2021
6.
_
Δ.
ш
SEP
\Box
Щ
NED
₹
7
SCAN
\simeq
J

ખુ છ				-		596		25128301			
37) 200 T	l Ex	cempt Organization	Bus	siness Income	Γax Retui	<i>01</i> m	OMB No 1545-0047			
Form	∕990-T				der section 6033(<u> </u>	OIND 110 1040-0041			
		For calendar year 2019 or other tax year beginning, 2019, and ending, 20 _									
	tment of the Treasury		► Go to www.irs gov/Form990				-	Open to Public Inspection for			
Interna	Check box if	Do	Name of organization (Check be	_	by be made public if your orga- me changed and see instruction:			Open to Public Inspection for 501(c)(3) Organizations Only eyer identification number			
A [_	address changed		Name of organization (Check bo	DX II IIdi	me changed and see instructions	s <i>)</i>		yees' trust, see instructions)			
B Exe	empt under section	1	CASEY FAMILY PROGRAM	MS							
	501(C 3)	Print	Number, street, and room or suite no 1		box, see instructions		91-07	793881			
	408(e) 220(e)	or Type						ited business activity code			
	408A 530(a)	i y pe	2001 EIGHTH AVE STE	270	0		(See ins	structions)			
	529(a)		City or town, state or province, country		ZIP or foreign postal code						
	ok value of all assets and of year		SEATTLE, WA 98121-20				90009	99			
	•		up exemption number (See instructi			 					
	1887606795.	*	ck organization type X 501		' .		401(a)				
			inization's unrelated trades or busine COME FROM INVESTMENT E				•	(or first) unrelated			
			e end of the previous sentence, cor			•		e than one, describe the			
	ade or business, th			iipiete	rans randin, complete a Si	chedule Who ear	on addition	iai			
			corporation a subsidiary in an affili	ated o	roup or a parent-subsidiary o	ontrolled group?		▶ Yes X No			
	•		identifying number of the parent coi	_	· · · · · · · · · · · · · · · · · · ·	g p					
JT	he books are in car	eof ⊳ C <i>l</i>	ASEY FAMILY PROGRAMS		Telephon	e number ► 20	6-282-	7300			
Pa	t I Unrelated	Trade	or Business Income	1	(A) Income	(B) Expen	ses	(C) Net			
1 a	Gross receipts or										
b			c Balance ▶			***************************************					
2	-	•	ule A, line 7)	2			-/				
3	•		2 from line 1c , ,	3 4a	1,266,122.			1,266,122.			
4a b			Part II, line 17) (attach Form 4797)	4b	13,564.			13,564.			
c			trusts	4c							
5	•		r an S corporation (attach statement)		36,905.	ATCH 1		36,905.			
6						//					
7			come (Schedule E)	7		<i>y</i>					
8	Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	8							
9	Investment income of	a section 50	1(c)(7), (9) or (17) organization (Schedule G)	9							
10			ncome (Schedule I)	10							
11			dule J)	1	-//						
12			ctions, attach schedule)	_	1,316,591.			1,316,591.			
13 Da			ough 12			eductions) (Deduction				
Га			he unrelated business incom		ons for infinations on a	eddellons) (i	Jeduciic	ons must be directly			
14			directors, and trustees (Schedule K)				14				
15						M. M. W. Hollows	15				
16	Renairs and mair	tenance			数据 计	CEIVED	16				
17	Bad debts		(see instructions)			Carrie	B 17				
18	Interest (attach s	chedule)	(see instructions)		VON ISI	· 1 ·7 · 2020 · ·	17 18 92 19	0.500			
19	Taxes and license		/ . /		ستسلسل المساسد		19	8,598.			
20			4562)			DEN, UT	-				
21 22			on Schedule A and elsewhere on re				21b	91,039.			
23			compensation plans				22	31,000.			
24			S				23				
25			Schedule I).								
26			chedule J)								
27	Other deductions	(attach	schedule)		101. 1	ATCH. 2	27	92,859.			
28			es 14 through 27				28	192,496.			
29			ole income before net operating					1,124,095.			
30			ng loss arising in tax years beginning				1 -	290,903.			
" 31/ For			e income Subtract line 30 from line Notice, see instructions.	29 .	<u> </u>	· · · · · · · · · · · · · · · · · · ·] 31	833, 192.			
JSA	. Sportfork Neudo	AU	tonoo, ooo maradaania.					Form 990-T (2019)			

Form	990-T (2019) CASEY FAMILY PROGRAMS	91-0793881	Page 2
Par			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
/-	instructions)	32	833,192.
33	Amounts paid for disallowed fringes	38	
34	Charitable contributions (see instructions for limitation rules) ATCH. 3	· 	83,319.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	'	
	34 from the sum of lines 32 and 33	3 3	749,873.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		· · · · · ·
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		749,873.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37.	1	<u>`</u>
••	enter the smaller of zero or line 37	39	748,873.
Par	Tax Computation		
40/	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	157,263.
41	Trusts Taxable at Trust Rates See instructions for tax computation income tax on		·
• •	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	. ah	
42	Proxy tax See instructions		
43	Alternative minimum tax (trusts only)	43	
44	Tax.on Noncompliant Facility Income See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	157,263.
	Tax and Payments	1 - 1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions)	7	
	General business credit Attach Form 3800 (see instructions)	7 [
	Credit for prior year minimum tax (attach Form 8801 or 8827). Q	7	
е	Credit for prior year minimum tax (attach Form 8801 or 8827). Total credits Add lines 46a through 46d	4 đ e	
47	Subtract line 46e from line 45	47	157,263.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	157,263.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,		
51 a	Payments A 2018 overpayment credited to 2019	•	
b	2019 estimated tax payments	7	
С	Tax deposited with Form 8868	7	
	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)	.]	
	Credit for small employer health insurance premiums (attach Form 8941)]	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments Add lines 51a through 51g	52	50,161.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	168.
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	107,270.
55/	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
<u>56</u>	Enter the amount of line 55 you want		
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may be a financial account (bank, securities, or other) in a foreign country?	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	,
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
۵.	Under penalties of penjury. I declare that I have examined this return including accompanying schedules and statements, and to the true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my knowledge	and belief it is
Sigi	9	ay the IRS discuss	this return
Her		th the preparer s	
			es No
Paid	Print/Type preparer's name Preparer's signature Date Check Self- LENNIFER RHODERICK Preparer's signature Check Self- Self- Self- Self- Self- Check Self- Self-	1 5003	0.000
	narer	24 55 6	95735
•	Firm's name ERNS1 & TOUNG U.S. ELP	's EIN ► 34-656	
104	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204 Phor	ne no 317-681-	7000

D	_	•
rau	ıe	

Schedule A - Cost of Goods	Sold. Er	ter method	d of invent	ory v	valuation	•						
1 Inventory at beginning of year .	1			6	Inventory	at end	of ye	ar	6			
2 Purchases	2			7				ld. Subtract line				
3 Cost of labor	3				6 from I	ine 5	Enter	here and in Part				
4a Additional section 263A costs					I, line 2				7			
(attach schedule)	4a			8	Do the	rules	of	section 263A (v	/ith re	espect to	Yes	No
b Other costs (attach schedule) .	4b							or acquired for				
5 Total Add lines 1 through 4b .					to the or	ganızatı	on?.	<u> </u>		<u> </u>		Х
Schedule C - Rent Income (From (see instructions)	om Real P	roperty a	nd Perso	nal	Property	y Leas	ed V	Vith Real Prope	rty)			
1. Description of property												
(1)					-							
(2)												
(3)												
(4)												
	Rent recei	ved or accrue	ed									
for personal property is more than 10% but not percentage of rent								uctions directly connected with the income plumns 2(a) and 2(b) (attach schedule)				
(1)										-		
(2)			, ,									
(3)												
(4)												
Total		Total						/L) T-A-1 d- d - A				
(c) Total income Add totals of column here and on page 1, Part I, line 6, column	mn (A)	▶						(b) Total deduction Enter here and or Part I, line 6, colui	page 1			
Schedule E - Unrelated Debt-F	inanced I	ncome (se	e instruct	ions))	,						
1 Description of debt-finan	ced property			ss income from or le to debt-financed		(-)	debt-fin		connected with or allocable to anced property			
			P P	roper	rty	(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)												
(2)												
(3)						1						
(4)												
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4	Colui divid colun	ed			income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)					%	6						
(2)					. %	6						
(3)					%	6						
(4)					%	6						
								re and on page 1, ne 7, column (A)		er here and o t I, line 7, col		
Totals												

Form **990-T** (2019)

Page 4

Schedule F - Interest, Ann	uities, Royaities		-	om Contro introlled Org			ations (se	e instructi	ions)	
Name of controlled organization	2 Employer identification number	er 3	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)	_							=		
(2)										
(3)							_			
(4)					<u> </u>					
Nonexempt Controlled Organiz						10.5	art of column	O that is	1.	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instructi			Total of specific ayments made		inch	ided in the co	ntrolling		inected with income in column 10
(1)										
(2)					•					
(3)										<u></u>
(4)]				٨٨	d columns 5 a	nd 10		dd columns 6 and 11
Totals		 tion 50	 1(c)(7),	(9), or (17		Par	er here and on t I, line 8, colu en (see ins	mn (A)		ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly cor (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			[
(3)										
(4) Totals ▶	Enter here and o Part I, line 9, co	olumn (A)								Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity Inc	come, C	ther Th	an Advert	ising Ir	come	(see instru	ctions)		_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	connect produc	ectly ted with stion of lated	4 Net incon from unrelat or business 2 minus col If a gain, or cols 5 thro	ed trade (column umn 3) ompute	from is no	oss income activity that t unrelated ess income	6 Expenses attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 						
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising In	ICOME (see instri	ictions)		1						. l
Part I Income From Per			Consol	idated Bas	sis					<u>-</u>
Name of periodical	2 Gross advertising income	3 D	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute					7 Excess readership costs (column 6 minus column 5, but not more than		
(4)				cols 5 thro						column 4)
(1)	 									
(2)										
(3)	-			<u> </u>						 -
(4)										
Totals (carry to Part II, line (5))										Form 990-T (2019)

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

Part II Income From Per 2 through 7 on a			rate Basis (For o	each periodical	listed in Part II	, 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)						
Totals from Part I ▶				`		
	Enter here and on page 1, Part I, line II, col (A)	Enter here and on page 1, Part I, line II, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2 Title		3 Percent of time devoted to business	4 Compensation	
(1)				%		
(2)				%		
(3)				%		
· · · · · · · · · · · · · · · · · · ·				1		

Form **990-T** (2019)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

OTHER INVESTMENT MANAGEMENT EXPENSES

92,859.

PART II - LINE 27 - OTHER DEDUCTIONS

92,859.

	ATTACHMENT 3
FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS	S
UNRELATED TRADE OR BUSINESS INCOME	1,316,591.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS NET OPERATING LOSS UTILIZED	192,496. 290,903. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	83,319.
CHARITABLE CONTRIBUTION	8,781,540.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	83,319.

CASEY FAMILY PROGRAMS FORM 990-T FOR THE YEAR ENDING DECEMEBER 31, 2019 EIN 91-0793881

FORM 990-T, PART II, LINE 20 - CHARITABLE CONTRIBUTIONS CARRYFORWARD

YEAR ENDED	GENERATED	UTILIZED IN PRIOR YEARS	UTLIZED IN CURRENT YEAR	CONVERTED TO NOL	EXPIRED	CARRYFORWARD
12/31/2014	2,396,282	-			(2,396,282)	-
12/31/2015	4,055,042	(90,602)	-	-	-	3,964.440
12/31/2016	4,235,440	(10,106)	-	-	-	4,225,334
12/31/2017	7,005,862	(78,030)	-	-	-	6,927,832
12/31/2018*	3,981,210	-	-	-	-	3,981,210
12/31/2019	8,781,540	-	(83,319)	(29,090)	-	8,669,131
TOTAL	30,455,376	(178,738)	(83,319)	(29,090)	(2,396,282)	27,767.947

^{*}CASEY FAMILY PROGRAMS INCURRED A NET OPERATING LOSS OF (\$293,356) ON THE 2018 FORM 990-T FROM ITS SOLE UNRELATED TRADE OR BUSINESS ACTIVITY, INCOME FROM INVESTMENT PARTNERSHIPS THE FOUNDATION ALSO REPORTED \$315,436 OF AMOUNTS PAID FOR DISALLOWED FRINGES, RESULTING IN NET TAXABLE INCOME OF \$22,080 AS A RESULT OF THE REPEAL OF SECTION 512(A)(7), THE FOUNDATION HAS ADDED BACK THE CHARITABLE CONTRIBUTION DEDUCTION OF \$2,453 INITIALLY DEDUCTED ON THE 2018 FORM 990-T AND CARRIED FORWARD THE 2018 NET OPERATING LOSS OF (\$290,903)

CASEY FAMILY PROGRAMS FORM 990-T FOR THE YEAR ENDING DECEMEBER 31, 2019 EIN 91-0793881

NET OPERATING LOSSES ARISIGN IN TAX YEAR AFTER JANUARY 1, 2018

YEAR ENDED	GENERATED	UTILIZED IN PREVIOUS YEARS	UTILIZED IN CURRENT YEAR	CHARITABLE CONTRIBUTION CONVERTED TO NOL	CARRYFORWARD
12/31/2018*	290,903	-	(290,903)	•	-
12/31/2019	-	-	-	29,090	_ 29,090
12/31/2017	290,903	+	(290,903)	29,090	29,090

TOTAL

*CASEY FAMILY PROGRAMS INCURRED A NET OPERATING LOSS OF (\$293,356) ON THE 2018 FORM 990-T FROM ITS SOLE UNRELATED TRADE OR BUSINESS ACTIVITY, INCOME FROM INVESTMENT PARTNERSHIPS THE FOUNDATION ALSO REPORTED \$315,436 OF AMOUNTS PAID FOR DISALLOWED FRINGES, RESULTING IN NET TAXABLE INCOME OF \$22,080 AS A RESULT OF THE REPEAL OF SECTION 512(A)(7), THE FOUNDATION HAS ADDED BACK THE CHARITABLE CONTRIBUTION DEDUCTION OF \$2,453 INITIALLY DEDUCTED ON THE 2018 FORM 990-T AND CARRIED FORWARD THE 2018 NET OPERATING LOSS OF (\$290,903)

SCHEDULE D (Form 1120)

Department of the Treasury

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

2019

Internal Revenue Service Employer identification number CASEY FAMILY PROGRAMS 91-0793881 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (h) Gain or (loss) (a) Adjustments to gain See instructions for how to figure the amounts to enter on (e) or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949 Part I line 2 column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (q) whole dollars 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 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 342,989. 342,989. Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 342,989. Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost column (d) and combine This form may be easier to complete if you round off cents to 8949. Part II. line 2. (sales price) (or other basis) column (q) the result with column (a) 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 151,657. 151,657. Enter gain from Form 4797, line 7 or 9 771,476. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 923,133. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 342,989. 16 923,133. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 17 1,266,122. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

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

CASEY FAMILY PROGRAMS

Social security number or taxpayer identification number

91-0793881

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 Part I 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 must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac		
(A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	reported on F	orm(s) 1099	B showing basis	-	•	e Note above)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	and see Column (e) in the separate	(f)	(g)	from column (d) a

(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AVAILABLE UPON REQUEST	VARIOUS	VARIOUS	342,989				342,989
						ı	
2 Totals Add the amounts in columnegative amounts) Enter each to Schedule D, line 1b (if Box A above is checked), or line 3 (if Box C	otal here and inc ove is checked), lin	clude on your le 2 (if Box B	342,989				342,989

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

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2019)

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

Social security number or taxpayer identification number

CASEY FAMILY PROGRAMS

91-0793881

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 reported on Form(s) 1099-B showing basis wasn't reported to the IRS
, ,	(E) Long term transactions not reported to you on Form 1000 B

(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) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Calumn (e) in the separate instructions	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		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AVAILABLE UPON REQUEST	VARIOUS	VARIOUS	151,657				151,657
<u>. </u>							
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 Bo	here and include is checked), line	ude on your 9 (if Box E	151,657				151,657

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 (2019)