CANNED APR 29 2021

,	*	Amended Retu	ırn	*	is	210		
	·	Exampt Arganization Rusin	2000	Incomo T	oy Potus	"	OMB No 1545-06	387
Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
romi • •	l	• • •				. 10	2018	}
D		endar year 2018 or other tax year beginning 09 Go to www.irs.gov/Form9907 for insti				!		
Department of the Internal Revenue		not enter SSN numbers on this form as it may b				01(c)(3).	pen to Public Inspec i01(c)(3) Organization	tion for is Only
A Check bo	ox if	Name of organization (Check box if name ch				D Emplo	yer identification nu	
B Exempt under		POLK BROS FOUNDATION, INC				(Employ	yees' trust, see instruc	tions.)
 ✓ 501(C)(3) or	Number, street, and room or suite no. If a P.O. bo	x, see ins	structions		E 11:	36-6108293 ted business activity	
	220(e) Type	20 W KINZIE ST , 1110					structions)	code
	☐ 530(a)	City or town, state or province, country, and ZIP of CHICAGO, IL 60654-5815	or toreign	postal code			900003	
529(a) C Book yalue of at end of year	all assets F G	roup exemption number (See instructions	s) •				300003	
at end of year 331	1.870.209 G C	heck organization type ► ✓ 501(c) cor		n 501	(c) trust [401(a) t	rust	r trust
		organization's unrelated trades or busines			Descri	be the only	y (or first) unrela	ted
		PASSIVE INVESTMENT IN VARIOUS PARTNERSHIP						
	•	at the end of the previous sentence, co	mplete	Parts I and II,	complete a	Schedule	M for each add	itional
		complete Parts III-V.						
		ne corporation a subsidiary in an affiliated gro			ary controlled	group? .	. ► ∐ Yes ☑] No
		and identifying number of the parent cor	poratio		anhono numb		(312) 527-468	1
		POLK BROS FOUNDATION de or Business Income	-	(A) Income	ephone numb	Expenses	(C) Net	-/-
	receipts or sa			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\		 	
	eturns and allowand	··· ———————	1c	0				
		Schedule A, line 7)	2	0			-1	
		et line 2 from line 1c (. 7	3	0			0	
4a Capit	al gain net inco	me (attach Schedule D)	4a	91,536			91,536	
b Netg	aın (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b	0		+		
	al loss deduction		4c	0			0	+
		rtnership or an S corporation (attach statement		(650,937)			(650,937)	
	income (Sched		6	0	-A	0	0	
		ced income (Schedule E)	7 F) 8	0		0	- 0	+
	•	s, and rents from a controlled organization (Schedule F ection 501(c)(7), (9), or (17) organization (Schedule G	′——			- 6	0	
		tivity income (Schedule I)	10			0	1 0	
	rtising income (11	0		0	0	
	•	structions; attach schedule)	12/	0			0	
13 Total	. Combine lines	s 3 through 12	/ 3	(559,401)		0	(559,401)	
		t Taken Elsewhere (See instructions for				cept for c	ontributions,	
de	eductions mus	t be directly connected with the unrela-	ted bu	siness income	9.)			
		icers, directors, and trustees (Schedule K				. 14		+
	es and wages	ance				· 10	-	
16 Repair17 Bad of						17	-	
		dule) (see instructions)				. 18	<u> </u>	
	•					. 19	435	
		ons (See instructions for limitation rules)				. 20	0	
	eciation (attach							
		aimed on Schedule A and elsewhere on r		. 22a	(22		-
•		<i>[</i>	·R	ECEIVE	$\mathbf{D} \cdot \cdot \cdot \cdot$. 2		
		erred compensation plans	• -		- ၂ ဗ္ဗါ · ·	. 24		+
25 Emplo	byee benefit pro	ograms	2 · ·	AN 2 0 202	١ - ١١ - ١	. 2		+
26 Exces	ss exempt expe	enses (Schedule I)	. راو	· · · · · · · · · · · · · · · · · · ·	하다	. 20		+
		osts (Schedule J)		CDEN 1	<u>-</u>	. 2	<u> </u>	+
		dd lines 14 through 28	_	GDEN, U		29		-
		axable income before net operating loss d		on. Subtract lin	e 29 from line			
31 Deduc	ction for net ope	rating loss arising in tax years beginning on	or after	January 1, 201	8 (see instruct	ions) 3	1	
		axable income. Subtract line 31 from line					2 (594,836)	

Polk Bros: Foundation, Inc. 36-6108293

Form **990-T** (2018

For Paperwork Reduction Act Notice, see instructions.

orm 990)-T (2018)								P	age 2
Part I		otal Unrelated Business Taxable	Income			-~				
	Total of	unrelated business taxable income	computed from all	unrelated trade	es or	businesses (se	е	T		
		ons)					33		0	
34	Amoun	s paid for disallowed fringes					34			
35	Deduct	on for net operating loss arising it	n tax years begin	ning before J	anuar	y 1, 2018 (se	e 35		0	
36	Total of	unrelated business taxable income b	efore specific dedu	ction. Subtrac	t line (35 from the sur	n 🗀			
		33 and 34					36		0	_
37	Specific	deduction (Generally \$1,000, but see	line 37 instructions	s for exception	s) .		37		0	
38	Unrela	ed business taxable income. Subtra	act line 37 from line	36. If line 37 i	s grea	ter than line 36	3,			
		e smaller of zero or line 36		<u> </u>	<u> </u>	<u> </u>	38		0	
Part I	VT	x Computation								
39		zations Taxable as Corporations. M							0	
40		Taxable at Trust Rates. See						_		
		ount on line 38 from. Tax rate sche					40		-	
41	Proxy t	ax. See instructions				•	41	\rightarrow		
42		ive minimum tax (trusts only)					43	+		
43		Noncompliant Facility Income. See Add lines 41, 42, and 43 to line 39 or 4					44	+	0	
44 Part	_	ax and Payments	o, willcriever applie		····	<u> </u>				
		tax credit (corporations attach Form 111	8: trusts attach Form	1116)	45a			T		
b		redits (see instructions)			45b					
		business credit. Attach Form 3800 (s			45c					
		or prior year minimum tax (attach For		1-11	45d			_		
е	Total c	redits. Add lines 45a through 45d .	/ ////	(t.)		-	450	е	0	
46	Subtrac	t line 45e from line 44	· · · · · · · · · · · · · · · · · · ·	' .'			46	<u> </u>	0	
47		tes Check if from							0	
48	Total ta	ax. Add lines 46 and 47 (see instruction	ns)				48	+	0	
49		et 965 tax liability paid from Form 965					49			
		nts: A 2017 overpayment credited to 2				31,067				
b		stimated tax payments			50b	0				
C		posited with Form 8868			50c					
d	_	organizations: Tax paid or withheld a	t source (see instru		50e					
e f		withholding (see instructions) . or small employer health insurance pi			50f		_			
ď		redits, adjustments, and payments:	•	111 05417 .	Ť					
3	☐ Form			0 Total ▶	50g	اه	ļ		l	
51		ayments. Add lines 50a through 50g					51	_	31,067	
52		ed tax penalty (see instructions). Che	ck if Form 2220 is a	ttached		▶		2		
53	Tax du	e. If line 51 is less than the total of line	es 48, 49, and 52, e	nter amount o	wed	1	▶ 53		0	
54	•	yment. If line 51 is larger than the tot				•	► \ () 54		31,067	
5 5		amount of line 54 you want Credited to				Refunded	5 5	5	0	
Part \		atements Regarding Certain Ac							Ves	No
56	At any	time during the 2018 calendar year, d	id the organization	have an intere	st in o	r a signature o	r other	author	ity Yes	No
		inancial account (bank, securities, or Form 114, Report of Foreign Bank a								
	here >	Form 114, Report of Foreign Bank a	nu Financiai Accou	111.5. 11 165, 6	iiitei ti	ne name or me	loreigi	Coun	"	
57		ne tax year, did the organization receive a	distribution from or a	was it the grants	or of o	r transferor to a	foreion	tnist?		→
57		ne tax year, did the organization receive a " see instructions for other forms the			,, OI, O	i tidiisieloi lo, d	Jorengii	uust.	.	-
58		e amount of tax-exempt interest rece	•		ar ▶	\$			0	
50	Under	penalties of perjury, I declare that I have examined	this return, including acco	mpanying schedules	s and st	atements, and to the		ny know!		ief, it is
Sign		prect, and complete Declaration of preparer (other					ige -		discuss this	
Here) /	4.1/Y	12/8/11	CEO			with	the pre	parer shown	below
		ire of officer	Date	Title			Liset	anstruction	ons)? [/Yes	
Paid	•	Print/Type preparer's name	Preparer's signature	101		Date	Check		PTIN	
Drop.	ror	KIM HAUMANN	1 Franky	u. Tyan	_	12/15/20	self-em		P00546	491

38-1357951

(312) 207-1040

Preparer

Use Only

10 S RIVERSIDE PLAZA, 9TH FLOOR, CHICAGO, IL 60606

PLANTË MORAN, PLLC

Firm's EIN ▶

Phone no

%

%

Enter here and on page 1,

Part I, line 7, column (A).

0 Form **990-T** (2018)

0

Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

(3)

(4)

Sche	edule F-Interest, Ann	uities,	Royalties,					anizations (se	e instruc	ctions)	
				Exe	mpt C	ontrolled	Organizations				
	Name of controlled organization		Employer cation number			ted income structions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	ontrolling	conne	ductions directly ected with income in column 5
(1)											
(2)											
(3)											
(4)											·
None	xempt Controlled Organi	zations									
	7. Taxable Income		Net unrelated inc ess) (see instruct				ital of specified iments made	10. Part of colum included in the corganization's gro	ontrolling	connec	eductions directly sted with income in column 10
(1)											
(2)											
(3)											
(4)											
Total	•							Add columns 5 Enter here and c Part I, line 8, co	n page 1, lumn (A)	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)
	edule G-Investment	ncom	e of a Sect	ion '	501/0	1(7) (9)	or (17) Organi	zation (see inst			
<u>JUIN</u>	1. Description of income		2. Amount of			3. direc	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	s	5. To and s	otal deductions et-asides (col. 3 olus col. 4)
(1)						<u> </u>	,				
(2)											
(3)					_						
(4)											
Total	s	•	Enter here and Part I, line 9, c	olum	in (A) 0	1	Advertising In	come (see inst	ructions	Part I, III	re and on page 1, ne 9, column (B)
	Description of exploited activ		2. Gross unrelated business inco from trade of business	me	3. Ex dii conne prodi unr	epenses rectly ected with uction of related ss 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. Exp	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	- 1.										
(2)											
(3)											
(4) Total	s	▶	Enter here and page 1, Part line 10, col (a	1,	page	ere and on 1, Part I,), col (B)			<u> </u>		Enter here and on page 1, Part II, line 26
Sch	edule J-Advertising										
Pai						Consoli	dated Basis				
	1. Name of penodical		2. Gross advertising income			Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)]]
(4)											
Total	s (carry to Part II, line (5))	. ▶		0		0	0		<u> </u>		0
											orm 990-T (2018)

(2)

(3)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Period 2 through 7 on a line		l on a Separat	e Basis (For ea	ach periodical l	sted in Part I	l, fill in columns
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)	1					
Totals from Part I	• 0	. 0	3			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)	4) *		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	• o	0				0
Schedule K-Compensation of	Officers, Direc	ctors, and Tru	stees (see instru	ictions)		
1. Name			2. Title	3. Percent of time devoted to business	time devoted to	

Form **990-T** (2018)

0

%

%

% %

•

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.

2018

Employer identification number

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

OMB No 1545-0123

POLK BROS. FOUNDATION, INC. 36-6108293 Short-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) Subtract column (e) from or loss from Form(s) Proceeds Cost 8949. Part I. line 2. column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 12,289 0 12,289 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 0) 12.289 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from **Proceeds** Cost 8949. Part II. line 2. column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) 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 line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 79 247 79,247 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 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 (see instructions) 14 79.247 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 12,289 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 79,247 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 91,536 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Note: If losses exceed gains, see Capital losses in the instructions.

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

Cat No 11460M

Schedule D (Form 1120) 2018

POLK BROS. FOUNDATION, INC. FEIN 36-6108293 FORM 990-T 8/31/19

TAXPAYER IS AMENDING THE FORM 990-T TO ATTACH ADDITIONAL FORMS 8865 – RETURN OF US PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS – AND ADDITIONAL FORMS 926 – RETURN BY A US TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION.

NO AMOUNTS, OR LINES, ON THE FORM 990-T WERE CHANGED OR AMENDED.

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) ABBOTT CAPITAL PRIVATE EQUITY FUND IV LP	06-1623810	18,020
(2) ABBOTT CAPITAL PRIVATE EQUITY FUND V, L P	20-2896577	44,384
(3) ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L P	26-2293853	5,258
(4) ABBOTT CAPITAL PRIVATE EQUITY FUND VII, L P	80-0915207	-11,488
(5) ACCOLADE PARTNERS VI, L P	30-0955351	-55,159
(6) ADAMAS PARTNERS, L P	04-3514358	21,528
(7) AVANTI STRATEGIC LAND INVESTORS III (ACTIVE), L P REGISTERED L L L P	59-3501318	564,896
(8) AVANTI STRATEGIC LAND INVESTORS IV (ACTIVE) L P , REGISTERED L L L P	59-3711076	-38,706
(9) DENHAM COMMODITY PARTNERS FUND V LP	26-1710058	-56,335
(10) DENHAM COMMODITY PARTNERS FUND VI	45-2488628	-49,646
(11) ENCAP ENERGY CAPITAL FUND IX, LP	80-0860738	-356,920
(12) ENCAP ENERGY CAPITAL FUND X, LP	47-2732735	-652,576
(13) ENCAP ENERGY CAPITAL FUND XI, LP	81-4648210	-34,948
(14) GEM REALTY FUND III, LP	20-2672013	-8
(15) GEM REALTY FUND VI, L P	81-1897552	-132
(16) MADISON DEARBORN CAPITAL PARTNERS VII-A, LP	47-1687935	-18,117
(17) MADISON DEARBORN CAPITAL PARTNERS VII-B, L P	47-1687979	-32,756
(18) MHR INSTITUTIONAL PARTNERS IV LP	37-1657999	-5,562
(19) MHR IV -ARCHWAY IV HOLDINGS LP	37-1850118	17,080
(20) MHRIV-IP IV DARLINGTON CARRY LP	82-4060040	6,318
(21) MHRIV-IP IV MORTGAGES CARRY LP	61-1745208	-170,364
(22) OCH-ZIFF REAL ESTATE TE FUND, L P	20-1713851	184,241
(23) RAINE II - AIV, 1 LP	46-4640986	-25,867
(24) RAINE PARTNERS III-AIV 1 LP	98-1457276	-6,503
(25) TIFF PARTNERS III, LLC	58-2426874	-63
(26) TIFF PARTNERS V-INTERNATIONAL, LLC	56-2384596	-10
(27) TIFF PARTNERS V-US, LLC	56-2384591	20,643
(28) TIFF PRIVATE EQUITY PARTNERS 2005, LLC	20-2619423	-119
(29) TIFF PRIVATE EQUITY PARTNERS 2006, LLC	13-4312397	3
(30) TIFF PRIVATE EQUITY PARTNERS 2008, LLC	26-0724017	
(31) WALTON STREET REAL ESTATE FUND IV, L P	06-1655327	-809
(32) WALTON STREET REAL ESTATE FUND V, L P	20-3719884	19,315
(33) WALTON STREET REAL ESTATE FUND VI, L P	26-0191265	14,596
	Total for Part I, Line 5	-650,937

Form	990T	Part II	Line 20

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2011	90,113,688	34,072			90,079,616	
2012	21,691,980			,	21,691,980	
2013	21,120,707				21,120,707	
2015	132,797,093				132,797,093	
2016	27,759,335				27,759,335	
2017	27,932,834				27,932,834	
2018	27,747,580				27,747,580	
Totals	349,163,217	34,072	0	0	349,129,145	

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service

▶ 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
POLK BROS FOUNDATION, INC
Social security number or taxpayer identification number
36-6108293

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). 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)

continue reported on Form(s) 1000-P showing basis wasn't reported to the IRS

✓ (C) Short-term transactions	•		_	sis wasii t report	ed to the in	10	
1 (a) Description of property	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo., day, yr)	(sales price)	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)				and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS FROM INVESTMENTS	VARIOUS	VARIOUS	12,289	0			12,289
SHORT-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS							
		_					
							
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked) or line 2 (if Box	al here and inc e is checked), li i	lude on your ne 2 (if Box B	12,289				12,289

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat No 37768Z

Form **8949** (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side POLK BROS FOUNDATION, INC

Social security number or taxpayer identification number 36-6108293

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.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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
Г	(F) Long-term transactions reported on Form(s	1099-B showing basis wasn't reported to the IRS

(F) Long-term	transactions no	t reported to	VOU OR	Form 1000-B
IA I (L) FOUG-fetti	ITANSACTIONS NO	n reponted to	vou on	- G-6601 IU

_ (, ,							
(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) Cost or other basis See the Note below (sales price) (see instructions) (e) Cost or other basis See the Note below and see Column (e) in the separate instructions (f) Code(s) from Amoun		Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS	VARIOUS	VARIOUS	79,247	0	mandenona	adjustment	79,247
LONG-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS							
2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclusion is checked), lir	lude on your ne 9 (if Box E	79,247				79,247

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** (2018)