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If Yes', there the name and identifying number of the parent corporation.		_										
J The books are in care of ▶ L. BARNETT C/O GIPSON HOFFMAN ET A Telephone number ▶ 310-555-4660 . Part I Unrelated Trade or Business income (A) income (B) Expenses (C) Net 1a Gross recepts or sales b Less returns and allowances c Cost of goods odl (Schedule A, Ine 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain in income (attach Schedule O) b Net gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (Form a praireship or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-innanced income (attach form a controlled organization (Schedule F) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501 (c)(-1), 9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule) 13 Total, Combine lines 3 linkough 12 Part II Deductions Not Taken Elsewhere (See instructions for furnitations on deductions) (Except for contributions, deductions must be directly confected gript, the junction of the part and wages 16 Repairs and maintenance 17 Total Combine lines 3 linkough 12 Depreciation (attach form 4562) 19 Taxes and licenses 10 CGDEN, UT 19 Taxes and licenses 20 Contributions (See instructions for limitation rules) 21 Contributions (See instructions for limitation rules) 22 Certified deductions (A) income (Schedule I) 23 Ception (Contributions (See instructions for limitation rules) 24 Contributions (See instructions for limitation rules) 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Total deductions (A) income (Schedule I) 28 Excess readership costs (Schedule I) 29 Contributions (A) income (Schedule I) 20 Contributions (A) income (Schedule I) 21 Contributions (A) income (Schedule I) 22 Excess readership costs (Schedule I) 28 Contributions (A) income (Schedule I) 29 Contributi			-		-		ent-subs	idiary controlled gi	oup?	▶ L	Ye	s X No
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17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 31 Unrelated business taxable income. Subtract line 31 from line 30 32 Unrelated business taxable income. Subtract line 31 from line 30		16	Repairs and mainten	ance		[일	JAN.	1 7 2000	121		16	<u> </u>
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Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 10, 688.	22		=	dule) (se	ee instructions)	ريافار	EN	절1				
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 Depletion 23 24 25 26 27 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			40			<u>FN.</u> UT	7				
Employee benefit programs 25	7.A					rules)		1 04	- -J		20	
Employee benefit programs 25	. 33				•						201	
Employee benefit programs 25	₩,			imea or	i Schedule A and eisewhere	e on return		[228				
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Total deductions (attach schedule) Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 Excess exempt expenses (Schedule J) 26 27 28 48 29 0. 10,688.	Ö		-	rred cor	mnensation plans							
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 10,688.	≥ = ₹				approprietable plans							
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 10,688.	5 80°			-	hedule I)							
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 10,688.			•	•	•							
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 10,688.	SO E S			•	•						28	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 10 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 11 Unrelated business taxable income. Subtract line 31 from line 30 10,688.	2 2	29	Total deductions. Ad	dd lines	14 through 28					į	4 9	
Unrelated business taxable income. Subtract line 31 from line 30) 72(30	Unrelated business to	axable ir	ncome before net operating	loss deduction. Subtra	ct line 29	from line 13			30	10,688.
	~				•		ary 1, 20	118 (see instruction	ıs)		81	10 (00
											<u> </u>	

LAWRENCE & ISABEL BARNETT CHARITABLE

Form 990-			20-27	<u>61633</u>	Page
Part	III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructio	ns)	33	10,688.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of			
	lines 33 and 34		~	36	10,688.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		7	S (Dai7)	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	õ		
	enter the smaller of zero or line 36) l 38	9,688.
Part	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		40	3 9	2,034.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 fr	rom:		
	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	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		40) 44	2,034.
Part \	V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
Ь	Other credits (see instructions)	45b		7	
	General business credit. Attach Form 3800	45c		7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	2,034.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	66 🗍 0	ther (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			4048	2,034.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
		∤ 50a	5,022	. —	
	2018 estimated tax payments	50b		7	
	Tax deposited with Form 8868	50c	-	7	
	Foreign organizations; Tax paid or withheld at source (see instructions)	50d		1	
	Backup withholding (see instructions)	50e		7	
	Credit for small employer health insurance premiums (attach Form 8941)	50f	· <u>···</u>	1	
	Other credits, adjustments, and payments: Form 2439	1		7	
8	☐ Form 4136 ☐ Other ☐ Total ▶	50g			
51	Total payments. Add lines 50a through 50g	_ <u> </u>	<u> </u>	51	5,022.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	<u> </u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			75 54 T	2,988.
متحص		988.		1055	0.
Part	VI Statements Regarding Certain Activities and Other Informatio	n (see in	structions)	XII/VU	<u></u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				103 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				1 1
	here	ioreign cou	iiu y		x
£7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	anoforor to	a foreign truct?		$-\frac{x}{x}$
57		ansierui tu,	a lulelyll trustr		1 1 1
60	If "Yes," see instructions for other forms the organization may have to file.				1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomosts and	to the heat of my know	adaa and bala	<u> </u>
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any knov	wiedge	edge and belle	7, 11 13 11 10 0,
Here	LIJIA/SON DIDECTO	מי	4	•	scuss this return with
	Signature of officer Date Title	,K			own below (see
-				nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	ite /	Check	If PTIN	
Paid	WILLIAM ZEBORIS,	10/20-	self- employed		100070
Prepa		- / -			0088278
Use C	Only Firm's name CITRIN COOPERMAN & COMPANY, LLP	-	Firm's EIN		-2428965
	709 WESTCHESTER AVENUE		Dh	/01//	040 2000
	Firm's address > WHITE PLAINS, NY 10604		Phone no.		949-2990
823711 01	I-09-19			F	orm 990-T (2018)

Form 990-T (2018) FOUNDATION, INC.

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation > N/A		 	- · · · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of year	ır		6
2 Purchases	2		7	Cost of goods sold. St		ine 6	
3 Cost of labor	3		1	from line 5. Enter here			
4a Additional section 263A costs			1	line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		1 1	property produced or a		•	
5 Total. Add lines 1 through 4b	5		1	the organization?	•	, ,	
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prope	rty)
(see instructions)							
Description of property							
(1)							
(2)						- 	
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than) 'of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co- columns 2(a) and	ennected with the income in 2(b) (attach schedule)
(1)							
(2)		L					
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter	•		0	(b) Total deductions. Enter here and on page 1,	. 0
Schedule E - Unrelated Deb		Income (see		et on a)	0.	Part I, line 6, column (B)	<u> </u>
Constant L Cinciated Deb	t i illanoca	moonic (see	T	Ctions	Ι	3. Deductions directly connec	cted with or allocable
			2	. Gross income from or allocable to debt-	L	to debt-financed	property
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
						·	
(1)		-	1				
(2)							
(3)							
(4)			1				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	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)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)
Totals				•		0.	0.
Total dividends-received deductions in	cluded in column	18					0.
							Corm 000 T (2010)

hedule F - Interest,				Controlled, O				- (300 111	struction	<u> </u>		
1. Name of controlled organize	tden:	mployer ification imber	3. Net uni	related income e instructions)	alated income 4. Total		al of specified ents made 5. Part of included or ganizat		rolling	6. Deductions directly connected with income in column 5		
							-					
			1									
			<u> </u>									
exempt Controlled Organ 7. Taxable Income	8. Net unrelated inci		0.7-44	-1		10. Part of colu	O the	t on one booking	T 44 D=	ductions directly conne		
7. Taxable Income	6. Net un elateu incl		g, rotar	of specified payr made	ients	in the control	ling organ	nization's		income in column 10		
	 		 						ļ			
	 		<u> </u>									
						Add colu			I -	ld columns 6 and 11		
						Enter here and line 8,	d on page column (Enter here and on page 1, Part line 8, column (B)		
8					· 📘			0.				
nedule G - Investme	ent Income of a	Section	501(c)(7	'). (9). or (7) Org	anization			<u> </u>			
	tructions)			,, (-), (.,							
1. Des	scription of income			2. Amount of	ncome	3. Deduction directly connection (attach scheen	ected	4. Set- (attach s	esides schedule)	5. Total deduct and set-asid (col 3 plus co		
								ļ		 		
				Enter here and o	n page 1	·		<u> </u>		Enter here and on p		
				Part I, line 9, col	umn (A)					Part I, line 9, columi		
ls			•		0.							
nedule I - Exploited	Exempt Activit	y Income	e, Other	Than Adv	ertisin	g Income						
(see instr	ructions)			<u></u>						,		
	2. Gross		penses	4. Net incom		5. Gross inc	ome	6 6	oenses	7, Excess exern expenses (colur		
1. Description of exploited activity	unrelated business income from	directly connected with production of unrelated		business (column 2 minus column 3) If a		from activity that is not unrelated		attributable to		6 minus column		
	trade or business		s income	gain, compute cols 5 through 7 4		business income		Column 5		but not more tha column 4)		
		 -						<u> </u>		 		
	<u> </u>											
		ļ						L				
	Enter here and on page 1, Part I,	page 1	re and on 1, Part I,	[Enter here and on page 1,		
	line 10, col (A)	1	, col (B)				•			Part II, line 26		
s ▶ hedule J - Advertisi	ing Income (see		0.	l								
rt I Income From				solidated	Basis							
Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, compute	5. Circula income		6. Read		7. Excess readers costs (column 6 mil column 5, but not m than column 4)		
						 		 		-		
		-		7				Ī ——		-		

LAWRENCE & ISABEL BARNETT CHARITABLE

Form 990-T (2018) FOUNDATION, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in 20-2761633 Page 5 columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross advertising income 5. Circulation 6. Readership costs (column 6 minus column 5, but not more than column 4) 3. Direct 1. Name of periodical advertising costs costs (1) (2) (3) (4) Totals from Part I ▶ 0. Ó. 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. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of Compensation attributable to unrelated business time devoted to business 2. Title 1. Name (1) % (2) (3) % % (4) 0. ightharpoonupTotal. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 10
BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS WITH REAL ESTATE INCOME

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11
DESCRIPTION	NET INCOME OR (LOSS)
FORTRESS REAL ESTATE OPPORTUNITIES II - ORDINARY BUSINESS INCOME (LOSS)	4,953.
ALTAIR - PACIFIC COAST CAPITAL PARTNERS EQUITY VI - ORDINARY BUSINESS INCOME ALTAIR - PACIFIC COAST CAPITAL PARTNERS EQUITY VI - NET	-1,643.
RENTAL REAL ESTATE I AJ CAPITAL REAL ESTATE FUND II - ORDINARY BUSINESS INCOME	67.
(LOSS) FORTRESS REAL ESTATE OPPORTUNITIES III - ORDINARY BUSINESS	-88. -32.
INCOME (LOSS) TTC WORLD EQUITY FUND QP - ORDINARY BUSINESS INCOME (LOSS)	22.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	3,279.

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

LAWRENCE & ISABEL BARNETT CHARITABLE FOUNDATION, INC.

Employer identification number

20-2761633

Part I Snort-Term Capital Gail	is and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
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				ť	
1b Totals for all transactions reported on 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					-344.
4 Short-term capital gain from installment sales t	from Form 6252 June 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	•			5	
	•			6	,
6 Unused capital loss carryover (attach computat	•	. L		7	-344.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9.	(h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g
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			i		
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					
11 Enter gain from Form 4797, line 7 or 9				11	7,753
12 Long-term capital gain from installment sales f	from Form 6252. line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	·			13	
14 Capital gain distributions	oxenangee ment of the eee.			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	7,753
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (line		I loss (line 15)		16	
	•		ا 7 م	17	7,409.
					, ,, ,, ,, ,, ,, ,,
17 Net capital gain. Enter excess of net long-term18 Add lines 16 and 17. Enter here and on Form 1		•	· · /	18	7,409

JWA

Form **8949**

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

Attachment Sequence No 12A

Name(s) shown on return

LAWRENCE & ISABEL BARNETT CHARITABLE FOUNDATION, INC.

Social security number or taxpayer identification no.

<u>20-2761633</u>

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 <u>broker and may even tell you which box to check</u> 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) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e) loss. If you enter an amount Cost or other Proceeds Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) Ir Code(s) the instructions with column (g) adjustment TTC WORLD EQUITY <344. FUND QP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B <344.> above is checked), or line 3 (if Box C above is checked)

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