2939326302131 0

	,	EXTEN	SION	GRANTED T	O JULY,15 2 anization Bus (and proxy tax und	020	PURSUANT TO	THE CAL	RES .		3 No 1545-0687	
	Form	990-T		exempt Org	anization bus	or so	55 IIICOIIIE 1 ction 6033(e))	ax netu	an(n	- ONE	1343-0007	
	1.			endar year 2018 or other tax		9	2018					
			For Cal	● Go to w	<u>, 1)</u>	4	10 10					
	Departi Interna	ment of the Treasury I Revenue Service	•	Do not enter SSN nun	3).	Open to 501(c)(3	Public Inspection for B) Organizations Only					
•	A [Check box if address changed		Name of organization	En (Én	D Employer identification number (Employees' trust, see instructions)						
	B Ex	empt under section	Print	UNITED WAY	OF GREATER	CHA!	PTANOOGA			62-0565962		
		501(c (0)3)	or	Number, street, and re	oom or suite no. If a P.O. bo	x, see ir	nstructions.			related but	siness activity code	
		408(e) 220(e)	Type	630 MARKET STREET						-	•	
		408A530(a) 529(a)		City or town, state or CHATTANOOG	n postal code		90	900099				
	C Boo	k value of all assets		F Group exemption n	umber (See instructions.)							
		28,674,1	51.	G Check organization	type X 501(c) cor	poration	501(c) trust	40	l(a) trusi	t [Other trust	
	H Ent	er the number of the d	organiza	tion's unrelated trades	or businesses.	<u>ь</u>	Describe	e the only (or first)		•		
					I PASSTHROUGH			, complete Parts I			one,	
					vious sentence, complete Pa	arts I an	id II, complete a Scheduli	e M for each addi	ional tra	de or		
		iness, then complete I									V	
				-	an affiliated group or a pare	nt-subs	idiary controlled group?	•	•	Yes L	X No	
				tifying number of the pa				hone number 🕨	122	752	0200	
				SUZY ANTHON le or Business I			(A) Income	(B) Expen	_	<u>- / J &</u>	(C) Net	
				ac or Business i	The state of the s		(A) illcolle	(D) Expen		- -	: - : -	
		Gross receipts or sale			- Pologoo			1			, , ,,,,,	
SCANNED		Less returns and allov		A line 7)	c Balance	1c 2		· ·		-		
Š		Cost of goods sold (S Gross profit. Subtract		•		3	<u> </u>	 	•			
Z		Capital gain net incom				4a	4,834.	1			4,834.	
斋			•	art II, line 17) (attach F	orm 4797\	4b	1,031.	-		+-		
Ü		Capital loss deduction			01111 47 37 7	4c		 				
		•		ship or an S corporation	n (attach statement)	5	-325.	' STMT	1		-325.	
130		Rent income (Schedu	•	mp or an o ourporado.	· (anaon oraiomony	6						
100		Unrelated debt-finance	•	ne (Schedule E)		7						
0					ed organization (Schedule F)	8						
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17	7) organization (Schedule G)	9						
2020	10	Exploited exempt activ	ity inco	me (Schedule I)		10						
_	11	Advertising income (S	chedule	e J)		11						
	12	Other income (See ins	truction	ns, attach schedule)		12				1		
	13	Total. Combine lines				13	4,509.				4,509.	
3	Par				iere (See instructions for iust be directly connected							
	14			rectors, and trustees (S					14			
3	15	Salaries and wages	icers, ui	rectors, and trustees (3	ochedule K)		RECEIV	(ED)	15	\neg		
Received in	16	Repairs and mainten	ance				<u>ω</u>	S	16			
<u>a</u>	17	Bad debts	unco				85 JUN 29	2020	17			
-	18	Interest (attach sche	dule) (s	ee instructions)				181	18			
_	19	Taxes and licenses	/ (-	,,,			OGDEN	LIT	19	,		
3	20		ons (Se	e instructions for limita	tion rules)		OODLIV	, 01	20			
ı ∫.	21	Depreciation (attach	Form 45	562)	•		21				<u>-</u>	
တာ် .	22	Less depreciation cla	umed or	n Schedule A and elsew	here on return		22a		221	ь		
USUC	23	Depletion					-		23	<u> </u>		
š	24	Contributions to defe	erred co	mpensation plans					24	<u> </u>		
	25	Employee benefit pro	grams						25	<u> </u>		
	26	Excess exempt expe	nses (So	chedule I)					26	1		
	27	Excess readership co		•					27	\rightarrow		
	28	Other deductions (at							28			
	29	Total deductions. A		-					29	_	0.	
	30			•	ating loss deduction. Subtra				30		4,509.	
	31				beginning on or after Janua	ary 1, 20	218 (see instructions)	7	J 31		<u> </u>	
	32			ncome. Subtract line 31		••			32		4,509. rm 990-T (2018)	
	82370	1 01-09-19 LHA FO	it Paper	WORK REGUCTION ACT NO	otice, see instructions.					FO	(2018)	

Form 990-T	(2018) UNITED WAY OF GREATER CHATTANOOGA	62-056	55962	Page 2
Part II	Total Unrelated Business Taxable Income			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	4,509.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
36	·		1 20	4 509
	lines 33 and 34	24	36	4,509. 1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	39		2 500
	enter the smaller of zero or line 36		3,8	3,509.
Part i		4.		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 ►	39	737.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	•		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	YS	44	737.
Part V	Tax and Payments		1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b		1 1	
	General business credit. Attach Form 3800 45c		1	
C			1	
			4,0	
	Total credits. Add lines 45a through 45d		45e	737.
46	Subtract line 45e from line 44		47	/3/•
47		ttach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	49	48	737.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments. A 2017 overpayment credited to 2018		4	
b	2018 estimated tax payments 50b		.	
C	Tax deposited with Form 8868	<u> 10,000.</u>	<u>.</u>]	
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		7	
	Other credits, adjustments, and payments: Form 2439		7	
9	Form 4136 Other Total 50g			
51	Total payments. Add lines 50a through 50g		5/1	10,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	52	31.
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<u> </u>	54	9,232.
54	. , , , ,		55	9,232.
Part V		unded 🖊 📐	1 20 1	7,232.
56	At any time during the 2018 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			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		x_
	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 >\$			
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the boximities correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowle	edge and belief,	t is true,
Sign		T _A	May the IRS disc	uss this return with
Here	Oslus (Suare 6/8/2020 PRESIDENT		he preparer show	
	Signature of officer Date Title		nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
De:4		self- employed		
Paid	THE THE THE PROPERTY OF THE PR			308745
Prepa	- LDWG DG	Firm's EIN		1199757
Use C	605 CHESTNUT STREET, SUITE 1100	rum a city		F
	·	Phone no.	(423171	56-65 8 5
		i none no.	·	rm 990-T (2018)
823711 01-	09-19		Fo	rm 220-1 (2018)

Schedule A - Cost of Goods	s Sold. Enter metho	d of inventory v	raluation ► N/A							
1 Inventory at beginning of year	1	6	Inventory at end of year	ar		6				
2 Purchases	Purchases 2				7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3	·	from line 5. Enter here and in Part I,							
4a Additional section 263A costs			line 2	L	7					
(attach schedule)	4a	8	Do the rules of section	263A (v	with respect to	Yes No				
Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	<u></u>				
5 Total. Add lines 1 through 4b	5		the organization?							
Schedule C - Rent Income ((see instructions)	(From Real Prope	erty and Per	sonal Property L	ease	d With Real Prope	erty)				
1. Description of property										
(1)										
(2)										
(3)										
(4)					•					
	2. Rent received or acc				2/a) Dadications dispaths a	onnected with the income in				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of (b	of rent for personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)				
(1)										
(2)										
(3)										
_(4)										
Total	0. Total	<u>-</u> .		0.						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.				
Schedule E - Unrelated Deb	t-Financed Incor	me (see instru	ictions)							
		Ι,	2. Gross income from		Deductions directly connected to debt-finance					
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)				ļ						
(2)										
(3)				Ì						
(4)					<u></u>					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable debt-financed proj (attach schedul	to perty	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%							
(2)			%							
(3)			%							
(4)			%			<u>_</u>				
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals			>		0.	0.				
Total dividends-received deductions in	ncluded in column 8				>	0.				
						Form 990-T (2018)				

Form 990-T (2018) UNITED WAY OF GREATER CHATTANOOGA

823721 01-09-19

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (stacks schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (0) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gress are arrested business income from yards or business income from yards or business income from yards or business income from page 1, Part I, line 9, column (1) (2) (3) (4) 4. Net income (658) (see instructions) 5. Cross number of exploited Exempt Activity income, Other Than Advertising Income (see instructions) 4. Net income (658) (see instructions) 6. Expenses anti-bubbles to business income from activity had business income from activity	Schedule F - Interest,	Annuitie	s, Royali	ies, and					tions	(see ins	tructions	s)
Commence Controlled Organizations Controll					Exempt C	ontrolled O	ř		Τ.			<u> </u>
(1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (7) (8) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Name of controlled organizat	tion	ıdentific	cation					included in the cont		olling	connected with income
(1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)											
Section Sect												
Management Controlled Organizations 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 16, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of climin 9 has a middle with morare or column (10) 17, Part of column 9 has a middle with morare or column (10) 17, Part of column 9 has a middle with morare or column (10) 17, Part of column 9 has a middle with morare or column 9 has a middle with morare or column 9 has a middle with mor												
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1. Description of income 2. Amount of income 2. Amount of income 3. Description descrip	Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7), (9), or (17) Org	anization				
1. Description of income 2. Amount of income derectly connected (attuch scheduld) (a	(see inst	ructions)										
(2) (3) (4) Enter here and on page 1 Part I, line 9, column (8) Column (9) Column (8) Column (9) Column (9	1 . Desc	cription of inco	me			2. Amount of	ıncome	directly conne	ected			and set-asides
(2) (3) (4) Enter here and on page 1 Part I, line 9, column (8) Column (9) Column (8) Column (9) Column (9	(1)											
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Enter here and on page 1, Pert I, line 9, column (A)												
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(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Totals Totals Totals Enter here and on page 1, Part I, line 10, col (B) O. O. Cossequence of periodical separations 1. Name of periodical advertising income (See Instructions) 2. Gross advertising costs advertising costs advertising costs of 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. O. Cossequence of periodical advertising costs advertising costs of 3 through 7 Description of page 1, Part I, line 26 O. O. Cossequence of periodical advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) O. O. O. O. O. O. O. O. O.	(1)											
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Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. O. O. O.		ng Incor		nstruction		·						
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Totals (carry to Part II, line (5)) O. O.				\dashv		վ՝						
	<u> </u>											
	Totals (carry to Part II, line (5))	•	(0.	0							

Form 990-T (2018) UNITED WAY OF GREATER CHATTANOOGA 62-05659

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	-		·—· · · · ·	0.
		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.	j,			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1		
DESCRIPTION	NET INCOME OR (LOSS)		
LMC COMPASS FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-325.		
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-325.		

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

	UNITED WAY OF GREAT	TER CHATTANOOG	BA		62-	0565962
F	Part I: Short-Term Capital Gai	ins and Losses (See	instructions)			
to e	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you not off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain 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			1		
_	Form(s) 8949 with Box A checked					
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					989.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach computa	ation)			6	()
_	Net short-term capital gain or (loss). Combin				7	989.
	Part II P Long-Term Capital Gai	ns and Losses (See	nstructions)			
to e	instructions for how to figure the amounts inter on the lines below. If or may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (g	9.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	nd 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 line 8b			,		
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					3,845.
_	Form(s) 8949 with Box F checked	Ļ				3,043.
	Enter gain from Form 4797, line 7 or 9		_		11	
	Long-term capital gain from installment sales		/		12	
	Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
	Capital gain distributions				14	3,845.
_	Net long-term capital gain or (loss). Combine		<u> </u>		15	3,043.
	Part III. Summary of Parts I and		ul lane (line 45)		46	989.
	Enter excess of net short-term capital gain (lii	,	, ,	o 7\	16 17	3,845.
	Net capital gain Enter excess of net long-term			le /)	18	4,834.
18	Add lines 16 and 17. Enter here and on Form	•	oper line on other returns.	İ	_ 18	4,034.
	Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

Schedule D (Form 1120) 2018

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

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

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

UNITED WAY OF	GREATER (CHATTANO	OGA				565962
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10	vou received any	/ Form(s) 1099-B	or substitute statem ir basis (usually you	ent(s) fron r cost) was	n your broker A su reported to the IF	bstitute RS by your
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	enerally short term (see	Instruction	s) For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	totals directly on \$	Schedule D, line 1a	ı, you aren't required	i to report these trans:	actions on F	form 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo	X. If more than one be or more of the boxes	oox applies for your shore, complete as many for	rt-term transactions, comp ms with the same box che	lete a separat cked as you n	e Form 8949, page 1, for eed	each applicable box.
(A) Short-term transactions re					Note ab	ove)	
X (C) Short-term transactions rep				eported to the into			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	ou enter an amount (g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co.)	(Mo , day, yr)	disposed of (Mo , day, yr)	(odico prico)	Note below and). See instructions.	from column (d) &
		(MO, day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
LMC COMPASS FUND,							
LP				_			989.
				 			
	 						
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	l		ļ		<u> </u>		
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 1b (if Box A abo	tal here and incl	ude on your					
above is checked) or line 3 (if B			İ	1	ļ	İ	989.

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or

Traine(s) shown shipstone right						taxpayer ide	ntification no.
UNITED WAY OF	GREATER (CHATTANO	OGA				565962
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ow, see whether y	you received any	Form(s) 1099-B	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re	our broker A sur ported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1	ions involving capita	ıl assets you held r	nore than 1 year are	generally long-term (s	ee instructions) For short-term to	ransactions,
Note. You may aggregate a codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı, you aren't required	d to report these trans	actions on Forn	n <u>8949 (see instru</u>	ctions)
You must check Box D, E, or F below. If you have more long-term transactions than will	Il fit on this page for one	or more of the boxes,	, complete as many form	ns with the same box chec	ked as you need		each applicable box.
(D) Long-term transactions re					Note above	e)	
(E) Long-term transactions re X (F) Long-term transactions no			-	eported to the IRS			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you in column (a)	if any, to gain or enter an amount), enter a code in	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the Note below and	column (f). S	ee instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
LMC COMPASS FUND,							
LP	<u> </u>			<u> </u>			3,845.
				 			
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	 		-	-	 		
2 Totals. Add the amounts in colu	mns (d), (e), (o), a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 8b (If Box D ab	ove is checked),	line 9 (if Box E					3,845.

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

823012 11-28-18

Form **8949** (2018)