An	munics, noya	Exempt Conf			u Oig	jainzations (	366 11131	ii uciioi is,	<i>,</i>
1 Name of controlled organization	<b>2</b> Employer identification number	3 Net unr income ( (see instru	elated (loss)	4 Total of spe payments n		<b>5</b> Part of contract that is incompanized that is incompanized.	luded in rolling	CC	ductions directly onnected with ome in column 5
						gross in	come		
(1)									
(2) (3) (4)									
(3)									
Nonexempt Controlled Organizat									
7 Taxable Income	8 Net unrelated income (loss) (see instruction	paymen	f specified its made	included	d in the	mn 9 that is e controlling gross income		onnected	tions directly with income lumn 10
(1)									
(2)									
(3)									
(4)				here and or	n page	and 10. Enter	Add of here a	and on pa	6 and 11. Enter age 1, Part I, line
Totals				. 8,	colum	I (A).		o, coll	umn (B).

Schedule G - Investment Inc	ome of a Section	n 501(	c)(7), (9	), or (1 <mark>7) O</mark> rga	nizati	on (see in	structio	ons)	
1 Description of income	2 Amount of inc	ome	dire	Deductions ctly connected ach schedule)		Set-aside ach sched		set-as	I deductions and sides (column 3 us column 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and on Part I, line 9, colur							Enter he Part I, li	re and on page 1 ne 9, column (B).
Totals									
Schedule I — Exploited Exemp	ot Activity Incon	ne, Otl	her Tha	n Advertising	Incom	<b>1e</b> (see ins	structio	ns)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne prod of u	ses directly octed with duction nrelated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	activity unrelat	income from y that is not ed business ncome	attrib	openses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, column (A).	on p Part I	here and page 1, , line 10, mn (B).						Enter here and on page 1, Part II, line 26.
Totals.									
Schedule J — Advertising Inc	•								
Part I Income From Periodic		ı a Co	nsolida						
1 Name of periodical	<b>2</b> Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.		culation come		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•								
Part II Income From Periodic 7 on a line-by-line basis.)		ı a Se	parate	Basis (For each	periodic	al listed in	Part II	l, fill in col	umns 2 through
1 Name of periodical	<b>2</b> Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.		culation come		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I ►									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, , line 11, mn (B).						Enter here and on page 1, Part II, line 27.
Schedule K — Compensation	of Officers Dire	ctorc	and Tr	ustees (and inst	ruotiona	.)			
·	oi Oilicers, Dire	Ciors,	anu m	<u> </u>		Percent o			ation attributable
1 Name				<b>2</b> Title		ime devote to busines	S	to unrela	ated business
		-					용		
		1					8		
							용		
							8		
Total. Enter here and on page 1. Part	II. line 14						▶		

2015

3/17/17

## **FEDERAL STATEMENTS**

PAGE 1

**CLIENT 96011** 

#### **ABILENE CHRISTIAN UNIVERSITY**

**75-0851900** 

STATEMENT 1
FORM 990-T, PART I, LINE 5
INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

	GROSS		INCOME
NAME	 INCOME	DEDUCTIONS	(LOSS)
UBIT FROM K-1'S - SEE FORM 8810 DISALLOWED PASSIVE LOSS - FORM 8810	\$ 304,242.		\$ -1,281,121. 1,215,516. \$ -65,605.

## STATEMENT 2 FORM 990-T, PART I, LINE 12 OTHER INCOME

OTHER INVESTMENT	INCOME	\$ 14,589.
	TOTAL	\$ 14,589.

## STATEMENT 3 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS

OIL & GAS WORKING INTEREST EXPENSES	\$ 4,422.
OPERATING EXPENSES - PURA VIDA	212,554.
OPERATING EXPENSES - CAMPUS STORE	 15,635.
TOTAL	\$ 232,611.

#### STATEMENT 4 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	O:	RIGINAL LOSS	LOSS PREVIOUS USED	LY	LOSS AVAILABLE		
5/31/11 5/31/15	\$	174,228. 73,974.	\$	0. 0.	\$	174,228. 73,974.	
NET OPERATING LOSS TAXABLE INCOME					:	248,202. -49,326.	
NET OPERATING LOSS	DEDUCTION	(LIMITED TO T	AXABLE INCOME	)	<u>\$</u>	0.	

### STATEMENT 5 FORM 990-T, SCHEDULE C, LINE 3 DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

HWC CONFERENCE ROOMS	
OTHER OPERATING	\$ 90,501.
TOTAL	\$ 90,501.

## Form **8810**

# **Corporate Passive Activity Loss and Credit Limitations**

► Attach to your tax return (personal service and closely held corporations only).
► Information about Form 8810 and its separate instructions is at www.irs.gov/form8810

OMB No. 1545-1091

2015

Form **8810** (2015)

Department of the Treasury Internal Revenue Service Employer identification number 75-0851900 ABILENE CHRISTIAN UNIVERSITY 2015 Passive Activity Loss Caution: See the instructions and complete Worksheets 1 and 2 before completing Part I. 1 a 1 a Current year income (from Worksheet 2, column (a))..... 369,847. **b** Current year deductions and losses (from Worksheet 2, column (b))..... 1 b -799,753. c Prior year unallowed losses (from Worksheet 2, column (c))..... -785,610. **d** Combine lines 1a, 1b, and 1c. If the result is net income or zero, see instructions . . . . . . . 1 d -1,215,516. Closely held corporations enter net active income and see instructions. Personal service corporations enter -0- on this line. . 2 Unallowed passive activity deductions and losses. Combine lines 1d and 2. If the result is net income or zero, see the instructions for lines 1d and 3. Otherwise, go to line 4... 3 1,215,516. Total deductions and losses allowed. Add the income, if any, on lines 1a and 2 and enter the result 4 369,847. 2015 Passive Activity Credits Caution: See the instructions and complete Worksheet 5 before completing Part II. 5a Current year credits (from Worksheet 5, column (a))..... 5 a **b** Prior year unallowed credits (from Worksheet 5, column (b))..... 5 b Add lines 5a and 5b ..... 6 7 Enter the tax attributable to net passive income and net active income (see instructions)..... Unallowed passive activity credit. Subtract line 7 from line 6. If the result is zero or less, enter -0-...... 8 9 Allowed passive activity credit. Subtract line 8 from line 6 (see instructions)..... Part III Election To Increase Basis of Credit Property If the corporation disposed of its entire interest in a passive activity or former passive activity in a fully taxable transaction, and the corporation elects to increase the basis of credit property used in that activity by the unallowed credit that reduced the property's basis, check this box (see instructions)..... 11 Name of passive activity disposed of ▶ Description of the credit property for which the election is being made

BAA For Paperwork Reduction Act Notice, see separate instructions.

# **PASSIVE WORKSHEETS**

PAGE 1

**CLIENT 96011** 

#### **ABILENE CHRISTIAN UNIVERSITY**

75-0851900

WORKSHEET 1 - COMPUTATION OF INCOME, GAINS, DEDUCTIONS, AND LOSSES FOR WORKSHEET 2
--

	RENTAL	BLUESTEM PARTNERS LP	SIGULER GUFF III	SIGULER GUFF II	SIGULER GUFF BRC III	SIGULER GUFF SMALL
INCOME						
GROSS RECEIPTS	<del>_</del>					
GROSS RENTS	65,605.					
GROSS ROYALTIES						
ORDINARY INCOME FROM K-1		276,151.	177.	1,036.	194.	
S/T CAPITAL GAINS	<u> </u>					
L/T CAPITAL GAINS						
FORM 4797 GAINS						
INSTALLMENT SALE INCOME	<u> </u>					
INSTALLMENT SALE OFFSET	<u> </u>					
OTHER PASSIVE INCOME	<del></del> .					
NET GAIN FROM K-1 DISPOSITION TOTAL INCOME	CE COE	276,151.	177.	1.026	194.	
TOTAL INCOME	65,605.	2/0,131.	1/7.	1,036.	194.	0.
DEDUCTIONS						
ADVERTISING						
AMORTIZATION						
ASSOCIATION DUES						
AUTO AND TRAVEL						
BAD DEBTS						
CLEANING AND MAINTENANCE						
COMMISSIONS						
COMPENSATION OF OFFICERS						
COST OF GOODS						
DEPLETION (COST)						
DEPLETION (PERCENTAGE)	<u> </u>					
DEPRECIATION GARDENING	<u> </u>					
INSURANCE	<u> </u>					
INTANGIBLE DRILLING COSTS	<del></del>					
INTEREST	<del></del>					
LEGAL AND PROFESSIONAL						
LICENSES AND PERMITS						
MANAGEMENT FEES						
MISCELLANEOUS	<u> </u>		_			
PAINTING AND DECORATING	<u> </u>					
PEST CONTROL	<del>_</del>					
PLUMBING AND ELECTRICAL	<u> </u>					
REPAIRS	<u> </u>		-			
RENTS						
SALARIES AND WAGES						
SECTION 179 EXPENSE						
SUPPLIES						
TAXES						
UTILITIES						
OTHER DEDUCTIONS						
ORDINARY LOSS FROM K-1						663.
RENTAL R/E LOSS FROM K-1	<u> </u>					
OTHER RENTAL LOSS FROM K-1	<u> </u>					
OTHER PASSIVE LOSS						
TOTAL DEDUCTIONS	0.	0.	0.	0.	0.	663.
CAPITAL LOSSES	0.	0.	0.	0.	0.	0.
FORM 4797 LOSSES	0.	0.	0.	0.	0.	0.
TOTAL DEDUCTIONS/LOSSES	0.	0.	0.	0.	0.	663.

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# **PASSIVE WORKSHEETS**

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WORKSHEET 1 - COMPUTATION OF INCOME, GAINS, DEDUCTIONS, AND LOSSES FOR WORKSHEET 2  $\,$ 

	SIGULER GUFF IV	SIGULER GUFF BRIC II	RESERVOIR CAPITAL	PEG US CORP FINANCE	ENDOWMENT VENTURES	ENCAP FLATROCK III
INCOME						
GROSS RECEIPTS	<u> </u>	·				
GROSS RENTS	<u> </u>					
GROSS ROYALTIES		-				
ORDINARY INCOME FROM K-1	3,834.	3,967.	334.		44.	
S/T CAPITAL GAINS	0,0011	0,0071	0011			
L/T CAPITAL GAINS	<del></del>					
FORM 4797 GAINS						
INSTALLMENT SALE INCOME		-				
INSTALLMENT SALE OFFSET	<u> </u>					
OTHER PASSIVE INCOME	<del></del>					
NET GAIN FROM K-1 DISPOSITION	<u> </u>					
TOTAL INCOME	3,834.	3,967.	334.	0.	44.	0
DEDUCTIONS						
ADVERTISING						
AMORTIZATION						
ASSOCIATION DUES						
AUTO AND TRAVEL						
BAD DEBTS						
CLEANING AND MAINTENANCE						
COMMISSIONS	<del></del>					
COMPENSATION OF OFFICERS						
COST OF GOODS	<u> </u>					
DEPLETION (COST)	<u> </u>					
DEPLETION (PERCENTAGE)	<u> </u>					
DEPRECIATION	<del></del>					
GARDENING	<del></del>					
INSURANCE	<del></del>					
INTANGIBLE DRILLING COSTS	<del></del> -					
INTEREST						
LEGAL AND PROFESSIONAL	<u> </u>					
LICENSES AND PERMITS	<del></del>					
MANAGEMENT FEES	<u> </u>	<del></del> -				
MISCELLANEOUS	<u> </u>	<del></del> -				
PAINTING AND DECORATING		·	<del></del> -			
PEST CONTROL	<u> </u>					
	<del></del>					
PLUMBING AND ELECTRICAL REPAIRS	<del></del>					
RENTS	<del></del>					
		<del></del>				
SALARIES AND WAGES SECTION 179 EXPENSE	<u> </u>					
		·				
SUPPLIES	<del>_</del>					
TAXES						
UTILITIES	<del></del>					
OTHER DEDUCTIONS				4.400		07.74
ORDINARY LOSS FROM K-1				4,482.		87,714
RENTAL R/E LOSS FROM K-1						
OTHER RENTAL LOSS FROM K-1	<u> </u>					
OTHER PASSIVE LOSS						
TOTAL DEDUCTIONS	0.	0.	0.	4,482.	0.	87,71
CAPITAL LOSSES	0.	0.	0.	0.	0.	
FORM 4797 LOSSES	0.	0.	0.	0.	0.	0
TOTAL DEDUCTIONS/LOSSES	0.	0.	0.	4,482.	0.	87,714

# **PASSIVE WORKSHEETS**

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WORKSHEET 1 - COMPUTATION OF INCOME, GAINS, DEDUCTIONS, AND LOSSES FOR WORKSHEET 2
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	ENCAP ENERGY X	ENCAP ENERGY IX	SPECIAL SITUATION II	COMMONFUND VIII	COMMONFUND VII	COMMONFUND VI
INCOME						
GROSS RECEIPTS						
GROSS RENTS						
GROSS ROYALTIES						
ORDINARY INCOME FROM K-1					436.	
S/T CAPITAL GAINS						
L/T CAPITAL GAINS						
FORM 4797 GAINS						
INSTALLMENT SALE INCOME						
INSTALLMENT SALE OFFSET						
OTHER PASSIVE INCOME						
NET GAIN FROM K-1 DISPOSITION						
TOTAL INCOME	0.	0.	0.	0.	436.	0.
TOTAL INCOME	0.	0.	0.	0.	400.	<u> </u>
DEDUCTIONS						
ADVERTISING						
AMORTIZATION						
ASSOCIATION DUES						
AUTO AND TRAVEL						
BAD DEBTS			-			
CLEANING AND MAINTENANCE						
COMMISSIONS						
COMPENSATION OF OFFICERS						
COST OF GOODS	<del></del>					
DEPLETION (COST)	<del></del>					
DEPLETION (DOST) DEPLETION (PERCENTAGE)						
DEPRECIATION	<del></del>					
GARDENING						
NSURANCE	<del></del>					
NTANGIBLE DRILLING COSTS						
INTEREST	<del></del>					
LEGAL AND PROFESSIONAL						
LICENSES AND PERMITS						
MANAGEMENT FEES						
MISCELLANEOUS						
PAINTING AND DECORATING	<del></del>					
PEST CONTROL						
PLUMBING AND ELECTRICAL	<del></del>					
REPAIRS	<del></del>					
RENTS						
SALARIES AND WAGES						
SECTION 179 EXPENSE SUPPLIES						
TAXES		<u> </u>				
UTILITIES						
OTHER DEDUCTIONS	100.000	FF0 100	10.000			100
ORDINARY LOSS FROM K-1	139,239.	553,100.	13,862.	50.		109.
RENTAL R/E LOSS FROM K-1						
OTHER RENTAL LOSS FROM K-1						
OTHER PASSIVE LOSS	400.000	FF0 400	40.000			400
TOTAL DEDUCTIONS	139,239.	553,100.	13,862.	50.	0.	109.
CAPITAL LOSSES	<u> </u>	0.	0.	0.	0.	0.
FORM 4797 LOSSES	0.	0.	0.	0.	0.	0.
TOTAL DEDUCTIONS/LOSSES	139,239.	553,100.	13,862.	50.	0.	109.

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WORKSHEET 1 - COMPUTATION OF INCOME, GAINS, DEDUCTIONS, AND LOSSES FOR WORKSHEET 2  $\,$ 

	COLUMBIA CAPITAL	PEG US POOLED CORP
INCOME		
GROSS RECEIPTS		
GROSS RENTS		
GROSS ROYALTIES		
ORDINARY INCOME FROM K-1	18,069.	
S/T CAPITAL GAINS		
L/T CAPITAL GAINS		
FORM 4797 GAINS		
INSTALLMENT SALE INCOME		
INSTALLMENT SALE OFFSET		
OTHER PASSIVE INCOME		
NET GAIN FROM K-1 DISPOSITION		
TOTAL INCOME	18,069.	0
TO THE INCOME	10,000.	
DEDUCTIONS		
ADVERTISING		
AMORTIZATION		
ASSOCIATION DUES		
AUTO AND TRAVEL		
BAD DEBTS		
CLEANING AND MAINTENANCE		
COMMISSIONS		
COMPENSATION OF OFFICERS		
COST OF GOODS		
DEPLETION (COST)		
DEPLETION (PERCENTAGE)		
DEPRECIATION		
GARDENING		
INSURANCE		
INTANGIBLE DRILLING COSTS		
INTEREST		
LEGAL AND PROFESSIONAL		
LICENSES AND PERMITS		
MANAGEMENT FEES		
MISCELLANEOUS		
PAINTING AND DECORATING		
PEST CONTROL		
PLUMBING AND ELECTRICAL		
REPAIRS		
RENTS		
SALARIES AND WAGES		
SECTION 179 EXPENSE		
SUPPLIES		
TAXES		
UTILITIES		
OTHER DEDUCTIONS		
ORDINARY LOSS FROM K-1		534
RENTAL R/E LOSS FROM K-1		
OTHER RENTAL LOSS FROM K-1		
OTHER PASSIVE LOSS		
TOTAL DEDUCTIONS		534
CAPITAL LOSSES		0334
FORM 4797 LOSSES	0.	0.
TOTAL DEDUCTIONS/LOSSES	0.	534
TOTAL DEDUCTIONS/ LUSSES	<u> </u>	334.

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#### WORKSHEET 2 FOR LINES 1A, 1B, AND 1C

	CURREN	IT YEAR	PRIOR YEAR	OVERALL GAI	IN/LOSS
NAME OF ACTIVITY	A. INCOME 1A	B. DEDUCTIO LOSSES 1B	C. UNALLOWE LOSS 1C	D. GAIN	E. LOSS
RENTAL	65,605.			65,605.	
BLUESTEM PARTNERS LP	276,151.			276,151.	
SIGULER GUFF III	177.			177.	
SIGULER GUFF II	1,036.			1,036.	
SIGULER GUFF BRC III	194.			194.	
SIGULER GUFF SMALL		663.			663.
SIGULER GUFF IV	3,834.			3,834.	
SIGULER GUFF BRIC II	3,967.			3,967.	
RESERVOIR CAPITAL	334.			334.	
PEG US CORP FINANCE		4,482.			4,482.
ENDOWMENT VENTURES	44.			44.	
ENCAP FLATROCK III		87,714.			87,714.
ENCAP ENERGY X		139,239.			139,239.
ENCAP ENERGY IX		553,100.	785,610.		1,338,710.
SPECIAL SITUATION II		13,862.			13,862.
COMMONFUND VIII		50.			50.
COMMONFUND VII	436.			436.	
COMMONFUND VI		109.			109.
COLUMBIA CAPITAL	18,069.			18,069.	
PEG US POOLED CORP.		534.			534.
	369,847.	799,753.	785,610.		

#### **WORKSHEET 3 - UNALLOWED DEDUCTIONS AND LOSSES**

NAME OF ACTIVITY	A. LOSS FRO	B.	C. UNALLOW
	W/S 2 (E)	RATIO	DED/LOSS
SIGULER GUFF SMALL	663.	0.0004	508.
	4,482.	0.0028	3,436.
ENCAP FLATROCK III.	87,714.	0.0553	67,251.
ENCAP ENERGY X ENCAP ENERGY IX	139,239.	0.0878	106,756.
	1,338,710.	0.8444	1,026,404.
SPECIAL SITUATION II.  COMMONFUND VIII.	13,862. 50.	0.0087	10,628. 38.
COMMONFUND VI	109.	0.0001	84.
	534.	0.0003	409.
	1,585,363.	1.0000	1,215,514.

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	A. DEDUCTIONS LOSSES	B. RATIO	C. UNALLOWED DED/LOSSES	D. ALLOWED DED/LOSSES
SIGULER GUFF SMALL 1. Form 1120 Deductions:				
ORDINARY LOSS FROM K-1.  TOTAL FORM 1120 DEDUCTIONS>	663. 663.	1.0000 1.0000	508. 508.	155 155
PEG US CORP FINANCE 1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1.  TOTAL FORM 1120 DEDUCTIONS>	4,482. 4,482.	1.0000 1.0000	3,436. 3,436.	1,046 1,046
ENCAP FLATROCK III 1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1	87,714. 87,714.	1.0000 1.0000	67,251. 67,251.	20,463 20,463
ENCAP ENERGY X 1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1	139,239. 139,239.	1.0000 1.0000	106,756. 106,756.	32,483 32,483
ENCAP ENERGY IX 1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1.  TOTAL FORM 1120 DEDUCTIONS>	1,338,710. 1,338,710.	1.0000 1.0000	1,026,404. 1,026,404.	312,306 312,306
SPECIAL SITUATION II 1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1	13,862. 13,862.	1.0000 1.0000	10,628. 10,628.	3,234 3,234
COMMONFUND VIII  1. FORM 1120 DEDUCTIONS:				
ORDINARY LOSS FROM K-1.  TOTAL FORM 1120 DEDUCTIONS>	<u>50.</u> 50.	1.0000 1.0000	38. 38.	12 12
COMMONFUND VI 1. Form 1120 Deductions:				
ORDINARY LOSS FROM K-1	109. 109.	1.0000	<u>84.</u> 84.	25

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WORKSHEET 4 - ALLOWED DEDUCTIONS AN	D LOSSES	A. DEDUCTIONS	В.	C. UNALLOWED	D. ALLOWED			
PEG US POOLED CORP 1. FORM 1120 DEDUCTIONS:		LOSSES	RATIO	DED/LOSSES	DED/LOSSES			
ORDINARY LOSS FROM K-1TOTAL FORM 1120 DEDUCTIONS	·····>	534. 534.	1.0000 1.0000	409. 409.	125. 125.			