Form <b>990-T</b>	l E	Exempt Orga	nization Bus	sine	ss Income T	ax Returr	n	OMB No 1545-0687
77		' (a	nd proxy tax und	er se	ction 6033(e))	12	ral	2047
•	For ca	lendar year 2017 or other tax ye	ar beginning OCT 1, 20	17	and ending SEP	30, 2018	<u> </u>	<b>2017</b>
Department of the Treasury Internal Revenue Service		► Go to www Do not enter SSN numbe	irs gov/Form990T for in					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (	•			2.011 10 2 00 1(0)(0)	DEmpl	loyer identification number
address changed		_ , ,					instru	uctions)
B Exempt under section	Print   or	Energy Outreach (						4-2543881 lated business activity codes
x 501(c 102 ) 408(e) 220(e)	Туре	Number, street, and room		x, see in	structions.			instructions)
		225 E 16th Ave, 1 City or town, state or pro		r forma	a noctal code		┨	
408A 530(a) 529(a)		Denver, CO 8020		i ioreigi	i postai code		5230	00
C Book value of all assets at end of year	•	F Group exemption num	ber (See instructions )	<b>&gt;</b>				
23,186						401(a	) trust	Other trust
H Describe the organization	n's prim	ary unrelated business act	vity.   Investment	in 1:	imited partnershi	p.		
•		poration a subsidiary in an		nt-subsi	diary controlled group?	<b>▶</b>	Y	es <u>x</u> No
		tifying number of the parer	nt corporation.			<del></del>		
J The books are in care of								25-8750 (C) No.
		de or Business Inc	come	<del>,  </del>	(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale			a Dalaman					
b Less returns and allow		A line 7)	c Balance	1c 2				
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>		•		3		<del></del>		<del>                                     </del>
4 - 0				4a	42,170.			42,170.
', '	•	Part II, line 17) (attach Forn	1 4797)	4b	,			,
c Capital loss deduction			,	4c				
•		nips and S corporations (at	tach statement)	5	11,713.	Stmt 1		11,713.
6 Rent income (Schedu			•	6				
7 Unrelated debt-finance		me (Schedule E)		7				
8 Interest, annuities, ro	yaltıes, a	and rents from controlled o	rganizations (Sch. F)	8				
9 Investment income of	f a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt acti	vity inco	ome (Schedule I)		10				
11 Advertising income (S		•		11		•		
12 Other income (See in		•		12	52 002			52 002
13 Total. Combine lines Part II Deduction		<sub>ign 12</sub> ot Taken Elsewhe	re (Coo instructions fo	13	53,883.		-	53,883.
		utions, deductions mus				s income )		
14 Compensation of off	ficers, di	rectors, and trustees (Sch	edule K)		· -··		14	
15 Salaries and wages	•		·				15	
16 Repairs and mainter	ance						16	
17 Bad debts							17	
18 Interest (attach sche	dule)						18	ļ
19 Taxes and licenses				_			19	
		e instructions for limitation	rules) See Statem	ent 4	See Statemen	t 2	20	2,622.
21 Depreciation (attach		•			21			.}
	aimed o	n Schedule A and elsewher	e on return		REC		22b 7 23	
<ul><li>23 Depletion</li><li>24 Contributions to def</li></ul>	orrad ca	mnanestion nlane	,		LILL	EIVED	24	<del> </del>
25 Employee benefit pr		impensation plans			ISI MAD A			<del>                                     </del>
26 Excess exempt expe		chedule I)			MIAK U	5 2019	26	
27 Excess readership c	•	•					27	
28 Other deductions (at	•	•			Lsee QGD	N IIT	28	5,421.
29 Total deductions. A		•					29	8,043.
		ncome before net operatin	g loss deduction. Subtrac	ct line 29	from line 13		30	45,840.
31 Net operating loss d	eduction	n (limited to the amount on	line 30)		See Statemen	t 5	31	21,244.
		ncome before specific ded			30		32	24,596.
		y \$1,000, but see line 33 ir					33	1,000.
	taxable	income. Subtract line 33	from line 32. If line 33 is	greater :	than line 32, enter the sm	naller of zero of	/	
line 32		and budget Ask M	inchurchi			50	14	23,596. Form <b>990-T</b> (2017)
723701 01-22-18 LHA F	or Panel	rwark Keniictian Act Natic	e seeinstructions					FULLI <b>35U-i</b> (2017)

Part I	II 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 See Statement 6		35c	4	,598,
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	44	40	4	,598.
Part I					,
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a				
b	Other credits (see instructions) 41b		1		
C	General business credit. Attach Form 3800 41c		1 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1 1		
	Total credits Add lines 41a through 41d		4¶e		
42	Subtract line 41e from line 40	1	42	4	,598.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	adule) —	43		,
44	Total tax Add lines 42 and 43	49	)44	4	.598.
	$r \sim t_1$	924.	<del>                                     </del>		, , , , , ,
	2017 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations. Tax paid or withheld at source (see instructions)  45d	-	1		
	Backup withholding (see instructions)  45e				
	Credit for small employer health insurance premiums (Attach Form 8941)  45f				
	Other credits and payments: Form 2439	+	1		
y	Form 4136, Other Total • 45g				
46	Total payments. Add lines 45a through 45g	ᆔ		2	,924.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	ムン	46		45.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	24	548		,719.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<del>/ 1.</del> /		, /13.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		49 50		
Part \			30 1		
	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			163	110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			ł	
	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
J.	If YES, see instructions for other forms the organization may have to file	•		-	<del>  ^-</del> -
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			-	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of r	ny knov	ledge and belief	t is true	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here	02/28/2019 Executive Director		y the IRS discuss		with
	Signature of officer Date Title		preparer shown b tructions)?	· —	7 No
		_	<del></del>	. 63	_ 14U
			FIIN		
Paid	self- empl	uyea	D013630	12	
Prepa	Territoria Novada and Cardan Cardan Cardan	INI N	P013639	: J	
Use C	Firm's name ► Kundinger, Corder & Engle D.C. Firm's El	IN P			
		0 /7	.031 534 50	53	
	Phone n	J. (3	03) 534-59	J J	

Schedule A - Cost of Good	<b>Is Sold.</b> Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract l	ine 6			
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		_ 8	Do the rules of section		•		Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					ļ	
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?			,		Щ_
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	(y) 	
1 Description of property									
(1)				-					
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	CODDA	cted with the income	(B
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for p	personal	conal property (if the percent property exceeds 50% or if sed on profit or income)	age	columns 2(a) ar	nd 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)				•					
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		nter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated De	bt-Financed	<b>l Income</b> (see	ınstru	ictions)					
			2	Gross income from or allocable to debt-		3 Deductions directly con to debt-finance		perty	
1 Description of debt-f	inanced property	,		financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)	
(1)			Ì		1		1		
(2)		•	1 -	· · · · · · · · · · · · · · · · · · ·					
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	€	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)			1	%			1		
(2)				%			$\Box$		
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on paç Part I, line 7, column	
Totals				<b>&gt;</b>		O	ا.ر		0.
Total dividends-received deductions	ncluded in columi	n 8		•		<b>•</b>	.		0.

· <del></del>				Exempt (	Controlled O	rganizatio	ons				
1 Name of controlled organiz	zation	identif	ployer loation liber	3. Net unr (loss) (see	elated income instructions)	4 Tota payn	al of specified nents made •	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nızatıons								•		
7. Taxable Income		unrelated incor see instruction		9 Total	of specified pay made	ments	10. Part of column the controllogross		ization's		ductions directly connected i income in column 10
(1)											
(2)						T					
(3)								-		-	
(4)											· ·
Tabela							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, tine 8, column (B)
Totals Schedule G - Investm	ent Inco	me of a	Section	n 501(c)(	7). (9). or	(17) Or	ganization	`			0
	structions)			(.)(	.,, (-),	(, 0.	ga <u>_</u>	•			
<b>1</b> De	scription of inco	ome			2 Amount of	income	3 Deduction directly connect (attach scheduler)	cted	4 Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)	<del></del>	-									
(2)				•							
(3)					1	i					
(4)						i					
Totals					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited	d Exempt	t Activity	y Incom	ne, Othe	r Than Ac		ng Income	<del>-</del>			
1 Description of exploited activity	2. ( unrelated incom	Gross d business ne from business	directly with pr of un	spenses connected roduction related ss income	4. Net incor from unrelated business (comminus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity to is not unrelate 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)											
(3)	· · · · · · · · · · · · · · · · · · ·		<u> </u>								
(4)	<del> </del>				<u> </u>						1
	page 1	are and on 1, Part I, , col (A)	page	are and on 1, Part I, , col (B)			<del></del>			_	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	eina Inco	0.	netrictic	0.	L						0
Part I Income From					solidated	Basis	<del></del>				
1. Name of periodical		2 Gross advertising income	adv	3 Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput arough 7	5. Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			ļ. <u>.</u> .								
(3)			<u> </u>		_						
(4)			-					$\longrightarrow$			
Totals (carry to Part II, line (5))	<b>•</b>		0.	. (	o .[						000 T (001)
									•		Form <b>990-T</b> (201)

## 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)		_					<u> </u>
Totals from Part I	▶	0.	0.		•	<del></del>	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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form **990-T** (2017)

	oss) from Partnerships S Corporations	Statement	1
Description		Amount	
Lighthouse Global Long/Short	Fund, L.P., ordinary income	11,	,713.
Total to Form 990-T, Page 1,	line 5	11,	,713.
Form 990-T	Contributions .	Statement	2
Description/Kind of Property	Method Üsed to Determine FMV	Amount	
Contributions for energy assistance	N/A	7,735	,879.
Total to Form 990-T, Page 1,	line 20	7,735	,879.
Form 990-T	Other Deductions	Statement	3
Description		Amount	
Tax return preparation fees Investment management fees			,053. ,368.
Total to Form 990-T, Page 1,	line 28	5	,421.

Form 990-T		Contributions Summary		Statement	4
Qualified Co	ontributions Sub	oject to 100% Limit			
Carryover o	f Prior Years Un	nused Contributions			
For Tax Y	ear 2012	9,592,646			
For Tax Y	ear 2013	10,813,297			
For Tax Y	ear 2014	10,553,684			
For Tax Y	ear 2015	9,645,303			
For Tax Y	ear 2016	8,042,999			
Total Carry	over nt Year 10% Cont	ributions	48,647,929 7,735,879		
	ibutions Availab ome Limitation a		56,383,808 2,622		
	Contributions Contributions	· ·	56,381,186		
Total Exces	s Contributions		56,381,186		
Allowable Co	ontributions Dec	luction —		2,	622
Total Contr	ibution Deductio	on		2,0	622

Form 990-T	Net	Operati	ng Loss D	eduction	Statement
Tax Year	Loss Sustained	Lo: Previo		Loss Remaining .	Available This Year
09/30/16 09/30/17	8,944. 12,300.		0.	8,944. 12,300.	8,944. 12,300.
NOL Carryov	ver Available This	Year		21,244.	21,244.

Form	990-T Line 35c Tax Computat	ion		Statement	6
1.	Taxable Income		23,596		
2.	Lesser of Line 1 or First Bracket Amount		23,596		
3.	Line 1 Less Line 2		. 0		
4.	Lesser of Line 3 or Second Bracket Amoun	it	0		
5.	Line 3 Less Line 4		0		
6.	Income Subject to 34% Tax Rate		0		
7.	Income Subject to 35% Tax Rate		0		
8.	15 Percent of Line 2		3,539		
9.	25 Percent of Line 4		0		
10.	34 Percent of Line 6		0		
11.	35 Percent of Line 7		0		
12.	Additional 5% Surtax		0		
13.	Additional 3% Surtax		0		
14.	Total Income Tax			3,	539
	•		=		
15.	Tax at 21% Rate effective after 12/31/20	17	4,955		
		Days			
16. 17.	Tax Prorated for Number of Days in 2017 Tax Prorated for Number of Days in 2018	92 273	892 3,706		
18.	Total Tax Prorated	365		4,	598

## SCHEDULE D (Form 1120)

Department of the Treasure Internal Revenue Service

Energy Outreach Colorado

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 20-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 1120-ND, 1120-PC, 1120-POL ► Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

74-2543881

Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I See instructions for how to figure the amounts (0) 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 ombine the result with column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars (sales price) (or other basis) 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 2 Totals for all transactions reported on

Form(s) 8949 with Box B checked 42,445. 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 6 Unused capital loss carryover (attach computation)

6 275. See Statement 7 42,170. 7

5

7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h-Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (e) Cost (or other basis) (d) (9) 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 ombine the result with column (g) to enter on the lines below. Proceeds sales price) This form may be easier to complete if you round off cents to whole dollars 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 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 11 11 Enter gain from Form 4797, line 7 or 9 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 42,170. 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)

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

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

17 18 42,170.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120 JWA

Schedule D (Form 1120) 2017

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)) 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line 20 of your tax return 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 22 22 Multiply line 21 by 23.8% (0.238) 23 Subtract line 17 from line 20 If zero or less, enter -0-24 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 26 Subtract line 25 from line 20. If zero or less, enter -0-27 27 Multiply line 26 by 35% (0 35) 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 29 return with which Schedule D (Form 1120) is being filed 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 Schedule D (Form 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** 

Attachment Sequence No 12A

Name(s) shown on return

Energy Outreach Colorado

Social security number or taxpayer identification no.

74-2543881

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

broker and may even tell you which		SS B ERTIEF WIII	snow whether you	ar basis (asaany you	37 0031) W	з теропеа то тте	
Part I Short-Term. Transac Note: You may aggregate a	II short-term transa	ctions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the IF	RS and for which no	adjustments or
codes are required. Enter the	e totals directly on	Schedule D, line 1	a, you aren't require	d to report these tran	sactions on	Form 8949 (see inst	ructions)
You must check Box A, B, or C below. If you have more short-term transactions than w  (A) Short-term transactions re  (B) Short-term transactions re	vill fit on this page for o eported on Form(	one or more of the box s) 1099-B showii	es, complete as many f ng basis was repo	orms with the same box orted to the IRS (se	checked as yo	ou need	or each applicable box
(C) Short-term transactions no		•	•	.,			
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)		(e) Cost or other basis See the Note below and	Cost or other basis See the Note below and		Gain or (loss). Subtract column (e from column (d) &
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
Lighthouse Global						aujustinent	
Long/Short Fund, L.P.	<del> </del>						42,445.
	1						
				İ			
-							
-,							
			•				
				ļ		•	
	ļ						
	<u> </u>			<u> </u>		·	
	ļ	<u> </u>					
	ļ	<del>-</del>					
	<del> </del>			-			
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2 Totals. Add the amounts in colunegative amounts) Enter each of Schedule D, line 1b (if Box A at a column and the column a	total here and incoove is checked)	lude on your line 2 (If Box B					
above is checked), or line 3 (if	Hox C above is c	necked)	ľ	1			42,445.

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