

Form **990-T**

EXTENDED TO NOVEMBER 15, 2017
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

OMB No. 1545-0687

2016Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ 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).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedB Exempt under section
☒ 501(c)(3))
☐ 408(e) ☐ 220(e)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)**E.L. AND THELMA GAYLORD FOUNDATION**

Number, street, and room or suite no. If a P.O. box, see instructions.

6305 WATERFORD BOULEVARD SUITE 350D Employer identification number
(Employees' trust, see
instructions)**73-1463569**E Unrelated business activity codes
(See instructions)

LLC	-2,997.	0.	-2,997.
IRONSIDE DIRECT INVESTMENT FUND IV, LP	-3,189.	0.	-3,189.
HEADLANDS CAPITAL SECONDARY FUND II, LP	32.	0.	32.
KAYNE NEWROAD VENTURES FUND II, LP	-644.	0.	-644.
PASSIVE ACTIVITY LOSS CARRYFORWARD FROM 2015	-982,788.	0.	-982,788.
PASSIVE ACTIVITY LOSS CARRYFORWARD TO 2017	1,323,897.	0.	1,323,897.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	9,515.	9,514.	1.

STATEMENT(S) 18

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34**35c** 4,552.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)**36****37 Proxy tax** See instructions**37****38 Alternative minimum tax****38****39 Tax on Non-Compliant Facility Income** See instructions**39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies**40** 4,552.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**41a** 4,442.**b** Other credits (see instructions)**41b****c** General business credit. Attach Form 3800**41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)**41d****e** Total credits. Add lines 41a through 41d**41e** 4,442.**42** Subtract line 41e from line 40**42** 110.**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**43****44** Total tax. Add lines 42 and 43**44** 110.**45a** Payments: A 2015 overpayment credited to 2016**45a** 945.**b** 2016 estimated tax payments**45b****c** Tax deposited with Form 8868**45c** 10,000.**d** Foreign organizations: Tax paid or withheld at source (see instructions)**45d****e** Backup withholding (see instructions)**45e****f** Credit for small employer health insurance premiums (Attach Form 8941)**45f****g** Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g**46** Total payments. Add lines 45a through 45g**46** 10,945.**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐**47****48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed**48****49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid**49** 10,835.**50** Enter the amount of line 49 you want: Credited to 2017 estimated tax 10,835. Refunded**50** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country hereYes No
X**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.Yes No
X**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *David O. Hogan*

Date 11-8-17

Title TRUSTEE

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

W. LYNDEL LACKEY

W. Lynndel Lackey

11/06/17

P00234298

Firm's name HOGANTAYLOR LLP

Firm's EIN 73-1413977

Firm's address 11600 BROADWAY EXTENSION, SUITE 300

Phone no. (405) 848-2020

OKLAHOMA CITY, OK 73114

Form 990-T (2016)

Schedule A- Cost of Goods Sold. Enter method of inventory valuation **► N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		
				Yes	No

SCH E

-79.

0.

-79.

79.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1, Part I,
line 8, column (A)

Add columns 6 and 11
Enter here and on page 1, Part I,
line 8, column (B)

Totals**0.****0.****Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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	6. Expenses attributable to column 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, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0.	0.			0.

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.

Disallowed losses from this PTP

4,838.

Form or Schedule	Gain/Loss	Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
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-1,149.

3,689.

-4,838.

4,838.

FORM 990-T	OTHER INCOME	STATEMENT 13
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DESCRIPTION	AMOUNT
PASSTHROUGH - BLACK MESA III, LP - INTEREST	83.
PASSTHROUGH - TRITOWER FINANCIAL GROUP, LLC - INTEREST	1,944.
PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP - INTEREST	3,285.
PASSTHROUGH - JVM MULT-FAMILY PREMIER FUND, LLC - INTEREST	710.
PASSTHROUGH - JVM MULTI-FAMILY PREMIER FUND II, LLC - INTEREST	2.
PASSTHROUGH - KAYNE NEWROAD VENTURES FUND II, LP - INTEREST	26.
PASSTHROUGH - BRICKTOWN 2010, LLC - DIVIDENDS	2.
PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP - DIVIDENDS	81.
PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP - ROYALTIES	19.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	6,152.

FORM 990-T	INTEREST PAID	STATEMENT 14
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DESCRIPTION	AMOUNT
FROM PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP	1.
FROM PASSTHROUGH - IRONSIDES DIRECT INVESTMENT FUND IV, LP	245.
FROM PASSTHROUGH - HEADLANDS CAPITAL SECONDARY FUND II, LP	141.
FROM PASSTHROUGH - KAYNE NEWROAD VENTURES FUND II, LP	44.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	431.

FORM 990-T	CONTRIBUTIONS	STATEMENT 15
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP - CONTRIBUTION	N/A	1.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 16

DESCRIPTION

AMOUNT

FROM PASSTHROUGH - IRONSIDE CO-INVESTMENT FUND III, LP	73.
FROM PASSTHROUGH - ENERGY & MINERAL GROUP FUND II, LP	7,452.
FROM PASSTHROUGH - IRONSIDES DIRECT INVESTMENT FUND IV, LP	2,294.
FROM PASSTHROUGH - T SPINE INVESTMENT, LLC	1,066.
FROM PASSTHROUGH - HEADLANDS CAPITAL SECONDARY FUND II, LP	7.
FROM PASSTHROUGH - KAYNE NEWROAD VENTURES FUND II, LP	1,375.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	12,267.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 17

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1

TOTAL CONTRIBUTIONS AVAILABLE

1

TAXABLE INCOME LIMITATION AS ADJUSTED

3,035

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

1

TOTAL CONTRIBUTION DEDUCTION

1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 18

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
BLACK MESA III, LP	2,577.	2,526.	51.
BRICKTOWN 2010, LLC	9,537.	0.	9,537.
CHESAPEAKE INVESTMENTS III LP	-90,898.	0.	-90,898.
CHESAPEAKE INVESTMENTS IV LP	-14,597.	0.	-14,597.
CIMARRON HEALTHCARE OPPORTUNITIES, LP	-1,496.	0.	-1,496.
CIMARRON PARTNERS LP	5,005.	0.	5,005.
CIMARRON VISTA LP	28.	0.	28.
ENERGY AND MINERALS GROUP FUND II LP	-47,042.	5,791.	-52,833.
TALLGRASS ENERGY PARTNERS, LP PTP	-4,838.	0.	-4,838.
TALLGRASS ENERGY PARTNERS, LP PTP - PTP LOSS CARRYFORWARD TO 2017	4,838.	0.	4,838.
NGL ENERGY PARTNERS, LP PTP	-79.	0.	-79.
NGL ENERGY PARTNERS, LP PTP - PTP LOSS CARRYFORWARD TO 2017	79.	0.	79.
TRANSMONTAIGNE PARTNERS, LP PTP	1.	0.	1.
THE HUMPHREY FUND, LLC	-3,080.	0.	-3,080.
JUNIPER GARLAND, LLC	8,504.	1,193.	7,311.
JUNIPER NOLANA, LLC	-11,327.	0.	-11,327.
JUNIPER SHARYLAND, LTD	-31,453.	0.	-31,453.
JUNIPER WACO HOLDINGS, LTD	-4,330.	0.	-4,330.
TRITOWER FINANCIAL GROUP, LLC	11,839.	0.	11,839.
IRONSIDE CO-INVESTMENT FUND III, LP	-16,952.	4.	-16,956.
SINGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES, LP	-29.	0.	-29.
JVM MULTI-FAMILY PREMIER FUND, LLC	-32,533.	0.	-32,533.
CIMARRON ENERGY SPECTRUM, LP	-5,203.	0.	-5,203.
JUNIPER EVANGELINE, LTD	-13,208.	0.	-13,208.
JUNIPER SUMMERHILL, LTD	-32,714.	0.	-32,714.
JUNIPER PORTLAND, LTD	-24,625.	0.	-24,625.
JUNIPER LAKE CHARLES, LTD	-32,800.	0.	-32,800.
JVM MULTI-FAMILY PREMIER FUND II, LLC	-2,997.	0.	-2,997.
IRONSIDE DIRECT INVESTMENT FUND IV, LP	-3,189.	0.	-3,189.
HEADLANDS CAPITAL SECONDARY FUND II, LP	32.	0.	32.
KAYNE NEWROAD VENTURES FUND II, LP	-644.	0.	-644.
PASSIVE ACTIVITY LOSS CARRYFORWARD FROM 2015	-982,788.	0.	-982,788.
PASSIVE ACTIVITY LOSS CARRYFORWARD TO 2017	1,323,897.	0.	1,323,897.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	9,515.	9,514.	1.

Schedule E

Publicly Traded Partnerships

73-1463569

Name of Activity: NGL ENERGY PARTNERS, LP - ACTIVITY NO. 1

Activity net income

Activity net loss -79.

Prior year unallowed losses

Net income (loss)

Total loss allowed from the PTP for 2016

Disallowed losses from this PTP

79.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	-79.	0.	-79.	79.	
	-79.		-79.	79.	

Alternative Minimum Tax

Activity net income

Activity net loss -79.

Prior year unallowed losses

Net income (loss)

Total loss allowed from the PTP for 2016

Disallowed losses from this PTP

79.

Alternative minimum tax adjustment

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	-79.	0.	-79.	79.	
	-79.		-79.	79.	

Schedule E**Publicly Traded Partnerships**

73-1463569

Name of Activity: TALLGRASS ENERGY PARTNERS, LP - ACTIVITY NO. 2

Activity net income
Activity net loss -1,149.
Prior year unallowed losses -3,689.

Net income (loss) -4,838.

Total loss allowed from the PTP for 2016

Disallowed losses from this PTP 4,838.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	-1,149.	3,689.	-4,838.	4,838.	
	-1,149.	3,689.	-4,838.	4,838.	

Alternative Minimum Tax

Activity net income
Activity net loss -1,149.
Prior year unallowed losses -3,689.

Net income (loss) -4,838.

Total loss allowed from the PTP for 2016

Disallowed losses from this PTP 4,838.

Alternative minimum tax adjustment

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	-1,149.	3,689.	-4,838.	4,838.	
	-1,149.	3,689.	-4,838.	4,838.	

Schedule E

Publicly Traded Partnerships

73-1463569

Name of Activity: TRANSMONTAIGNE PARTNERS, LP - ACTIVITY NO. 3

Activity net income 1.

Activity net loss

Prior year unallowed losses

Net income (loss) 1.

Total loss allowed from the PTP for 2016

Disallowed losses from this PTP

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	1.	0.	1.		
	1.		1.		

Alternative Minimum Tax

Activity net income 1.

Activity net loss

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

2016

Name **E.L. AND THELMA GAYLORD FOUNDATION** Employer identification number **73-1463569**

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					-5,401.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5	
6 Unused capital loss carryover (attach computation)				6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7	-5,401.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract 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					43,142.
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					
11 Enter gain from Form 4797, line 7 or 9				11	151.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15	43,293.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	37,892.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	37,892.

Note: If losses exceed gains, see Capital losses in the instructions.

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

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) appropriate for the 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, Schedule J, line 2, or the applicable line of your tax return	30	

Schedule D (Form 1120) 2016

Form

8949Department of the Treasury
Internal Revenue Service**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

2016Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.**73-1463569****E.L. AND THELMA GAYLORD FOUNDATION**

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

Part I Short-Term. Transactions involving capital assets you held 1 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 totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. 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 reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (C) Short-term transactions not reported to you on Form 1099-B

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	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PASSTHROUGH -							
	CIMARRON							
	HEALTHCARE							
	OPPORTUNITIES, L.P.							334

73-1463569

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

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).

☐ (F) Long-term transactions not reported to you on Form 1099-B