Form	990-T	E	kempt Organization (and proxy ta						A BWO	lo 1545-0687
7 01111		For cale	ndar year 2018 or other tax year begi						2	<b>018</b>
	tment of the Treasury		► Go to www irs.gov/Form99						Open to P	ublic Inspection for
Interna	al Revenue Service	Do I	not enter SSN numbers on this form	_	ay be made public ame changed and s					ublic Inspection for Organizations Only cation number
A L	Check box if address changed		Name of organization ( Check	DOX II III	ame changed and s	ee mstruction	<b>(5</b> )		oyees' trust, se	
	empt under section		UNIVERSITY AT BUFFA	ALO :	FOUNDATION	, INC.				
X	501( C <u>Q3</u> )	Print or	Number, street, and room or suite no	lf a P (	D box, see instruction	ons			865182	
	408(e) 220(e)	Туре							ated busine: astructions)	ss activity code
<u> </u>	408A530(a)		BOX 900		710 (	-1				
 C.Ba	529(a)	{	City or town, state or province, coun		ZIP or foreign posta	ai code		5200	0.0	
	ok value of all assets end of year	F 6.5	BUFFALO, NY 14226-0  oup exemption number (See instruc		_			3200		
	1129441836.		eck organization type   X 50			501/0	) trust	401(a)	truet	Other trust
			anization's unrelated trades or busin		_	1 100110			(or first) ui	
	ade or business her	•				If only one.	complete Parts I	-		
			e end of the previous sentence, co	omplet		• •	•		-	
	ade or business, th			•						
I D	uring the tax year,	was the	corporation a subsidiary in an aff	iliated	group or a parent	-subsidiary	controlled group?		▶ ∟	Yes X No
			identifying number of the parent of	orpora	tion 🕨					
			DWARD P. SCHNEIDER			Telephor	ne number ▶ 71	6-645		
î Pa	Unrelated	Trade	or Business Income		(A) Inc	ome	(B) Exper	ses		(C) Net
1 a	Gross receipts or	sales								
b			c Balance						+	
2	_		dule A, line 7)		-	· · · · · ·			//	
3	•		2 from line 1c		5.5	8,554.				558,554.
4a			attach Schedule D) Part II, line 17) (attach Form 4797)		1	70,334.		<del>/</del>	<del> </del>	
b c			trusts		_			/	<del>                                     </del>	
5	· ·		or an S corporation (attach statement)		<del></del>	3,330.	**ATCH/2		_	1,993,330.
6				· —		<del>- :</del> -				
7	·		ncome (Schedule E)					•		
8	interest, annuities roy	alties, and re	ents from a controlled organization (Schedule	F) 8						
9	Investment income of	a section 50	01(c)(7), (9), or (17) organization (Schedule (	3) 9						
10	Exploited exempt	activity i	income (Schedule I)	. 10						
11			dule J)						ļ	
12			ctions, attach schedule)			/	<u> </u>		<del> </del>	1 124 556
	Total Combine li	nes 3 thr	rough 12	.   13		4,776.	1	F		1,434,776.
S Fa			Taken Elsewhere (See instance) to be directly connected with					Except	ior contri	butions,
		_	, directors, and trustees (Schedule )				1	. 14	1	
ANNED	•				~RECE	Vにひ		15		
m 16	Repairs and mair	tenance		2			Š	16	T	
17	Bad debts			14	JUL 2	3 2020		17		
≥ 18				1	1	#11.00.1.00 1.00.1 (d. 100	<u>% </u>	18		
☐ 19	Taxes and license	s	(see instructions)	] .	OCDE	N. 447	Γ	19	<u> </u>	7,280
<del>–</del> ' 20	Official actions	001101101	333	, , , , , , , ,				20	ļ	
21			1 4562)							
2021	·		d on Schedule A and elsewhere on		,			22b		
24			compensation plans					- (		
25 26			ns							
26 27			(Schedule I)							
28			schedule)							872,744.
29		•	es 14 through 28					1 1		880,024
30			ble income before net operation						<u> </u>	2,314,800.
31			ng loss arising in tax years beginr					. 1 31		
32			le income. Subtract line 31 from lii	ne 30		<u> </u>	<u></u>	. 32		2,314,800.
For	Paperwork Reduc	tion Act	Notice, see instructions				_		Fo	m <b>990-T</b> (2018)
5/12/	4507FK 22	14 5/	12/2020 10:19:27 AM	ı V	18-8.4F	01/	2490691			

9,15249

	Form :	990-T (2018)				age z
	Par	t III Total Unrelated Business Taxable Income				
	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33		3,3	378.
	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		3,3	378.
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36			
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
	38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	$\Box$			
ı		ehter the smaller of zero or line 36	38			0.
	Par	Tax Computation				
}	39/	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
•	40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	40	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
	41	Proxy tax. See instructions	42			——
	42	Tax on Noncompliant Facility Income. See instructions				
	43					—
11 .		Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	1 49-49			
H	Par		$\overline{1}$			
1/		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-			
		Other credits (see instructions)	1 1			
	C	General business credit Attach Form 3800 (see instructions)	-l			
		Credit for prior year minimum tax (attach Form 8801 or 8827)	┥╻╴┃			
	8	Total credits. Add lines 45a through 45d	45e			
	46	Subtract line 45e from line 44	46			
	47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				0.
	48	Total tax. Add lines 46 and 47 (see instructions)				
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	50 a	Payments A 2017 overpayment credited to 2018	-l			
		2018 estimated tax payments 50b	- I			
	C	Tax deposited with Form 8868	4			
	d	Foreign organizations. Tax paid or withheld at source (see instructions)	. I			
	0	Backup withholding (see instructions)	-			
	f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_			
	g	Other credits, adjustments, and paymentsForm 2439				
		Form 4136 Other Total ▶ 50g	_l			
	51	Total payments. Add lines 50a through 50g	51			
	52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
٠,	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
11_	_54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
1-	55	Enter the amount of line 54 you want    Credited to 2019 estimated tax    Refunded	55			
		t VI Statements Regarding Certain Activities and Other Information (see instruction	ns)			
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in				
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				1
		here <b>&gt;</b>				Х
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a force	eion trus	12		х
	<i>J1</i>	If "Yes," see instructions for other forms the organization may have to file	g			
	50	Enter the amount of tax-exempt interest received or accrued during the tax year > \$81,464.			ì	
	<u>58</u>	Under penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the	best of m	ny knowledge	and bel	lef, it is
	Sim.	true, correct, and complete conditation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
	Sig			IRS discuss		
	Her			preparer sl lons)? X y		No
		Prest/Type preparer name Prenamer's signature Date	T	PTIN		
	Paid	1		†   <sub>====</sub>	4772	20
	_	Darer 1000 F TENESCO 110	employed	13-556		
		Film's name REPIG LLE		18-427-		
		Firm's address ► 515 BROADWAY, 4TH FLOOR, ALBANY, NY 12207 Pho	ne no J	10 14/-	1000	

JSA

Form **990-T** (2018)

Form **990-T** (2018)

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

Total dividends-received deductions included in column 8

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

 $\blacktriangleright$ 

Page 4

Schedule F-Interest, Annu	uities, Royalties	<del></del>					ions (see	instructio	ns)	
		Exer	npt Co	ntrolled Org	ganizatio	ns				
Name of controlled organization	2 Employer identification numb	iei į		ated income nstructions)	ı	of specified nts made	included	f column 4 th in the contro ion's gross ind	lling	6 Deductions directly connected with income in column 5
(1)						· <u> </u>				
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific ayments made		ınclud	ert of column led in the coi zation's gross	ntrolling		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sec		 c)(7),	 (9), or (17	▶ ) Orga	Enter Part	columns 5 a here and on I, line 8, colur	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount o	f income		3 Deduction directly contact (attach sch	nected			t-asides schedule)	asides 5 Total de	
(1)										<u>.</u>
(2)										
(3)										
(4)	ļ. <u> </u>									
Tatala	Enter here and Part I, line 9, o									Enter here and on page 1 Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exc		oomo Ot	hor Th	an Advort	icina Ir	ocomo /	coo inctrii	otions)		
Schedule I-Exploited Ex	empt Activity in	icome, Oti	ner in	an Advert	ising ir	icome (	see instru	T (ions)		<u> </u>
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experior direct connected production unrelated business in	ly d with on of ed	4 Net incorfrom unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column lumn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Experatributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										·
(2)		-								
(3)		<u> </u>							~	
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,			l		<b>.</b>		Enter here and on page 1, Part II, line 26
Schedule J- Advertising la	ncome (see insti	ructions)		•						•
Part I Income From Per			onsol	idated Ba	sis					
	1									7 5
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (lo 2 minus c a gain, cc cols 5 thr	ss) (coi ol 3) If impute		rculation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)								1		
(4)										
			_							
Totals (carry to Part II, line (5))								<u> </u>		

Form 990-T (2018)

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	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<del></del>				
(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 (2018)

### SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income for **Unrelated Trade or Business**

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $_{-}$ 06/30 .2019

▶ Go to www irs gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

value of organization											
UNIVERSITY	ΑT	BUFFALO	FOUNDATION,	INC							

Employer identification number 16-0865182

Unrelated business activity code (see instructions) ▶ 520000

	Describe the unrelated trade or business ▶ PARTNERSHIP	1 -	CONTROL TEST NO	T MET		
Pa	Unrelated Trade or Business Income	(A) Income	(B) Expenses		(C) Net	
1 a	Gross receipts or sales		•			
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach		,			-
	statement) ATCH 4 .	5	3,489.			3,489.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7			•	
8	Interest, annuities, royalties, and rents from a controlled			•		
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)			•		
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	3,489.			3,489.
Pa	rt II Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the ur	ns fo		ns ) (Except for co	ntribu	tions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					-
16	Repairs and maintenance					
				· · · · · · · · · · · ·		

18 Interest (attach schedule) (see instructions) 18 17. 19 20 Charitable contributions (See instructions for limitation rules) . . . . . . . . . . 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . . . . . 22a 22 22b 23 23 24 24 25 26 26 \_27 27 94. 28 28 111. 29 29 3,378. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 3,378. Unrelated business taxable income Subtract line 31 from line 30 . . . . . . . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 2

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

UBTI FROM PARTNERSHIP INVESTMENTS SECTION 163(J) LIMITATION

-2,091,942.

98,612.

INCOME (LOSS) FROM PARTNERSHIPS

-1,993,330.

ATTACHMENT 3

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

ACCOUNTING FEES INVESTMENT FEES

41,341.

831,403.

PART II - LINE 28 - OTHER DEDUCTIONS

872,744.

16-0865182

ATTACHMENT 4

METROPOLITAN REAL ESTATE PARTNERS

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

UBTI FROM PARTNERSHIP 1

3,489.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

3.489

16-0865182

ATTACHMENT 5

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

94.

PART II - LINE 28 - OTHER DEDUCTIONS

9.4

### 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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

UNIVERSITY AT BUFFALO FOUNDATION, INC.

Employer identification number 16-0865182

Part	Short-Term Capital Gains and Losses		1			16-0865182
	See instructions for how to figure the amounts to enter on	•		(g) Adjustments to	gain	(h) Gain or (loss)
	the lines below	(d)	(e) Cost	or loss from Form(		Subtract column (e) from
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	(or other basis)	8949, Part I, line 2 column (g)	2,	column (d) and combine the result with column (g)
1a '	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		,	column (g)		THE TESSER WITH COLUMN (g)
	Totals for all transactions reported on Form(s) 8949 with Box A checked	3,700				3,700
	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			_		, , , , , , , , , , , , , , , , , , , ,
	Short-term capital gain from installment sales from				4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	3,700
art						3,,00
art	See instructions for how to figure the amounts to enter on	•	H	(g) Adjustments to	gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (g)
,	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 Form(s) 8949					
	with Box F checked	63,226		<u> </u>		63,226
11	Enter gain from Form 4797, line 7 or 9				11	491,628
12	Long-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		1,2	<u> </u>
13	Long-term capital gain or (loss) from like-kind exchai	nges from Form 8824			13	_
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	Sa through 14 in column	n h		15	554,854
art	A = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
16	Enter excess of net short-term capital gain (line 7) of	over net long-term capit	al loss (line 15)		16	3,700
	Net capital gain Enter excess of net long-term capital				17	554,854
	Add lines 16 and 17 Enter here and on Form 1120	., •	proper line on other ref	turns	18	558,554
	Note If losses exceed gains, see Capital losses in the perwork Reduction Act Notice, see the Instruction	<del> </del>				Schedule D (Form 1120) 20

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

Schedule D (Form 1120) 2018

# Form 8949

### Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

Name(s) shown on return

UNIVERSITY AT BUFFALO FOUNDATION, INC

Social security number or taxpayer identification number

16-0865182

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

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(a) Description of property	(b) Date acquired	(c) (d) Cost or other basis See the Note below Adjustment, if any, to gain or to lif you enter an amount in column enter a code in column (f) See the separate instructions		(c) (d) Cost or other basis enter the second of the second	(c) Date sold or	(d) Cost or other basis		Proceeds	(e) If you er Cost or other basis		Cost or other basis See the Note below	(h) Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Co)	(Mo. day, yr) dis	disposed of (Mo , day, yr )	(sales pnce) (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)					
OM SCH K-1 (1065)			3,700				3,700					
			,									
							,					
							1					
						_						
· · · · · · · · · · · · · · · · · · ·	1											
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C at the columns of the colu	I here and inc is checked), lin	lude on your e 2 (if Box B	3,700				3,700					

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 (2018)

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

UNIVERSITY AT BUFFALO FOUNDATION, INC.

16-0865182

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.

11	IOI	fore 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									
	Х	(F) Long-term transactions not reported to you on Form 1099-B									

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if if you enter an a enter a co	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 str X12 GO)	(NOC, 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)
FROM SCH K-1 (1065)			63,226				63,226
						-	
	<u> </u>			•			
	1						
		-					
		<del>                                     </del>					
2 Totals Add the amounts in column negative amounts) Enter each tot							
Schedule D, line 8b (if Box D abov above is checked), or line 10 (if B	e is checked), line	e 9 (if Box E	63,226				63,226

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

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