EXTENDED TO MAY 15, 2019 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

		For ca	lendar year 2017 or other tax yea	ar beginning $\overline{\text{JUL}}$ 1,	20	$\underline{17}_{\underline{}}$, and ending	g <u>JUI</u>	<u>1 30, 201</u>	<u>.8</u> .		J I /
	tment of the Treasury		·	irs.gov/Form990T for in					-	Open to Pu	blic Inspection for
Interna	al Revenue Service	•	Do not enter SSN numbe	-				tion is a 501(c)(3).		501(c)(3) Or	rganizations Only
Α	Check box if address changed		Name of organization (Check box if name c	hanged	and see instruction	ons.)		(Emp	oyer identifi loyees' trus ictions.)	cation number t, see
B E:	xempt under section	Print	ORANGE COUN	TY COMMUNITY	Y F	DUNDATIO	N				78778
X] 501(c)(3)	Or Type	Number, street, and room		-					ated busine nstructions.	ess activity codes
	408(e) 220(e)	Туре	4041 MACART	HUR BLVD., S	SUI'	re 510			`		
	408A 530(a)		City or town, state or pro			n postal code					
	529(a)		NEWPORT BEA		<u> 50</u>				531	390	900099
C Bo	ok value of all assets end of year 307,718,7	62.	G Check organization typ		oration	n 501(c) trust	401(a) trust		Other trust
			ary unrelated business acti			STATEMEN		101(u) truot		Other trust
			poration a subsidiary in an	· ·				>	Ye	os X	No
			tifying number of the paren		it oubo	ididi y conti onca g	roup: .		10] 110
			SHELLEY HOSS	<u>·</u>			Telepho	ne number 🕨 9	949-	553-	4202
			de or Business Inc			(A) Income		(B) Expense		1	(C) Net
1a	Gross receipts or sale	:S				,		. , , .			
	Less returns and allow			c Balance	1c						
2			A, line 7)		2						
3	Gross profit. Subtract				3						
4 a	Capital gain net incom	ne (attac	ch Schedule D)		4a	23,6	13.				23,613.
			Part II, line 17) (attach Form		4b						
С			sts		4c						
5			ips and S corporations (att		5	-318,5	09.	STMT	2	-3	18,509.
6	Rent income (Schedu	le C)			6						
7	Unrelated debt-finance		me (Schedule E)		7						
8			and rents from controlled o		8						
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	ganization (Schedule G)	9						
10	Exploited exempt activ	vity inco	me (Schedule I)		10						
11	Advertising income (S	Schedule	e J)		11						
12	Other income (See ins	struction	ns; attach schedule) S7	CATEMENT 3	12		00.				7,700.
			gh 12		13	-287,1				-2	87,196.
Pa			ot Taken Elsewher								
			utions, deductions must	<u> </u>							
14			rectors, and trustees (Sche						14		
15									15		
16	Repairs and mainten								16		
17									17		
18									18		
19	Charitable contribution		e instructions for limitation	rulas) CTATEME	יחדתי	5 CFF (2 m y m		19		0.
20 21		•		,				EMENT 4	20		
22			562) n Schedule A and elsewher						22b		
23									23		
24			mpensation plans						24		
25	Employee benefit pro								25		
26			chedule I)						26		
27	Excess readership or	osts (Sc	hedule J)						27		
28	Other deductions (at	tach sch	nedule)						28		
29	Total deductions. A	dd lines	14 through 28						29		0.
30			ncome before net operating						30	-2	87,196.
31			(limited to the amount on						31		
32	Unrelated business t	axable i	ncome before specific dedu	iction. Subtract line 31 fro	om line	30			32	-2	87,196.
33			y \$1,000, but see line 33 in						33		1,000.
34	Unrelated business	taxable	income. Subtract line 33	from line 32. If line 33 is	greater	than line 32, ente	r the sm	aller of zero or			
	line 32								3/1	-2	87 196.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Form **990-T**

Page 2

35 Organizations Taxable as Corporations. See instructions for its computation. Controlled group members designate 1561 and 1563 theck here ▶ 26 instructions and: a latter your share of the \$50,000, \$25,000, and \$9,025,000 taxable income handsts (in that order); (1) \$ \$ (2) \$ (3) \$ \$ b Enter organizations share of (1) Additional 5% tax (not more than \$11,750) \$ \$ c Boome Lax on the amount on line 34 \$ (2) \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ \$ c Boome Lax on the amount on line 34 \$ 0.2 \$ c Boome Lax on the amount on line	Part I	II T	Tax Computation						
a Enter your share of the SSO,000, SES,000, and S8,925,000 taxable income brackets (in that order): (1) \$	35	Organ	inizations Taxable as Corporations. See instructions for tax computation.						
b Enter organization's stare of (1) Additional 5% tax (not more than \$11,750) \$ 2) Additional 3% tax (not more than \$100,000) \$ 35c 0. 0. 35c		Contro	rolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions ar	nd:					
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Here PRESIDENT Title PRESIDENT Title Print/Type preparer shown below (see instructions)?		Und	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta			edge and b	elief, it is true,		
Paid Preparer Use Only Print/Type preparer's name Print/Type preparer's name Preparer's signature Patricia J. Mayer Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type pr	Sign	con	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any kr					
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Date Check if self- employed PO188643 P00188643 P1IN PO188643 P1IN PIIN PII	Here		PRESIDE	ENT		•			/ith
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed PO0188643 PO0188643 Firm's name ► MOSS ADAMS LLP Firm's name ► MOSS ADAMS LLP 4747 EXECUTIVE DRIVE, SUITE 1300			Signature of officer Date Title						No
Paid Preparer Use Only PATRICIA J. MAYER PATRICIA J. MAYER Firm's name ► MOSS ADAMS LLP Firm's name ► MOSS ADAMS LLP 4747 EXECUTIVE DRIVE, SUITE 1300			Print/Type preparer's name Preparer's signature Da	ate	_				
Preparer Use Only PATRICIA J. MAYER Firm's name ► MOSS ADAMS LLP 4747 EXECUTIVE DRIVE, SUITE 1300 PO0188643 91-0189318	Daid					- 1			
Use Only Firm's name ► MOSS ADAMS LLP Firm's EIN ► 91-0189318 4747 EXECUTIVE DRIVE, SUITE 1300		aror	PATRICIA J. MAYER		3		001886	543	
4747 EXECUTIVE DRIVE, SUITE 1300	-	al El	- NOGG ADAMG TID		Firm's EIN				8
	OSE (וויכ		00					
			1		Phone no.	8 <u>5</u> 8-	<u>627-14</u>	<u>10</u> 0	

Form **990-T** (2017)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)			8		263A (with respect to		Yes	No
b Other costs (attach schedule)			4	property produced or a		,			
5 Total. Add lines 1 through 4b	5			the organization?		111/21 D 1 D	<u></u>		
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	()	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
` rent for personal property is more than \ \ ` of rent for p				conal property (if the percentag property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) a		ected with the income in (attach schedule)	n
(1)				,					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ictions)		•			
			2	2. Gross income from		Deductions directly cor to debt-finan			
1. Description of debt-fi	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)			+				+		
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%			\perp		
(4)				%			\perp		
						Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in columi	າ 8							0 -

Form **990-T** (2017)

Schedule F - Interest, A	nnuities	s, Royalt	ies, and	d Rents	From Co	ntrolle	d Organiza	itions	(see ins	struction	s)	
			-		Controlled O							
1. Name of controlled organizati	ion	2. Empidentific	cation	3. Net unre	elated income instructions)	4. Tot	al of specified nents made	include	of column 4 to the contraction's gross in the contraction in the con	rolling	6. Deductions directly connected with income in column 5	
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zatione	<u> </u>		ļ		ļ						
7. Taxable Income	l e	nrelated incom	e (loss)	0 Total	of specified payr	nonto	10. Part of colu	mn O that	io included	11 Da	dustions divostive consected	
7. Taxable income		ee instructions		9. Total	made	nents	in the controll	ing organi s income	zation's	with	ductions directly connected in income in column 10	
(1)												
(2)												
(3)												
(4)												
-7.7							Add colur Enter here and line 8, 0		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals									0.		0.	
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7), (9), or (17) Orc	anization				-	
(see instr					,, (), (, .						
1. Desc	ription of incor	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals				•		0.					0.	
Schedule I - Exploited (see instru	Exempt				Than Adv		g Income					
Description of exploited activity	2. G unrelated income trade or b	business e from	directly c with pro	penses onnected oduction elated s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(2)												
(4)												
.,	Enter her page 1, line 10,	, Part I, col. (A).	Enter her page 1 line 10,	, Part I, col. (B).		,					Enter here and on page 1, Part II, line 26.	
Totals Advantision		0.		0.							0.	
Schedule J - Advertisir Part I Income From I					solidated	Basis						
1. Name of periodical		2. Gross advertising		3. Direct		ising gain ol. 2 minus	5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more	
		income		J		rough 7.					than column 4).	
(1)			_		_							
(2)			_									
(2) (3) (4)			\perp									
(4)												
Totals (carry to Part II, line (5))	▶	().	0	•						0.	
											Form 990-T (2017)	

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723731 01-22-18

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		•	0.

Form **990-T** (2017)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1	L
		BUSINESS ACTIVI	TY			

SHAREHOLDER IN LIMITED PARTNERSHIPS AND QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

	S) FROM PARTNERSHIPS CORPORATIONS	STATEMENT 2
DESCRIPTION		AMOUNT
CAPITAL DYNAMICS REAL ESTATE B	FEIN 20-5748590	357.
CSO REO FUND, LLC FEIN 26-2962		-16,083.
HARVEST MLP INCOME FUND LLC FE		-393,175
KDF COMMUNITIES - CITY TOWERS,	, LLC FEIN 43-2021094	1,889.
RCP SECONDARY OPPORTUNITY FUNI) II, LP FEIN 90-0852883	-1,114
DOVER STREET FEIN 47-5125540		27,961
US RESEARCH EQUITY EXTENDED FU	JND FEIN 81-0885340	3,504
DENHAM OIL & GAS FUND FEIN 33-	-0378778	111,238.
ENCAP ENERGY CAPITAL FUND XI,	LP FEIN 81-4648210	16,612.
GQG PARTNERS INT EQUITY FUND E	FEIN 81-2938117	-69,698.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 5	-318,509.
FORM 990-T	OTHER INCOME	STATEMENT 3
FORM 990-T DESCRIPTION	OTHER INCOME	STATEMENT 3 AMOUNT
		AMOUNT
DESCRIPTION	FITS	
DESCRIPTION QUALIFIED PARKING FRINGE BENEF	FITS	AMOUNT 7,700.
DESCRIPTION QUALIFIED PARKING FRINGE BENEF	FITS	AMOUNT 7,700
DESCRIPTION QUALIFIED PARKING FRINGE BENEF	FITS LINE 12	AMOUNT 7,700.
DESCRIPTION QUALIFIED PARKING FRINGE BENEF TOTAL TO FORM 990-T, PAGE 1, I	CONTRIBUTIONS	7,700. 7,700.

FORM 990-T CONTRIBUTION	ONS SUMMARY STATEMENT 5	5
QUALIFIED CONTRIBUTIONS SUBJECT TO 10	0% LIMIT	
FOR TAX YEAR 2015 111	RIBUTIONS 2,342 1,584 6,668,425 1,013,754 1,559,380	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	221,245,485 76,409,597	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTEI	297,655,082	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	297,655,082 0 297,655,082	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12 06/30/13 06/30/14 06/30/16 06/30/17	40,800. 61,160. 31,369. 89,287. 172,467.	40,800. 6,811. 0. 0.	0. 54,349. 31,369. 89,287. 172,467.	0. 54,349. 31,369. 89,287. 172,467.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	347,472.	347,472.

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-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

2017

Name

Employer identification number

ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778

Part I Short-Term Capital Gai	ns and Losses - Ass		r Less		0370770
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(n) Adjustments to gai	in	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	19, 3)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					_
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	6,345.	27,745.			-21,400.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	-21,400.
Part II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(a) Adjustments to as	in	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents 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 (49, g)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	38,454.				38,454. 6,559.
11 Enter gain from Form 4797, line 7 or 9				11	6,559.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		1 h		15	45,013.
16 Enter excess of net short-term capital gain (lir		Lloss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	23,613.
18 Add lines 16 and 17. Enter here and on Form	. • ,	. ,	,		
has qualified timber gain, also complete Part	V			18	23,613.
Note: If 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) 2017

Part IV Alternative Tax for Corporations with Qualified	Fimber Gain. Complete I	Part IV only if the corpo	ration has	
qualified timber gain under section 1201(b). Skip this part if you are fili	ng Form 1120-RIC. See instruc	ctions.		
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19			
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line				
of your tax return	20			
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or				
(c) the amount on Part III, line 17	21			
22 Multiply line 21 by 23.8% (0.238)		22		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23			
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate)	appropriate for			
the return with which Schedule D (Form 1120) is being filed		24		
25 Add lines 21 and 23	25			
26 Subtract line 25 from line 20. If zero or less, enter -0-	26			
27 Multiply line 26 by 35% (0.35)		27		
28 Add lines 22, 24, and 27		28		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate)				
return with which Schedule D (Form 1120) is being filed		29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedu	, ,			
applicable line of your tax return				

Schedule D (Form 1120) 2017

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.

Name(s) shown on return

Social security number or taxpayer identification no.

ORANGE COUNTY	COMMUNIT	Y FOUNDAT	rion			33-0	378778
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ation as Form 10	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transac Note: You may aggregate all codes are required. Enter the	tions involving c I short-term transac	ctions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	ljustments or
You must check Box A, B, or C below. (If you have more short-term transactions than will (A) Short-term transactions report (B) Short-term transactions report (C) Short-term transactions no	I fit on this page for or ported on Form(s ported on Form(s	ne or more of the boxes s) 1099-B showin s) 1099-B showin	s, complete as many forming basis was reporting basis wasn't re	ns with the same box che ted to the IRS (see	cked as you ne	eed.	each applicable box.
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If yo in column	t, if any, to gain or use enter an amount (g), enter a code in. See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
DOVER STREET IX						,	
FEIN 47-5125540	VARIOUS	VARIOUS		27,745.			<27,745.>
US RESEARCH EQUITY				,			<i>'</i>
EXTENDED FUND FEIN							
81-0885340	VARIOUS	VARIOUS	6,345.				6,345.
2 Totals. Add the amounts in colu	ımns (d), (e), (g) a	and (h) (subtract					

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.

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

Form **8949** (2017)

6,345.

27,745.

Attachment Sequence No. 12A

Form 8949 (2017)

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

Social security number or taxpayer identification no.

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

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 and may even tell you which box to check Long-Term. Transactions involving capital assets you held more than 1 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 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 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired 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. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 VARIOUS VARIOUS 8. 8. DOVER STREET IX FEIN 47-5125540 VARIOUS VARIOUS 31,405 31,405. US RESEARCH EQUITY EXTENDED FUND FEIN 7,041 7,041. 81-0885340 VARIOUS VARIOUS Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2017)

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)

38,454.

Form **4797**Department of the Treasury

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184
2017

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

ORANGE COUNTY COMMUNITY FOUNDATION 33-0378778 1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE STATEMENT 7 6,559. 6,559. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 6,559. 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 6,559. capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on 18h Form **4797** (2017) LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Propert	ty Und	er Sections 1245,	1250, 1252,	, 125	54, and 1255 (s	see ins	structions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)
A							
В							
С							
D							
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	3	Property C		Property D
20 Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis. Subtract line 22 from line 21	23						
24 Total gain. Subtract line 23 from line 20	24					\perp	
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a					+	
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b					+	
a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property of	olumne	A through D through lin	ne 20h hefore d	noina	to line 30		
		7 tanough B tanough in					
Total gains for all properties. Add property columns	A throug	gh D, line 24			3	0	
Add property columns A through D, lines 25b, 26g,					3	1	
32 Subtract line 31 from line 30. Enter the portion from		y or tneπ on ⊦orm 4684	+, IINe 33. Enter	tne	· I	_	
From other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section		and 280F(b)(2) W	hen Busine	ess l	3 Use Drops to 50		r Less
(see instructions)						-	
			_		(a) Section 179		(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
Recomputed depreciation. See instructions				34			
35 Recapture amount. Subtract line 34 from line 33. So	ee the in:	structions for where to	report	35			

Form **4797** (2017)

FORM 4797	PRO	PERTY HELD	MORE THAN	ONE YEAR	STA	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CAPITAL DYNAMICS						
20-5748590			5,613.			5,613.
DOVER STREET IX FEIN 47-5125540			349.			349.
DENHAM OIL & GAS FUND FEIN 33-0378778			597.			597 .
TOTAL TO 4797, PA	RT I, LINE	2	6,559.			6,559.

Department of the Treasury

Name of person filing this return

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning FEB 13 , 2017, and ending DEC 31

OMB No. 1545-1668

Attachment Sequence No. 118

, 2017

Filer's identifying number

					33-037	8778	
ORAN	GE COUNTY COMM	UNITY FOUNDA	TION				
Filer's addres	s (if you are not filing this form v	with your tax return)	A Category	of filer (see Categories of F	Filers in the instructions	and check app	licable box(es)):
			1	2	3 X	4	
			B Filer's tax		,2017 , and end	dina JUN	30,2018
C Filer's sha	are of liabilities; Nonrecourse \$	C	ualified nonrecourse financ	ina \$	Othe		,
	member of a consolidated group					•	
Name		o sat not the parent, enter	and removing morniation as	out the parent	EIN		
Address							
	ny excepted specified foreign fina	ancial assets are renorted (on this form (see instruction	15)			
	on about certain other partners (s	· · · · · · · · · · · · · · · · · · ·	on time form (000 moti dottor	10)			
1 morman	on about contain other partners (c				(4) Check applica	able box(es)
	(1) Name	(2) A	ddress	(3) Identifying num	Dategory 1	Category 2	Constructive owner
					1 1317	1 ,	
						1	
í 						+	
í 						+	
C1 Name and	I addrage of foreign partnership				2(a) EIN	(if any)	
u i Naille allu	l address of foreign partnership					3-1363	1 2 1
EMD CA	PITAL RF II GO	TOENT CDOVE T	D			erence ID nu	
EMR CA	FIIAL KE II GO	DEN GROVE D	r .		2(0) 1101	oronoo ib iiu	IIIDOI
T 5775T	7, 151 MACQUAR:	דני פיח			3 Countr	v under who	se laws organized
	, NSW AUSTRALIA				AUSTE	-	30 laws of garlized
Date of	Principal place	6 Principal I	ousiness 7 Principal bu	isiness	F. va ati a a al		ange rate nstr.)
4 organization	on of business 2017 AUSTRALIA	5239			a currency	8b (see in	nstr.)
				IENI O	עפ		
	ne following information for the fo						
i wanie, aud	dress, and identifying number of	agent (ii any) in the officed		the foreign partnership	_	7 Faura 400	NE 100E D
						_	65 or 1065-B
			Service C	Center where Form 106	oo or 1065-B is filed		
O Nama and	address of foreign partnership's	agant in country of organi	Name and	address of person(s) with o	custody of the books an	d records of th	e foreign
3 Name and	i audiess of foreign partifership s	ayeni in country or organi	partnership	o, and the location of such	books and records, if di	ifferent	
5 Were ar	ny special allocations made by th	e foreign partnershin?				Yes	X No
	ne no. of Forms 8858, Info Return	•	nect To Foreign Disregarde			103	110
	this partnership classified under					ARTNE	RSHTP
	ie filer have an interest in the fore						
	der Reg. 1.1503(d)-1(b)(4) or pa				•	Yes	No
	does the separate unit or combi	•	• ()	. , , , , , , , , , , , , , , , , , , ,		Yes	No No
	is partnership meet both of the f	•	iai consoliuateu 1055 as uen		-1(0)(0)(11):	103	NO
The p	partnership's total receipts for the	tax year were less than \$2	250,000 and			□ Vaa	No
The v	ralue of the partnership's total as: ' do not complete Schedules L. M	sets at the end of the tax ye	ear was less than \$1 million	. }	·····	Yes	NO
Sign Here	Under penalties of perjury, I declare t	,	including accompanying schedul	es and statements, and to	the best of my knowled	ge and belief, i	t is true,
Only If You Are Filing	correct, and complete. Declaration of	preparer (other than general par	rtner or limited liability company	member) is based on all inf	formation of which prep	arer has any kn	owledge.
This Form Separately						LA	
and Not With Your Tax	Oissant and of support and an extra support	. Constant Colombia				- ightharpoonup	D-4-
Return.	Print/Type preparer's name	limited liability company memb		Date		PTIN	Date
Paid	Tring Type preparer a flame	Tropaler s	o.g.,.a.u.		Check self-employed	if	
_	DAMBTOTA T :::				Sell-employed		100643
Use							188643
Only		DAMS LLP		0.0	Firm's EIN	91-01	BASTR
Office	Firm's address \triangleright 4747 E		VE, SUITE 13	UU	Phone no.		1 4 0 0
	SAN DIEGO, CA	92121			858	3-627-	14 00

ORANGE	COUNTY	COMMUNITY	FOUNDATION

Schedule A		nterest. Check the boxes that apply to the filer. If mber (if any) of the person(s) whose interest you b Owns a co				
	Name	Address	Identifying nun	nber (if any)	Check if foreign person	Check direct partner
						,
Schedule A-1	Certain Partners of Foreign Partnership	(see instructions)				
	Name	Address	Identifyin	g number (if any)		Check foreig perso
es the partners	ship have any other foreign person as a direc	t partner?		Yes		No
chedule A-2	Affiliation Schedule. List all partnerships	s (foreign or domestic) in which the foreign partne				140
	indirectly owns a 10% interest.					Chec
	Name	Address	EIN (if any)	Total or income		forei partr shi
						+
						士
						\bot
chedule B	Income Statement - Trade or Business I	ncoma				
		on lines 1a through 22 below. See the instruction	s for more information.			
	•					
1 a Gross	receipts or sales	1a				
b Less re	eturns and allowances	1b		1c		
1				2		
3 Gross	profit. Subtract line 2 from line 1c			3		
		ates, and trusts (attach statement)		4		
1	m profit (loss) (attach Schedule F (Form 104	0))		5		
1		ach Form 4797)		6		
7 Other i	ncome (loss) (attach statement)			7		
				8		
		nployment credits)		9		
10 Guarar	iteed payments to partners			10		
11 Repair				11		
12 Bad de 13 Rent 14 Taxes a 15 Interes 16 a Depred				12		
13 Rent	and Parameter		13			
14 Taxes a				14		
15 Interes		40.		15		
16 a Depred	iation (if required, attach Form 4562)			100		
	epreciation reported elsewhere on return			16c		
				17 18		
19 Employ				19		
20 Other o				20		
Lo Ottion (assassions (attaon statement)					
21 Total d	leductions. Add the amounts shown in the fa	r right column for lines 9 through 20		21		
00 001	rv business income (loss) from trade or bus	singer estivities. Cultivast line 0.1 from line 0.		22		

Form **8865** (2017)

SCHEDULE 0 (Form 8865)

Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

2017

name of transfero		COLLEG	msz	TATT (1137)		3 M T () 3T				itying numbe		
Name of foreign p			TY COMMU ITAL RF				LP	EIN (if any)		378778 Reference		er (see in
								98-1363				
-	ership a section 7	. , .		-			, ,		instructions		Yes	X No
	s the gain deferral			-	-						Yes	X No
	tangible property t										V	X No
	fter, a platform cor ansfers Reportabl			nations section	011.482-7(C)(1)?					Yes	A NO
raili ii	· ·	Ι					Т					
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair ma value on of tran:	rket date	C	(d) ost or other basis		Section alloc	e) n 704(c) cation thod		(f) Gair recognize transf	ed on
Cash	12/11/17		358,2	93.								
Stock, notes												
eceivable												
and payable, and other												
securities												
nventory												
Tangible												
property												
used in trade												
or business												
ntangible												
oroperty described in												
section												
197(f)(9)												
ntangible property, other												
han intangible												
property described in												
section 197(f)(9)												
Other												
property												
			252									
Totals			358,			•						0500
	ansferor's percent				the transfer	r • 0	000	%	(b) After	the transfer	• 7	2500
Supplemental Info	ormation Required	то ве кер	orted (see instr	uctions):								
Part II Di	ispositions Report	ahle linder	Section 6038B									
(a)	(b)	abic ciidci	(c)	(d)	Ι ,	(e)		(f)	(g)			a.\
Type of	Date of		Date of	Manner of	G	ain		epreciation recapture	Gain alloc		Depre	(h) eciation
property	original transfer	dis	sposition	disposition		nized by ership	re	ecognized partnership	to partr	ner		e allocated artner
							- Jy	110.0.1ip			P	-
Part III Is	any transfer repor	ted on this	schedule subject	to gain recog	gnition unde	er section 90	4(f)(3)	or section 904(f)(5)(F)?		Yes	N
	vork Reduction Ac							`		Schedule	0 (Forn	n 8865) 20

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

, 2017, and ending DEC beginning JAN 1 31 OMB No. 1545-1668

Attachment Sequence No.

. 2017 Filer's identifying number Name of person filing this return 33-0378778 ORANGE COUNTY COMMUNITY FOUNDATION Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 | X Filer's tax vea 2017 R 30 2018 JUL JUN and ending beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership 98-1301542 2(b) Reference ID number EMR CAPITAL RESOURCES FUND II, LP 89 NEXUS WAY, CAMANA BAY 3 Country under whose laws organized GRAND CAYMAN **CAYMAN** ISLANDS KY1-9007 CAYMAN **ISLANDS** 6 Principal business activity code number 4 Date of organization 5 Principal place 7 Principal business activity 8a Functiona currency Exchange rate (see instr.) 02/24/2016 CAYMAN ISLANDS 523900 INVESTMENT USD H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identifying number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 or 1065-B Form 1042 Form 8804 Service Center where Form 1065 or 1065-B is filed: A Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any X No Were any special allocations made by the foreign partnership? Yes Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return ▶ LTD PARTNERSHIP How is this partnership classified under the law of the country in which it is organized? 7 Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. Nο Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? The partnership's total receipts for the tax year were less than \$250,000 and
 The value of the partnership's total assets at the end of the tax year was less than \$1 million. No Yes If "Yes," do not complete Schedules L, M-1, and M-2 Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge Separately and Not With Your Tax

710651 11-29-17 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Preparer's signature

Signature of general partner or limited liability company member

►MOSS ADAMS LLP

Firm's address ►4747 EXECUTIVE DRIVE

DIEGO, CA 92121

Form 8865 (2017)

Date

P00188643

91-0189318

858-627-1400

SUITE 1300

Print/Type preparer's name

Preparer PATRICIA J. MAYER

Firm's name

Return.

Paid

Use

Only

Check

Firm's EIN ▶

Phone no.

self-employed

Forn	m 8865 (2017) ORANGE COUNTY COI	MMUNITY FOUNDATION	33-	-0378778	Page 2
Sch		Interest. Check the boxes that apply to the filer. If you che			
	address, and U.S. taxpayer identifying	number (if any) of the person(s) whose interest you constru	ctively own. See instruct	tions.	
	a X Owns a direct interest	b Owns a construc	tive interest		
				Check if	Check if
	Name	Address	Identifying number (if	any) foreign person	direct partner
Sch	hedule A-1 Certain Partners of Foreign Partnersh	ip (see instructions)	•		
					Check if
	Name	Address	Identifying num	ber (if any)	foreign person
Does	es the partnership have any other foreign person as a dire	ect partner?		Yes	No
		ips (foreign or domestic) in which the foreign partnership o	wns a direct interest or	100	110
	indirectly owns a 10% interest.				
			EIN	Total ordinary	Check foreig
	Name	Address	(if any)	income or loss	partne
ΕM	IR CAPITAL RF II LLP	STE.1, 3RD FL 11-12 ST.JAM	98-1375803		
		LONDON, UNITED KINGDOM SW1			
Sch	hedule B Income Statement - Trade or Business	s Income			
Caut	ition: Include only trade or business income and expens	es on lines 1a through 22 below. See the instructions for m	ore information.		
	1 a Gross receipts or sales	1a			
	b Less returns and allowances	1b	1c		
	2 Cost of goods sold		2		
Ф					
Income	4 Ordinary income (loss) from other partnerships, e	estates, and trusts (attach statement)			
<u>2</u>	5 Net farm profit (loss) (attach Schedule F (Form 10	040))			
		uttach Form 4797)			
	8 Total income (loss). Combine lines 3 through 7		8		
		employment credits)			
	11 Danaire and maintanance				
ations	12 Bad debts				
iii.	13 Rent				
ıns fo	14 Taxes and licenses				
ructio	15 Interest				
e inst	16 a Depreciation (if required, attach Form 4562)				
s) (Se	b Less depreciation reported elsewhere on return		16c		
ous	17 Depletion (Do not deduct oil and gas depletion.)		17		
Deductions (see instructions for limitations)	18 Retirement plans, etc.				
edi	19 Employee benefit programs				
	Other deductions (attach statement)		20		

Form **8865** (2017)

20 Other deductions (attach statement)

22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8

21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20

20

21

SCHEDULE 0 (Form 8865)

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

2017

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of transfero	r								Filer's identi			
				MMUNITY I					33-0	37877		
Name of foreign p	artnership EM	R CAP	ITAL :	RESOURCES	5 FUND	II,	LP	EIN (if any)		Referenc	e ID num	ber (see instr)
								98-130	1542			
1a Is the partr	nership a section 72	21(c) partne	rship (as d	efined in Temporar	y Regulations	section 1	1.721(c)-	-1T(b)(14)? Se	e instructions		Yes	X No
b If "Yes," wa	s the gain deferral	method app	lied to avoi	d the recognition o	f gain upon th	e contrib	ution of	property?			Yes	X No
	tangible property ti											
	fter, a platform cor				n 1.482-7(c)(1)?					Yes	X No
Part I Ti	ansfers Reportabl	e Under Se	ction 6038E	3								
Type of property	(a) Date of transfer	(b) Number of items transferred	va	(c) air market lue on date of transfer	Cost	(d) or other asis		Section allo	(e) on 704(c) cation ethod		(f Ga recogni trans	in zed on
Cash	12/08/17		565	,073.								
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals			56	5,073.								
3 Enter the tr Supplemental Inf	iansferor's percenta	l To Be Rep	in the partr orted (see	nership: (a) Before instructions):	the transfer	.2	400	%	(b) After	the transf	er •	2400 %
(a) Type of property	(b) Date of original transfer		(c) Date of position	(d) Manner of disposition	(e) Gain recognized partnersi		re re	(f) epreciation ecapture ecognized partnership	(g) Gain alloca to partn		recaptu	(h) reciation re allocated partner
Part III Is	any transfer repor	ted on this	schedule su	bject to gain recog	nition under s	ection 90	04(f)(3) c	or section 904(f)(5)(F)?	▶	Yes	No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2017