38	
	11
	-

) Form 990-T	Exempt Organization Bus			Tax Retu	rn	OMB N	0 1545-0687			
· ·	(and proxy tax und			047						
Force	For calendar year 2017 or other tax year beginning, and ending									
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.									
_ 	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 Only									
A Check box if address changed	Name of organization (
B Exempt under section Print							41701			
501(c)(3 U) or Type	I walliber, street, and room of suite no. If a r.o. but		structions.			elated busine instructions	ess activity codes)			
408(e)220(e)	0333 WARD ROAD, SUITE									
408A530(a) 529(a)	City or town, state or province, country, and ZIP of ARVADA, CO 80004	r foreigr 	n postal code		523	3000	531390			
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>								
1,881,184.					l(a) trust		Other trust			
H Describe the organization's prin	nary unrelated business activity.	SEE	STATEMENT .	<u> 11</u>						
-	rporation a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	•	· 🗀 Y	′es X] No			
	ntifying number of the parent corporation.									
J The books are in care of				hone number						
	ide or Business Income		(A) Income	(B) Expen	ses	 	(C) Net			
1a Gross receipts or sales			٠	ļ						
b Less returns and allowances		1c		ļ		}				
2 Cost of goods sold (Schedul	•	2								
3 Gross profit. Subtract line 2		3	931.	 		╂	931.			
4a Capital gain net income (atta	•	4a	931	<u> </u>		 	931.			
	Part II, line 17) (attach Form 4797)	4b		 		╁───				
c Capital loss deduction for tru		4c	744.			┼	744.			
` ' '	thips and S corporations (attach statement)	5		'		+	744.			
6 Rent income (Schedule C)7 Unrelated debt-financed inco	ome /Schedule E)	7		 		 				
	and rents from controlled organizations (Sch. F)	8		}	 -	}				
	tion 501(c)(7), (9), or (17) organization (Schedule G)			 		 				
10 Exploited exempt activity inc		10		 		†				
11 Advertising income (Schedul	•	11	,	 						
12 Other income (See instruction	-	12		<u> </u>						
13 Total. Combine lines 3 thro	•	13	1,675.	,		1	1,675.			
Part II Deductions N	ot Taken Elsewhere (See instructions for	r limita	tions on deductions)						
(Except for contrib	putions, deductions must be directly connected	with the	ne unrelated busines	s income)						
14 Compensation of officers, d	directors, and trustees (Schedule K)	Γ	RECENTE		14					
15 Saláries and wages			RECEIVEL)	15	<u> </u>				
16 Repairs and maintenance		וטו			16					
17 Bad debts		M	NUV 20 2018	IĞI	17	<u> </u>				
18 Interest (attach schedule)		<u></u>	NOV 20 2018	िश	18	 				
19 Taxes and licenses	L.		GDEN, UT		19	 				
	ee instructions for limitation rules)		1		20	 				
21 Depreciation (attach Form 4	•		21			-[
•	on Schedule A and elsewhere on return		22a		22b	 				
23 Depletion					23	 				
24 Contributions to deferred co	· ·				24	 				
25 Employee benefit programs26 Excess exempt expenses (S					25 26	 				
· · ·	,					 				
27 Excess readership costs (Sr28 Other deductions (attach sc	•				27	 				
29 Total deductions. Add lines	,				29	+	0.			
	income before net operating loss deduction. Subtrac-	t line 20	from line 13		30	 	1,675.			
	in (limited to the amount on line 30)	23		TEMENT 1		 	1,675.			
• •	income before specific deduction. Subtract line 31 fr	om line			32	†	0.			
	lly \$1,000, but see line 33 instructions for exceptions				33	1	1,000.			
· ·	e income. Subtract line 33 from line 32. If line 33 is	•	than line 32, enter the s	smaller of zero or	"	1				
line 32					34	<u> </u>	0.			
723701 01-22-18 LHA For Pape	erwork Reduction Act Notice, see instructions.		,	am II		Form	990-T (2017)			

Form 990-1	(2017) THE J. MARK GROSVENOR FOUNDATION 26-074	41701 Page 2
Part I	It Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation.	T
•	Controlled group members (sections 1561 and 1563) check here See instructions and:	
я	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
, -	(1) \$ (2) \$ (3) \$	1 1
	· · · · · · · · · · · · · · · · · · ·	
U		
_	(2) Additional 3% tax (not more than \$100,000)	35c 0.
	Income tax on the amount on line 34	35c 0.
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 0.
Part I		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4
þ	Other credits (see instructions)	4 1
C	General business credit. Attach Form 3800	_
· d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
e	Total credits. Add lines 41a through 41d	41e
42	Subtract line 41e from line 40	42 0.
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 0.
45 a	Payments: A 2016 overpayment credited to 2017	
b	2017 estimated tax payments]
C	Tax deposited with Form 8868	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 45d]
е	Backup withholding (see instructions) 45e	7
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f	7
	Other credits and payments: Form 2439	7
•	Form 4136 Other Total 45g	
46	Total payments. Add lines 45a through 45g	46
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 0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50
Part V		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	1 1 1 1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	·
	here	. 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?	- X
V.	If YES, see instructions for other forms the organization may have to file.	
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	1 1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	edge and belief, it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
Here		May the IRS discuss this return with
	Constitution //	he preparer shown below (see nstructions)? X Yes No
_	The state of the s	if PTIN
Paid	ALISON Township self-employed	
Prepa	-	P00233166
Use C	nly Firm's name ► MOSS ADAMS LLP Firm's EIN ►	91-0189318
	1999 BROADWAY STE 4000	202 200 200
	Firm's address ► DENVER, CO 80202 Phone no. 3	303-298-9600
		Form 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year			6		_
2 Purchases	2		7	Cost of goods sold. St		ine 6			_
3 Cost of labor	3	from line 5. Enter here a							
4a Additional section 263A costs		line 2					7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and 	Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)						,			
(3)									
(4)									
	2. Rent receiv	ed or accrued						<u> </u>	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percental property exceeds 50% or if ad on profit or income)	8e	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in ittach schedule)	
(1)									
(2)								- <u> </u>	
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> _	(0 .
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly cont to debt-finance	nected v ed prop	vith or allocable erty	
1. Description of debt-fir	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)			\vdash				 		
(2)									
(3)									_
(4)							1		_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or e	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%			\perp		
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				>	<u> </u>	0		(0.
Total dividends-received deductions in	icluded in column	8					$\cdot \Box$		0.
								Form 990-T /2/	017\

Form 990-T (2017)

Part II Income From Perio			Separ	ate Basis (For each	ch perio	dical listed	ın Pa	rt II, fill in	<u> </u>	ugo e
columns 2 through 7 on a	2. Gross advertising income	3. Dire		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation come	6. 1	Readership costs	7. Excess readers costs (column 6 m column 5, but not r than column 4)	inus more
(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 page 1, P line 11, co	ert I,	l E					Enter here and on page 1, Part II, line 27	i
Totals, Part II (lines 1-5)	0.		0.							0.
Schedule K - Compensation	n of Officers, [Directors	, and	Trustees (see in:	structio	ns)				
1. Name				2. Title		3. Percent time devote business	d to		ensation attributable related business	
(1)							_%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, II	ne 14						$\overline{\blacksquare}$			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNI	RELATED STATEMENT 11
•	BUSINESS ACTIVITY	

PARTNERSHIP INVESTMENTS IN EQUITY FUNDS AND OIL AND GAS

TO FORM 990-T, PAGE 1

FORM 990-T	ORM 990-T NET OPERATING LOSS		NG LOSS	DEDUCTI	ON	STATEMENT 12	
TAX YEAR LOSS SUSTAINED		PREVI			OSS AINING	AVAILABLE THIS YEAR	
12/31/16	11,453.		0.	11,453.		11,453.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR			11,453.	11,453.	
FORM 990-T	INCO	ME (LOSS) FROM P	ARTNERS	HIPS	STATEMENT 13	
PARTNERSHIP	NAME		GROSS	INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
NATURAL GAS	PARTNERS VIII			216.	227.	-11	
	K REAL ESTATE FUN			78.	60.	18	
	S PRIVATE EQUITY			170.	1.	169	
	S PRIVATE EQUITY TURAL RESOURCES F			-352.	29.	-381	
MONTEZUMA F	· · · · · · · · · · · · · · · · · · ·	OND III		1,395. 29.	475. 0.	920 29	
TOTAL TO FORM 990-T, PAGE 1, LINE 5				1,536.	792.	744	

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE J. MARK GROSVE		26-0741701			
Part I Short-Term Capital Ga	ins and Losses - As	sets 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 (seles price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9,	(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					-400.
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	<u> </u>	<u> </u>	<u> </u>		<u> </u>
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37	-	4_	·
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5_	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin				7_	-400.
Part II Long-Term Capital Gai	ns and Losses - Ass	sets Held More Thai	n 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 gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (a) 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	<u></u>				-92.
9 Totals for all transactions reported on		1			
Form(s) 8949 with Box E checked	ļ		<u> </u>		<u> </u>
10 Totals for all transactions reported on	Ï				
Form(s) 8949 with Box F checked		<u> </u>	<u> </u>		
11 Enter gain from Form 4797, line 7 or 9				11_	1,423.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	37		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824	•		13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		nn h		15	1,331.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (III				16_	
17 Net capital gain. Enter excess of net long-tern	n capital gain (line 15) over no	et short-term capital loss (line	(7)	17	931.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	roper line on other returns. If	the corporation		
has qualified timber gain, also complete Part				18	931.
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

THE C. MERCE GRODVENOR TOOMER	11011	<u> </u>	raye z
Part IV Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete P	art IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	ons	· · · · · · · · · · · · · · · · · · ·
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	<u>-</u>	
22 Multiply line 21 by 23.8% (0.238)	1 1	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) ap	propriate 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		1
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) ap	propriate for the		
return with which Schedule D (Form 1120) is being filed		29	
${f 30}$ Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the	1 1	
applicable line of your tax return		30	
		Schedule D (Forn	n 1120) 2017

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2017

Name(s) shown on return

Social security number or taxpayer identification no.

						taxpayer i	dentification no.
THE J. MARK GROSVENOR FOUNDATION							741701
Before you check Box A, B, statement will have the sam broker and may even tell you	e information as Form 1	r you received an 099-B Either will	y Form(s) 1099-B o show whether you	or substitute staten ir basis (usually you	nent(s) from yer r cost) was re	our broker A su ported to the IF	bstitute IS by your
Part I Short-Term. Note: You may ag	Transactions involving gregate all short-term transfile. Enter the totals directly or	actions reported on	Form(s) 1099 B shov	ving basis was reporte	d to the IRS ar	nd for which no ac	justments or
(B) Short-term transaction		ne or more of the boxe (s) 1099-B showir (s) 1099-B showir	s, complete as many for ng basis was repoi ng basis wasn't re	ms with the same box che ted to the IRS (see	cked as you need	1	each applicable box.
1 (a) Description of propei (Example 100 sh. XYZ			(d) Proceeds (sales price)	Cost or other loss.		if any, to gain or enter an amount), enter a code in ee instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
ST GAIN/LOSS F	ROM	† 		 		<u>uojuotino</u>	
PASSTHROUGH		 		 			<400.>
		 		 			
		 		 	 		
		 	 	 	 		
		 		 	 		
	-	1					
				 			
2 Totals. Add the amount	ts in columns (d), (e), (g)	and (h) (subtract					
negative amounts). Ente	er each total here and in	clude on your					
Schedule D, line 1b (if I	Box A above is checked), line 2 (if Box B	1		}		
above is checked), or I	ine 3 (if Box C above is	checked)					<400.

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.

Form 8949 (2017)

Name(s) shown on return Name and		ity number or ntification no.					
THE J. MARK GR	OSVENOR	FOUNDATIO	NC.			26-0	741701
Before you check Box D, E, or F belo statement will have the same informa- broker and may even tell you which	ation as Form 10	you received any 99-B Either will :	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re	our broker A su ported to the If	bstitute IS by your
Part II Long-Term. Transact Note: You may aggregate al codes are required Enter the	tions involving ca I long-term transact	tions reported on F	orm(s) 1099-B show	ring basis was reporter	d to the IRS and	d for which no adj	ustments or
You must check Box D, E, or F below. (If you have more long-term transactions than will X (D) Long-term transactions rep	fit on this page for one ported on Form(s ported on Form(s	or more of the boxes i) 1099-B showin) 1099-B showin	, complete as many form g basis was repoi g basis wasn't re	ns with the same box chearted to the IRS (see	ked as you need		each applicable box.
(F) Long-term transactions no	1			1 /,	Adjustment i	f any, to gain or	
Description of property (Example 100 sh. XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If you on the second sec	enter an amount enter a code in ee instructions.	Gain or (loss). Subtract column (e)
		(Mo , day, yr)	1	Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
LT GAIN/LOSS FROM				T			
PASSTHROUGH				Ţ			<92.
•							
	L	<u> </u>					
	,						
		<u></u>					
				<u> </u>	LL		
				<u> </u>			
				<u> </u>			
				<u> </u>	l l _		
					L		L
	L	<u> </u>					
2 Totals. Add the amounts in colunegative amounts) Enter each to			I				

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) 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

723012 11-02-17

Form 8949 (2017)

<92.>