



شدء	990-Т	E	empt Organization		siness Income der section 6033	Tax Retu	n QVa	OMB No 1545-0687
CONTI			dariu proxy to ndar year 2017 or other tax year beg			ding 06/30 2	200   1 8	മ∧47
		For cale					" <u></u> -	
-	ment of the Treasury  I Revenue Service	<b>N</b> 0-	► Go to www.irs.gov/Form99 not enter SSN numbers on this form				., <u>,,</u>	Open to Public Inspection for
A	Check box if	▶ 00			me changed and see instruct			501(c)(3) Organizations Only yer identification number
^ ∟	address changed		Name of organization ( one or	DOX 110	inc oranged and soo mander	ions ,		yees' trust, see instructions )
B.Eve	mpt under section		STONY BROOK FOUNDA	TTON.	INC			
_	501( C )( <b>Q</b> 3_)	Print	Number, street, and room or suite no			·	11-60	77945
Ĥ	. —	or	Number, Street, and room or suite in		DOX, SEE INSTRUCTIONS			ated business activity codes
H	408(e) 220(e)	, Abe	230 ADMINISTRATION					structions )
$\vdash$	408A530(a)		City or town, state or province, cou		7ID or foreign postal sada			
_	529(a) k value of all assets		STONY BROOK, NY 11	•	ZIP or loreign postal code		52599	חב
	nd of year	- C					3237	
5.0	9,428,296		up exemption number (See instru	<del></del>		(-) (-)	104/->	
		G Che	ck organization type   X   5 rimary unrelated business activity	01(c) cc	rporation   1501	(c) trust	401(a)	trust Other trust
	• •		corporation a subsidiary in an af		•	y controlled group?		▶
			Identifying number of the parent	corporat	on F	one number > 63	1_632_	6536
	e books are in care							F
		-	or Business Income	_	(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or				٠.			
b	Less returns and allowa		c Balance	· -	<u> </u>	+		) 1
2	_		ule A, line 7)	. 2	-	<del></del>		<del>                                     </del>
3	•		2 from line 1c	, 3	16,667			16,667
4a			ttach Schedule D)		10,007			10,007
b			Part II, line 17) (attach Form 4797)					
C			rusts	1	154 005	A MCII 1		154,895.
5			os and S corporations (attach statemer		154,895	ATCH 1		134,693.
6								<del></del>
7	Unrelated debt-fi	nanced in	come (Schedule E)		-			
8			nts from controlled organizations (Schedule		-			<del>                                     </del>
9			1(c)(7), (9), or (17) organization (Schedule					<del></del>
10		•	ncome (Schedule I)					<del>                                     </del>
11	=		lule J)					
12	•		tions, attach schedule)		121 560			171 562
13			ough 12		171,562	1 1 4: - > //		171,562.
Par			Taken Elsewhere (See in:				except	or contributions,
			be directly connected with		nrelated business in	come.)		
14	Compensation of	officers,	directors, and trustees (Schedule		<del></del>	• • • • • • • • •	. 14	
15	Salaries and wage Repairs and main Bad debts	es	DEN' OL	<b>⊙</b> ⊙.				
16	Repairs and main	itenance			7 - 1			
17	Bad debts		· · · · · · · · · · · · · · · · · · ·	ήŅ	C130	• • • • • • • • •	. 17	
18	Interest (attach so	cnedule)	161 . pine i .e v	уцч	18 · · · · · · ·		. 18	27,799
19	Charitable contest	······································	See instructions for implation rules 4562).	ית <u>ג'יי</u>	ACHMENT 2		. 19	14,101
20	Charitable contrit	outions (	ASCO.	'관관			.   20	11,101
21	Depreciation (atta	acn Form	on Schedule A and elsewhere or		777			1
22	cess depreciation	Claimed	on Schedule A and elsewhere of	retuin			220	<del> </del>
23			compensation plans					<del></del>
24								<del></del>
25	-		Salandula IV					<del> </del>
26	-		Schedule I)					
27	Excess readersnip	cosis (S	chedule J)			MENT 3	. 27	2,750
28								44,650.
29			s 14 through 28,					126, 912
30			le income before net operatir					120,312
31			on (limited to the amount on line					126,912
32			e income before specific deduct					1,000
33	•	-	ally \$1,000, but see line 33 instr					1,000
34	Unrelated busin	ess taxa	ble income. Subtract line 33 line 32	trom li	ne 32 it line 33 is gi	reater than line ${m 3}$	ہے او	125,912.
For P	enter the smaller	or zero or	lotice, see Instructions.	• • • •		<u> </u>	<i>1</i> 0 34	Form <b>990-T</b> (2017)
. 0/ 6	The Mark Meaner		,					Form 330-1 (2017)

<sup>7Х2740 2</sup>000 4393JH 700J v 17-7 10 3

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m **990-T** (2017) PAGE 78

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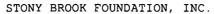
Page 2

STOMY.	BROOK	FOUNDATION.	TNC

Form 990-T (2017)

Par	t fill Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group				
`	members (sections 1561 and 1563) check here ▶ See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	- 1			
	(2) Additional 3% tax (not more than \$100,000)				
C		35c		29,4	423
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax. See instructions	37		_	
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions	39			
40	Tax on Non-Compliant Facility Income. See instructions	40		29,4	423
Par	t IV Tax and Payments	ï			
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 41a				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 41a through 41d	4lte			
42	Subtract line 41e from line 40	42		29,4	123
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43			
	<u> </u>	44		29,4	123
44	Total tax. Add lines 42 and 43	<del>-3"</del> +			
	2017 estimated tax payments				
C	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)	ļ			
е	Backup withholding (see instructions)				
T	Credit for small employer health insurance premiums (Attach Form 8941)				
g	Other credits and payments Form 2439				
	Form 4136 Other Total ▶ 45g	.		252 (	220
46	Total payments. Add lines 45a through 45g	46		352,8	330
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		200	
49_		49	-	323,4	107
7. <u>80</u>	Enter the amount of line 49 you want  Credited to 2018 estimated tax ▶323, 407  Refunded ▶	50			
Par	Statements Regarding Certain Activities and Other Information (see instructions	<u>s)</u>			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		-	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	y have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign	country		
	here ▶BD, CJ, BF, CA, EI, OC, SW			Х	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	· · · · ·		Х
	If YES, see instructions for other forms the organization may have to file	•			
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi	est of my	knowledge	and beli	lef, it is
Sign	true, correct, and complete Declaration of preparer (other man taxpayer) is based on all information of which preparer has any knowledge				
Her			RS discuss preparer st		
			ns)? X Y	_	No
	Print/Type preparer's name Preparer's signature Date		PTIN		
Paid	72 St. and the Check	ıf nployed	P007	4149	0
Prep	0 / 10 / 20 1   Scil-C.		6-6055		
•	Only		12-599		0
	Firm's address > 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013   Phone	no Z	12-099	-010	V

Form **990-T** (2017)





Form 990-T (2017)							Page 3
Schedule A - Cost of G	oods Sold. Er	nter metho	d of invent	ory valuation	<b>&gt;</b>		
1 Inventory at beginning of y	/ear . 1			6 Inventory	at end of yea	ar	. 6
2 Purchases				7 Cost of	goods so	ild. Subtract line	
3 Cost of labor	3			6 from	line 5 Er	nter here and in	
4a Additional section 263A co	osts			Part I, line	2		.   7
(attach schedule)	4a					section 263A (	
<b>b</b> Other costs (attach schedu				property	produced	or acquired fo	r resale) apply
5 Total. Add lines 1 through	4b . 5			to the orga	anization?.		
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	erty)
(see instructions)							. <u> </u>
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accru	red				
for personal property is more than 10% but not percentage of rent			age of rent fo				directly connected with the income (a) and 2(b) (attach schedule)
(1)			_				
(2)							
(3)							
(4)				-			
Total		Total				<u> </u>	
(c) Total Income. Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deducti Enter here and o	
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colu	
Schedule E - Unrelated De	ebt-Financed I	<b>ncome</b> (se	ee instructi	ions)			
			2 Gross	income from or	3. (		onnected with or allocable to ced property
1. Description of deb	ot-financed property		1	to debt-financed	(a) Straig	ht line depreciation	(b) Other deductions
			Р	roperty		ich schedule)	(attach schedule)
(1)							
(2)							
(3)							
(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	Column divided column 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
			•			re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	ions included in co					<u>.</u> <u>.</u> .	

Form **990-T** (2017)

Page 4

Schedule F - Interest, Ann	uities, Royalties	s, and	Rents	Fro	m Contro	lled Or	ganiz	zati	ons (see	instruction	ons)	
					ntrolled Org					_	<u> </u>	
1 Name of controlled organization	2 Employer identification numb	per			ated income nstructions)	4 Total payme	of spec		ıncluded	f column 4 t in the contr ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)												-
(2)									-			
(3)												,
(4)										_		
Nonexempt Controlled Organi	zations											•
7 Taxable Income	8. Net unrelated in (loss) (see instruc				Fotal of specific ayments made	ed	ine	clude	t of column ed in the co ation's gros	ntrolling	1 co	Deductions directly innected with income in column 10
(1)					-							
(2)					-	-						
(3)						-				-		
(4)			1									
Totals	ncome of a Sec	 ction 5	 601(c)	(7),	(9), or (17		Er P	iter h art I,	olumns 5 a ere and on line 8, colui	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1 Description of income	2 Amount o	Income			3 Deduc directly con (attach sch	nected				t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											ļ	
(2)					1							
(3)												
(4)	Enter here and											
Totals ▶ Schedule I - Exploited Exc	Part I, line 9, c	come,			an Adverti		com	e (s	ee ınstru	ctions)	- 1	Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	d conn prod un	rectly ected w luction or irelated ess inco	ith of	from unrelate or business of 2 minus cole If a gain, co cols 5 thro	(column umn 3) mpute	from	n acti	income ivity that irrelated income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											•	
(2)											-	
(3)					-							
(4)												
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	nere and 1, Part 0, col (i	l,								Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	ncome (see instr	uctions)	)		-							·
Part I Income From Per	iodicals Report	ed on	a Cor	nsoli	dated Bas	is						
	2 Gross	<u></u>			4 Advert	sing						7. Excess readership costs (column 6
1 Name of periodical	advertising income		Direct tising co	sts	gain or (loss 2 minus co a gain, con cols 5 thro	3) If	3) If income costs			minus column 5, but not more than column 4)		
(1)												}
(2)											-	7 1
(3)						ļ						7 !
(4)												┦ !
	<del>-  </del>								_			<u>'</u>
Totals (carry to Part II, line (5))												Form <b>990-T</b> (2017)
												rom 330-1 (2017)

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STONY BROOK FOUNDATION, INC.

11-6077945

Page 5

Part I Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	,					
(2)				-		
(3)						
(4)					-	
Totals from Part I ▶						
	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)						

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			

Form **990-T** (2017)

STONY BROOK FOUNDATION, INC.

11-6077945

ATTACHMENT 1

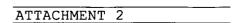
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY INCOME FROM INVESTMENTS IN LP

154,895.

INCOME (LOSS) FROM PARTNERSHIPS

154,895.



## FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	171,562. 0.
LESS DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	30,549.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	14,101.
CHARITABLE CONTRIBUTION	14,101.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	14,101.

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11-6077945

ATTACHMENT 3

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,750.

PART II - LINE 28 - OTHER DEDUCTIONS

2,750.

## ATTACHMENT 4

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	125,912.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	32,356.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	26,442.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	5,953,504.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	4,786,002.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	16,311.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	13,112.
	· ·
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	29,423.

### SCHEDULE D (Form 1120)

## **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

2017

Department of the Treasury Internal Revenue Service

Name

Employer identification number

STO	NY BROOK FOUNDATION, INC	11-6077945					
Par	t I Short-Term Capital Gains and Losses	s - Assets Held O	ne Year or Less				
	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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
11	whole dollars  3 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.			column (g)		the result with column (g)	
	o Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with <b>Box 8</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	275				275	
4	Short-term capital gain from installment sales from f	Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				_6_	( 3,352)	
7 Par	Net short-term capital gain or (loss) Combine lines 1				7	-3,077	
	See instructions for how to figure the amounts to enter on	(d)		(g) Adjustments	o gain	(h) Gain or (loss)	
	the lines below  This form may be easier to complete if you round off cents to whole dollars	res below  Proceeds Cost Or loss from Form Orm may be easier to complete if you round off cents to (sales pince) (or other basis) 8949, Part II, linit				· · · · · · · · · · · · · · · · · · ·	
88	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						
81	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box</b> E checked						
10							
	with Box F checked	10,848		,		10,848.	
11	Enter gain from Form 4797, line 7 or 9				11	8,896.	
12	Long-term capital gain from installment sales from Form 6252, line 26 or 37						
13	Long-term capital gain or (loss) from like-kind exchanges from Form 8824						
14	Capital gain distributions (see instructions)	14					
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	19,744	
Part							
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16		
17	Net capital gain Enter excess of net long-term capit	al gain (line 15) over n	et short-term capital los	s (line 7)	17	16,667.	
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the p	proper line on other retu	ıms If	· ·		
	the corporation has qualified timber gain, also complete Part IV					16,667	
	Note: If losses exceed gains, see Capital losses in the				_		

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

Schedule D (Form 1120) 2017

# 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 Name(s) shown on return ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No

Social security number or taxpayer identification number

STONY BROOK FOUNDATION,	INC	11-607794
Before you check Box A. B. or C below, se	ee whether you received any Form(s) 1099-B or subs	titute 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 short term. For long-term Part I 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)

(C) Short-term transactions				wasii t iepoite	ed to the INS		
1 (a) Description of property	(b) (c)  Date acquired (Mo. day, yr.)  Outline (c)  Date sold or disposed of	(d) Proceeds	Cost or other basis See the Note below	Adjustment, if a lift you enter a conservation See the separate	(h) Gain or (loss) Subtract column (e		
(Example 100 sh XYZ Co)		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)
ST CAP GAIN FROM LP INVESTMENTS	VAR	VAR	, 275				275
			_				
			_		-		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above is checked) or line 3 (if Box Ca)	here and inc is checked), lin	lude on your e 2 (if Box B	275				275

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. 7X2615 2 000

Form 8949 (2017)

Form 8949 (2017)	Attachment Sequence No 12A	Page <b>2</b>
Name (c) shown an return. Name and SSN or taynayer identification no not required if shown on other side	Social security number or taxnaver identification numb	ner

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

STONY BROOK FOUNDATION, INC

Social security number or taxpayer identification number

11-6077945

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 long term. 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).

			n one box applies for your long-term transactions, complete
a separate Form 8949, page 2,	for each applicable box I	f you have more l	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 transaction	s reported on Form(s) 109	9-B showing basis	is was reported to the IRS (see Note above)
(E) Long-term transaction	s reported on Form(s) 109	9-B showing basis	s wasn't reported to the IRS
X (F) Long-term transaction	s not reported to you on F	orm 1099-B	
			Adjustment If any to gain or loss

(a)  Description of property	(Mo. day ve.)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, If if you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAP GAIN FROM LP INVESTMENTS	VAR	VAR	10,848				10,848
							-
							1
				:			<del></del>
							<del></del>
				!	-		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above shows its checked) or line 10 (if Box D above line 10 (if Box D abo	here and including the checked), line	de on your 9 (if <b>Box E</b>	10,848				10,848

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 (2017)

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4393JH 700J V 17-7.10 0193322-00003 PAGE 93