	990-T	E	Exempt Organization Busine			Return	<b>1</b> 0	(	OMB No 1545-0687
Form •		For cale	(and proxy tax under solutions)  one of the day year 2018 or other tax year beginning 09/0		-	3/31 <b>, 20</b>	19 .		2018
Departme	ent of the Treasury		► Go to www.irs.gov/Form990T for instru					000	n to Public Inspection for
Internal F	levenue Service	<b>▶</b> Do r	not enter SSN numbers on this form as it may be	made	public if your organiza	tion is a 501	(c)(3).	501	(c)(3) Organizations Only
A C	heck box if ddress changed				identification number				
	ot under section	Print	POLK BROS FOUNDATION, INC				(Emp	-	s' trust, see instructions)
<b>✓</b> 50	1( C ) <u>Ø3 )</u>	or	Number, street, and room or suite no If a P O box,	, see ins	structions				6-6108293
<u> </u>	8(e) 🔲 220(e)	Туре	20 W KINZIE ST , 1110		<del></del> .				business activity code uctions)
□ 40	8A 🗌 530(a)		City or town, state or province, country, and ZIP or	foreign	postal code		,		,
	9(a)		CHICAGO, IL 60654-5815						900003
at end	yalue of all assets I of year		oup exemption number (See instructions.		- C 501/a\ b=	4 _	401/2	\ <b></b>	ot Other truet
			neck organization type   ✓ 501(c) corp				<u> </u>	<del></del>	
			organization's unrelated trades or business			_			or first) unrelated
			PASSIVE INVESTMENT IN VARIOUS PARTNERSHIPS at the end of the previous sentence, com						
		-	omplete Parts III-V.	ibiere	rans i and ii, con	ipiele a 3	cnedui	e ivi	TOI Each additional
			e corporation a subsidiary in an affiliated grou	ID OF S	naront-subsidiany o	ontrolled a	roup?		► □ Ves ☑ No
			e corporation a subsidiary in an anniated grot and identifying number of the parent corp			ontrolled g	oup:		les Filo
	e books are in o			oratio		ne numbe	r 🕨		(312) 527-4684
			e or Business Income		(A) Income	1	penses		(C) Net
1a	Gross receipts				- (1,11111111111111111111111111111111111	7.4			
b	Less returns and		~	1c	اه				
2			Schedule A, line 7)	2	0				
3	_		t line 2 from line 1c	3	0				0
4a	•		ne (attach Schedule D)	4a	91,536				91,536
b			4797, Part II, line 17) (attach Form 4797)	4b	0				0
C	Capital loss de	•		4c	0				0
5			tnership or an S corporation (attach statement)	5	(650,937)				(650,937)
6	Rent income (			6	0		0		0
7	Unrelated deb	t-financ	ced income (Schedule E)	7	0		0		0
8	Interest, annuities,	royalties,	and rents from a controlled organization (Schedule F)	8	0		0		0
9	Investment incom	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0
10	Exploited exer	mpt act	ıvıty income (Schedule I)	10	0		0		0
11	Advertising ind	come (S	Schedule J)	11	0		0		0
12	Other income (	See inst	tructions, attach schedule)	12	0				0
13	Total. Combin			13	(559,401)		0		(559,401)
Part			Taken Elsewhere (See instructions for				ept for	cor	ntributions,
			be directly connected with the unrelate		sines (ncoppe) V		<del> </del>		
14	•		cers, directors, and trustees (Schedule K)	٠ ا		S	¦	14	0
15	Salaries and w	-		. 04.00	JUN 1 7 2	020 S	-	15 16	0
16	Repairs and m		ance	. 6	D	SS		17	0
17 10			dule) (see instructions)	ı.	OGDEN,	117	i –	18	0
18 19	Taxes and lice		idie) (see instructions)	Ŀ		<b>⊌</b>  · ·	_1 ⊢	19	435
20			ons (See instructions for limitation rules) .	•				20	0
21	Depreciation (				1 1				
22			umed on Schedule A and elsewhere on re		<del></del>	0		22b	o
23	•							23	0
24			rred compensation plans				-	24	0
25	Employee ben			•			<u> </u>	25	0
26			nses (Schedule I)			`.	_	26	0
27		-	osts (Schedule J)	•			.	27	0
28		-	ach schedule)				[	28	35,000
29			dd lines 14 through 28				28	29	35,435
30			xable income before net operating loss de	eduction	on Subtract line 29	from line		30	(594,836)
31	Deduction for r	net oper	ating loss arising in tax years beginning on o	r after	January 1, 2018 (see	e instructio		31	
32	Unrelated bus	iness ta	axable income. Subtract line 31 from line	30 .	·		<u>.3</u> (_	32	(594,836)
For Pa	perwork Reduct	tion Act	Notice, see instructions.		Cat No 11291J				Form <b>990-T</b> (2018)

No.

	90-T (2018)			Page <b>2</b>
Part				
33	Total of unrelated business taxable income computed from all unrelated tr		e	
	instructions)		33	o
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before		e	
	instructions)		35	ol
36	Total of unrelated business taxable income before specific deduction. Subtr	ract line 35 from the sur	n	
	of lines 33 and 34		36	o
37	Specific deduction (Generally \$1,000, but see line 37 instructions for except	ions)	37	0
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 3		s,	
	enter the smaller of zero or line 36		38	o
Part	IV Tax Computation	<del></del>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) .		39	0
40	Trusts Taxable at Trust Rates. See instructions for tax comput			
	the amount on line 38 from.   Tax rate schedule or   Schedule D (Form			
41	Proxy tax. See instructions		<del></del>	
42	Alternative minimum tax (trusts only)		42	-
43			43	
	Tax on Noncompliant Facility Income. See instructions		44	0
44			44	
	V Tax and Payments			<del></del>
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	_	
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800 (see instructions)	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
е	<b>Total credits.</b> Add lines 45a through 45d		45e	0
46	Subtract line 45e from line 44		46	0
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	· · · · · · · · · · · · · · · · · · ·	47	0
48	Total tax. Add lines 46 and 47 (see instructions)		48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colur		49	
50a	Payments. A 2017 overpayment credited to 2018	50a 31,067		
b	2018 estimated tax payments	<b>50b</b> 0		1
С	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
́ е	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941) .	50f		
g	Other credits, adjustments, and payments.   Form 2439	_   1		
1	☐ Form 4136 ☐ Other 0 Total ▶	• <b>50g</b> 0		
51∫	Total payments. Add lines 50a through 50g		51	31,067
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached .	▶[		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount		<b>►</b> 53	0
, 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter	amount overpaid		31,067
O 55	Enter the amount of line 54 you want	1,067 Refunded I	<b>&gt;</b> 55	0
Part	VI Statements Regarding Certain Activities and Other Information	tion (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an inte	erest in or a signature or	other autho	rity Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "	'Yes," the organization i	may have to	file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes,	" enter the name of the	foreign cour	ntry
	here ▶			<b>✓</b>
57	Dunng the tax year, did the organization receive a distribution from, or was it the gra	intor of, or transferor to, a	foreign trust?	····
	If "Yes," see instructions for other forms the organization may have to file.		_	
58	Enter the amount of tax-exempt interest received or accrued during the tax	year ▶ \$		0
	Under penalties of perjury, I declare that I have examined this return, including accompanying sched	fules and statements, and to the	best of my know	ledge and belief, it i
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of	which preparer has any knowled	ge May the IRS	S discuss this return
Here			with the pre	eparer shown below
(	Signature of officer Date Title		(see instruct	ions)? [Yes [No
<u> </u>	Print/Type preparer's name Preparer's signature	Date		PTIN
Paid	KIM HALIMANIN	6F (0F (00)	Check if self-employed	P00546491
Prep	PLANTE MORANI PLI C			38-1357951
Use	Only		Firm's EIN ▶	(312) 207-1040
	Firm's address ► 10 S HIVEHSIDE PLAZA, 91H FLOOR, CHICAGO, IL 606			orm <b>990-T</b> (2018
			r	UIIII <b>334"  </b> (2018

LOUIN 99	0-T (2018)						Page 3
Sched	dule A - Cost of Goods Sold.	Enter metho	d of inve	ntory va	aluation 🕨		
1	Inventory at beginning of year	1	0	6	Inventory a	t end of year	6 0
2	Purchases	2	0	7	Cost of	goods sold. Subtract	
3	Cost of labor	3	0			line 5. Enter here and	
4a	Additional section 263A costs				ın Part I, lın	e 2	7 0
	(attach schedule)	4a	0	8		es of section 263A (wit	
b	Other costs (attach schedule)	4b	0			roduced or acquired for	resale) apply
5	Total. Add lines 1 through 4b	5	0		to the orga		
Sched	dule C-Rent Income (From	Real Propert	y and Po	ersonal	Property L	eased With Real Pro	perty)
(see	instructions)						
1. Descr	ption of property						
(1)							
(2)							
(3)						. <u> </u>	
(4)		<del></del>				· <del></del>	
	2. Rent re	ceived or accrued					
	m personal property (if the percentage of re personal property is more than 10% but not more than 50%)	percentage		ersonal pr	perty (if the operty exceeds ofit or income)		connected with the income d 2(b) (attach schedule)
(1)				•			<del></del>
(2)							***************************************
(3)		1			-	-	
(4)							
Total		0 Total				0 (4) 7-4-1 4-44	
(c) Tota	al income. Add totals of columns 2(a)	and 2(b) Enter	_			(b) Total deductions.  Enter here and on page	1,
	d on page 1, Part I, line 6, column (A)					Part I, line 6, column (B)	•
Sche	dule E—Unrelated Debt-Fina	nced Incom	<b>e</b> (see ins	tructions	5)		
	Description of debt-financed	property			come from or debt-financed	debt-finan	nnected with or allocable to ced property  (b) Other deductions
				pro	perty	(a) Straight line depreciation (attach schedule)	(attach schedule)
(1)							
(2)			-			<del></del>	
(3)							
(4)	4 Amount of average 5 Av	erage adjusted has	e i e				
al	acquisition debt on or locable to debt-financed deb	erage adjusted bas of or allocable to t-financed propert attach schedule)		4 d	olumn Ivided Ilumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
al	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	ivided		(column 6 × total of columns
al	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	vided olumn 5		(column 6 × total of columns
al pr (1)	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	ivided olumn 5 %		(column 6 × total of columns
(1) (2)	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	olumn 5 %	(column 2 × column 6)	(column 6 × total of columns 3(a) and 3(b))
(1) (2) (3)	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	vided olumn 5 % %		(column 6 × total of columns
(1) (2) (3)	acquisition debt on or locable to debt-financed deb	of or allocable to t-financed propert		4 d	vided olumn 5 % %	(column 2 × column 6)  Enter here and on page 1,	(column 6 × total of columns 3(a) and 3(b))  Enter here and on page 1, Part I, line 7, column (B)

Schedule F-Interest, Ann	uities, Royalties,				anizations (se	e instruc	tions)		
		Exempt	Controlled	Organizations					
Name of controlled organization	2. Employer identification number		ated income instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		connected with income		
(1)		_		-					
(2)			· -						
(3)	-								
(4)	-					_			
Nonexempt Controlled Organiz	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's gro	ontrolling	connec	11. Deductions directly connected with income in column 10	
(1)							ļ		
(2)									
(3)							1		
(4)							ļ		
					Add columns 5 Enter here and c Part I, line 8, co	n page 1, lumn (A)	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)	
Totals		. 504/	1(3) (0)	(47) 0	<u> </u>	<u>.</u>		0	
Schedule G-Investment	income of a Sect	ion 501(		Or (17) Organi Deductions				otal deductions	
1. Description of income	2. Amount o	f income	dire	ctly connected ach schedule)	4. Set-aside (attach schedu		and s	et-asides (col 3 plus col 4)	
(1)									
(2)		<del></del> .							
(3)		_		_			·		
(4)									
	Enter here and Part I, line 9, o		,					re and on page 1, ne 9, column (B)	
Totals	<b>•</b>		0					0	
Schedule I - Exploited Exc	empt Activity Inc	ome, Otl	her Than	Advertising In	come (see inst	ructions	.)		
Description of exploited activ	2. Gross unrelated business inco from trade of business	me conn prod u	Expenses directly nected with duction of nrelated less 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	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
	Enter here and page 1, Part line 10, col (	I, pag A) line 1	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0	0					0	
Schedule J-Advertising			<u> </u>	4-4-4-5			_ <del></del>		
Part I Income From P	eriodicals Repor	ted on a	Consoli	<del>,</del>				I	
1. Name of periodical	2. Gross advertising income		J. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ests	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)								22	
						İ			
Totals (carry to Part II, line (5))	<b>&gt;</b>	, 0	0	0			F	0 form <b>990-T</b> (2018)	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising minus column 5, but costs advertising costs ıncome a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) ▶ 0 0 Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) on page 1, page 1, Part I, line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) 0 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 1. Name (1) % % (2) (3) % % (4) ightharpoons0 Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

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	
(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	-4,329
(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 19	Taxes and Licenses	
	Description	Amount
AIM ACTIVITY		
(1) TAXES AND LICENSES		435

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	

Form 990T Part II, Line 28	Other Deductions	 
	1	
	Description	Amount
AIM ACTIVITY		 
(1) ADMINISTRATIVE EXPENSES	<del></del>	35,000

## **SCHEDULE D** (Form 1120)

Name

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

Employer identification number

POL	K BROS. FOUNDATION, INC.				3	6-6108293
Pa	t I Short-Term Capital Gains and Losses (S	See instructions	.)			
	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 or loss from Form 8949, Part I, line 2 column (g)	(s)	(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		,			(3)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	12,289	О			12,289
4	Short-term capital gain from installment sales from Forr	m 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchange	es from Form 8824			5	
6	Unused capital loss carryover (attach computation) .				6	( 0)
	Net short-term capital gain or (loss). Combine lines 1a t				7	12,289
Га	See instructions for how to figure the amounts to enter on			(g) Adjustments to	o dalb	(h) Gain or (loss)
	the lines below.  This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form 8949, Part II, line column (g)	(s)	Subtract column (e) from column (d) and combine the result with column (g)
8a	whole dollars  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			is a second		(5)
86	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	79,247	0		Г	79,247
11	Enter gain from Form 4797, line 7 or 9 .				11	
12	Long-term capital gain from installment sales from Form	m 6252, line 26 or 3	37		12	_
13	Long-term capital gain or (loss) from like-kind exchange	es from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss). Combine lines 8a the till Summary of Parts I and II	hrough 14 in colum	in h		15	79,247
16	Enter excess of net short-term capital gain (line 7) over	net long-term cap	ital loss (line 15)		16	12,289
47	Not constal gain. Enter evenes of not long town secretary	gain (line 15) ever s	et chart-term can	tal lose (line 7)	17	79,247
17 18	Net capital gain. Enter excess of net long-term capital of Add lines 16 and 17. Enter here and on Form 1120, page	_			18	91,536
	Note: If losses exceed gains, see Capital losses in					
For	Paperwork Reduction Act Notice, see the Instructions fo		Cat No 114	60M	Sc	hedule D (Form 1120) 2018

Department of the Treasury

**Sales and Other Dispositions of Capital Assets** 

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

Attachment

Internal Revenue Service Name(s) shown on return POLK BROS FOUNDATION, INC

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No 12A

OMB No 1545-0074

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, com	ipiete as mar	iy torms with	the same box of	necked as you r	ieea		
☐ (A) Short-term transactions☐ (B) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•			e)
✓ (C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	any, to gain or loss amount in column (g), ode in column (f) arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	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							
					_	<u></u>	
		:	<u> </u>				
			<del> </del>				
	1				<u>.</u>		
							<u> </u>
							<u> </u>
•					; 		_
_							
2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and incl is checked), lin	ude on your le 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

Part II

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)

☐ (E) Long-term transactions ☐ (F) Long-term transactions				as <b>wash t</b> report	ed to the in	13	
(a) Description of property	perty Date acquired (Mo , day, yr ) Date sold or disposed of (Mo , day, yr ) Date sold or disposed of (Mo , day, yr ) (see instructions) In the	Date sold or	Proceeds	(e) Cost or other basis See the <b>Note</b> below and see Column (e)	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)		in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)		
LONG-TERM GAIN/LOSS FROM INVESTMENTS	VARIOUS	VARIOUS	79,247	0			79,247
LONG-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS							
				,			
Totals. Add the amounts in column negative amounts) Enter each tot Schedule D, line 8b (if Box D above	al here and inc	lude on your					

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

79.247

Form 8949 (2018)

79.247

above is checked), or line 10 (if Box F above is checked) ▶