		· orm:990-T	Ex	empt Organ	ization E	Buşiı	ness l	ncome	Ţax Returi	n	OMB No 1545 0	047
	`F	orm:330-1		•	proxy tax ι				• / 1 /	05	2019	)
			1	r 2019 or other tax y						, <u>~2020</u>	2013	'
		tment of the Treasury		o to www.irs.gov							Open to Public Inspec	tion for
		al Revenue Service	► Do not	enter SSN numbers				d see instruction			501(c)(3) Organization	ns Only
	A	Check box if address changed	d				-	a see instruction	is)	<b>√</b>	mployer identification Employees' trust, see istructions)	number
		xempt under sectio	••	Houston Sy 615 Louisi				RE	CEIVED	1 1	•	
	1	501( c <u>1703</u> )	or Type	Houston, T		#102	ľ		7		20-8350227 Inrelated business acti	vity code
	_	408(e) 220( 408A 530(	e)				1	APR	2\8 2021	/ ŏ	See instructions)	ony code
	<b> </b>	_ 408A           530(  529(a)	a)				ŀ	8 (^' '		(A)	525990	
		ook value of all assets	F Groun	L exemption number	r (See instruct	ions )!		<del>-1-1-</del>	Z-\\ /	<u> </u>	323990	
	at	end of year	<del></del>	k organization typ			corpor	OG	DENJUI	401(a)	trust Othe	r trust
	ш 6	73,523,933 Enter the number of the	•				• 1	- 1-7-s	Describe the ex			- trust
		rade or business he	-				1		Describe the or	•	unrelateu ne, complete Part	s I_V
		f more than one, de					previou	s sentence,	complete Parts			
		or each additional t		•			<u> </u>		,	,	•	
	1 0	During the tax year,	was the corpo	ration a subsidia	ry in an affilia	ted gr	oup or a	parent-subs	sidiary controlle	d group?	► Yes X	No
		f 'Yes,' enter the na		fying number of t	he parent cor	poration	on 🏲	<del></del>				
		he books are in care	22029	ana Rickard					Telephone nu	mber► 71	3-238-1470	
	Par			usiness Inco	ne		(A	) Income	(B) Exp	enses	(C) Net	
	_	Gross receipts or s				l _			l			
		Less returns and allowa			c Balance►	1 c			_			
		Cost of goods sold			1071	2						
		Gross profit Subtr		1 11 1	14/1	3						
		Capital gain net in		<b>U</b> 1	100	4a		1,74	3.		1,	<u>743.</u>
		Net gain (loss) (Form 4		/) (attach Form 4/9/)		4b						
		: Capital loss deduc Income (loss) from a		r an S cornoration		4c		<del></del>			<b>/</b>	
	,	(attach statement)	a paratership of	an o corporation	St 1	5		-38,143	3.		-38,	143.
	6	Rent income (Sche	edule C)			6						
	7	Unrelated debt-fina	anced income	(Schedule E)		7						
	8	Interest, annuities, royal	lties, and rents fro	m a controlled organi	zation (Schedule F)	8						
	9	Investment income of a	section 501(c)(7),	(9), or (17) organizat	ion (Schedule G)	9					·	
	10	Exploited exempt a	activity income	(Schedule I)		10			1.			
	11	Advertising income	e (Schedule J)			11						
	12	Other income (See	instructions,	attach schedule)					l			
						12		<u>/</u>				
		Total. Combine line				13		-36,400	0:  • •	0:	36,	<u>400.</u>
	Par							nitations (	on deduction	s.) (Dedi	uctions must b	e
	14	Compensation of o		th the unrelate			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14	I	
		Salaries and wage		- · - ·	· ·		_			- 15		
	16	Repairs and mainte								16		
	17	Bad debts								17		
_	18	Interest (attach sch	nedule) (see ir	nstructions)						18	-	
į	19	Taxes and licenses								19		
í	20	Depreciation (attac						20		1		
)	21	Less depreciation	=	hedule A and els	ewhere on ret	urn		21a		21b		
•	22	Depletion		/				[ ]		22		
)	23	Contributions to de	ferred comper	nsation plans						23		
í	24	Employee benefit		<b>,</b>						24		
	25	Excess exempt ex		lule ľ) *		• -			••	~ 25		<del></del>
	26	Excess readership								26		
	27	Other deductions (						See	Statemen			500.
	28	Total deductions.								28		500.
	29	Unrelated business							rom line 13	29	-36,	900.
	30	Deduction for net operal	•				8 (see insti	ructions)		30		200
۰	<u> </u>	Unrelated business				.9				31	-36,	
	RAA	For Paperwork Re	auction Act N	otice, see instruc	tions.				CIL	$\mathbf{a}$	Form 990-T (2	2019)

		V(2019) Houston Symphony Endowment	<u> </u>	20	<u>0-8350227</u>	Page 2
Pa	rtilli/	Total Unrelated Business Taxable Income				
32		lof unrelated business taxable income computed from all unrelated trades or uctions)	businesses (se	e	32	36 000
33	,	unts paid for disallowed fringes.		' -	33	<del>-36,900.</del>
34		ritable contributions (see instructions for limitation rules)	Stat	ement 3		<del></del>
35		I unrelated business taxable income before pre-2018 NOLs and specific deduc			34	<u> </u>
33		sum of lines 32 and 33	cuon Subtract ii	ne 34 from	35	-36,900.
36	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)			36	30,300.
37	Tota	of unrelated business taxable income before specific deduction. Subtract line	e 36 from line 3	$_{5}$ $7$	37	-36,900.
38		cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		-	38	
39	Unre	lated business taxable income. Subtract line 38 from line 37 If line 38 is gre r the smaller of zero or line 37	eater than line 3	<sup>7,</sup> []	39	-36,900.
Par	tiV	Tax Computation			1	
		nizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		•	40	0.
41		ts Taxable at Trust Rates. See instructions for tax computation. Income tax o	n the amount			
		ne 39 from			41	
		y tax. See instructions		•	42	
		native minimum tax (trusts only) on Noncompliant Facility Income. See instructions			43	
					44	
		I. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
		Tax and Payments	T		1	
			46a	<del>_</del>		
		· · · · · · · · · · · · · · ·	46 b		- i	
			46 c 46 d			
		credits. Add lines 46a through 46d	<del></del>		46 e	0
		ract line 46e from line 45			47	0.
		r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866			
		Other (attach schedule).			48	
49	Total	tax. Add lines 47 and 48 (see instructions).			49	0.
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	, line 3		50	
51 a			51 a			
	-		51 b			
С	Tax		51 c			
d	Fore	gn organizations Tax paid or withheld at source (see instructions)	51 d			
е	Back	up withholding (see instructions)	51 e			
		· · · · · · · · · · · · · · · · · · ·	51 f		:	
g		r credits, adjustments, and payments Form 2439				
	_		51 g			
		payments. Add lines 51a through 51g			52	0.
53		nated tax penalty (see instructions) Check if Form 2220 is attached		▶□	53	
54		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		•	54	
55		payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amou		•	55	
56		the amount of line 55 you want Credited to 2020 estimated tax		Refunded P	56	
		Statements Regarding Certain Activities and Other Informati				
57	-	y time during the 2019 calendar year, did the organization have an interest in or a s	_			Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organizati		file FinCEN	l Form 114,	
		t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign co	-	<b>-</b>	<b></b>	_ <u>X</u>
58		g the tax year, did the organization receive a distribution from, or was it the g	grantor of, or tra	nsferor to, a	a foreign trust?	X
		s,' 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	\$	0.		
Sign		Under penalties of periory, I declare that I have examined this return, including accompanying schedul- belier, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all in	es and statements, a formation of which pr	nd to the best o eparer has any	r my knowledge and knowledge	ı
Here	ا 2		esident		May the IRS discust the preparer shown	
. 101	-	Signature of officer Date Title			instructions)?	Yes No
	_	Print/Type preparer's name Preparer's signature Date		Chael: [7] /	PTIN	
Paid		KL M ()		Check if		)15
Pre-		Baibara Murphy	<del></del>	self employed	P013862	
pare Use		Diazek a veteering		Firm's EIN	76-026986	<u>U</u>
Only		Firm's address 2900 Weslayan, Suite 200			/710\ 40	0 5722
	<u>,                                     </u>	Houston, TX 77027		Phone no	(713) 43	
BAA		TEEA0202L 02/21/20			Form	990-T (2019)

Form 990-T (2019)	Houston	Symphony	Endowment

20-8350227

Page 3

Schedule A — Cost of Goo	ds Sold. En	ter method of inve	entory valuation	<b>•</b>							
1 Inventory at beginning of ye	ear	1	6	Invent	ory at	end of year	6				
2 Purchases		2	7	Cost o	f good	ds sold. Subtract					
3 Cost of labor		3			-	ne 5 Enter here					
4 a Additional section 263A costs (attac	ch schedule)			and in	Part I	, line 2	7		T		
		4 a					_		Yes	No	
b Other costs (attach sch)		4 b	8			of section 263A (with					
5 Total. Add lines 1 through 4	·b	5				y produced or acquired for resale) apply rganization?					
Schedule C - Rent Income	(From Rea	l Property and	Personal P	roperty	Lea:	sed With Real P	rope	r <b>ty)</b> (see ıı	nstruct	ions)	
1 Description of property											
(1)											
(2)											
(3)											
(4)											
	2 Rent receiv	ed or accrued				3(a) Deduction	c dire	etly connec	tod wif	th	
(if the percentage of rent for	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (b) From (if the perpendicular property of personal property (if the personal property of personal property of personal property of personal property (if the personal property of persona			r person	al	the income in	ı colur				
(1)					-			-			
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of col here and on page 1, Part I, line 6	` '	I 2(b). Enter ▶				(b) Total deductions. If here and on page 1, Par I, line 6, column (B)					
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)								
1 Description of debt	-financed prop	ertv	2 Gross income from or allocable to debt-			Deductions directly connected with or allocable to debt-financed property				le to	
i Description of desc	-mancea prop	City	financed pro			(a) Straight line lepreciation (attach sch)		(b) Other deductions (attach schedule)		ns )	
(1)							Ì				
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable t		djusted basis of to debt-financed tach schedule)	6 Column divided b column	у		7 Gross income ortable (column 2 x column 6)		Allocable d column 6 d lumns 3(a)	total o	of	
(1)				%							
(2)				8							
(3)				96							
(4)				90		•			-		
					Enter Part	here and on page 1 I, line 7, column (A)	Par	er here and t I, line 7,	i on pa column	ige 1, i (B)	
Totals				•							
Total dividends-received deduction	ons included in	column 8				,	+				
ВАА		TE	EA0203L 09/19/19					Form 9	990-T (2	2019)	

Schedule F — Interest, A					ganizations	54				·/
1 Name of controlled organization	ıde	Employer entification number	3 Net unrelated income (loss) (see instructions)		4 Total of spec payments ma		5 Part of column 4 that is included in the controlling organization's gross income		) c	eductions directly connected with ome in column 5
(1)						-				-
(2)										
(3)										
(4)	<u> </u>				l					
Nonexempt Controlled Organiz			1				<u> </u>			<del> </del>
<b>7</b> Taxable Income	ın	let unrelated come (loss) e instructions)		of specified nts made	ıncluded	in the c	n 9 that is controlling oss income	cc	nnecte	ctions directly d with income olumn 10
(1)										
(2)										
(3)	ļ									
(4)	İ									
Totals					Add column here and on 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmer	nt Inco	ome of a Sec	ction 501	(c)(7), (9	), or (17) Orga	nizati	on (see inst	ructions	i)	
1 Description of income			unt of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)	
(1)				<del> `</del>	•			-	<u>'</u>	<u> </u>
(2)										
(3)										
(4)										
Totals	_	Enter here and Part I, line 9,								re and on page 1 ne 9, column (B)
Totals  Schedule I — Exploited E		t Activity In	como Ot	hor Tho	2 Advorticing	Incon	20 (000 100)			
Schedule I — Exploited E	.xemp					T .				T
1 Description of exploited a	activity	2 Gross unrelated business income fro trade or business	d conn s pro m of u busin	nses directly ected with iduction inrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activi unrela	s income from ty that is not ited business 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)						1		-		
(4)		1					]			
		Enter here on page Part I, line column (/	1, on 1	here and page 1, I, linc 10, mn (B)	20 20 20 20 20 20 20 20 20 20 20 20 20 2			COMMUNIC S	TO PE	Enter here and on page 1, Part II, line 25
Totals		<u> </u>			3 %-P (KE		THE PERSON NAMED IN	WEEKEN '51	rate o	<u> </u>
Schedule J – Advertisin										
Part! Income From Pe	riodic				,	т				
1 Name of periodical		2 Gross advertisin income	ig adv	Oirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7	<b>5</b> Cı ır	rculation icome	6 Reade cos		7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)					- C (	<u> </u>				€ g g 200 (
(2)						<u> </u>	·			1
(4)		+	-					<u> </u>		{
(4)						<del>                                     </del>	<del>-  </del>			
Totals (carry to Part II, line (5))	) '	<u> </u>								
BAA			TE	EEA0204 L (	9/19/19				F	orm <b>990-T</b> (2019)

Page 5

Part II Income From Periodica 7 on a line-by-line basis )	Is Reported or	n a Separate E	Basis (For each p	periodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)						
(2) (3) (4)						
(3)					<del></del>	<del> </del>
(4)					<del></del> .	
Totals from Part I			_			
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)						
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	istees (see instr	uctions)		<u> </u>
1 Name		2 Title	time devoted	3 Percent of time devoted to business 4 Compens to unrelate		
				9	è	
				9	<del>_</del>	
				۶	à	
				9	<u>}</u>	
Total. Enter here and on page 1, Part II	, line 14				<b>&gt;</b>	
BAA		TEEA0204 L (	09/19/19		F	orm <b>990-T</b> (2019)

2019	Federal State	me	ents		Page 1
	Houston Symphony E	ndo	owment		20-835022
Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnership	s and S Corporations				
Name			Gross Income I	eductions	Income (Loss)
High Vista II LP The TIFF Keystone Fund LP		\$	-2,902. \$ 40,724.	5,130. \$ 70,835. Total \$	-8,032. -30,111. -38,143.
Statement 2 Form 990-T, Part II, Line 27 Other Deductions	, -				
Tax preparation fees				Total \$	500. 500.
Statement 3 Form 990-T, Part III, Line 34 Charitable Contributions					
Charitable Contributions Income Percent Limit			\$ 27	,044,352. 0.	

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## **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

2019

me Employer Identification number									
Houston Symphony Endowment			20-83	5022	.7				
Did the corporation dispose of any investment	(s) in a qualified opp	ortunity fund during	the tax year?	ı	Yes X No				
If "Yes," attach Form 8949 and see its instruct	ions for additional re	quirements for repo	rting your gain o	r loss	5.				
Part I Short-Term Capital Gains and L	.osses (See instru	ctions.)							
See instructions for how to figure the amounts to	(d)	(e)	(g) Adjustme		(h) Gain or (loss)				
enter on the lines below.  This form may be easier to complete if you round	Proceeds (sales price)	Cost (or other basis)	to gain or loss to Form(s) 8949, F		Subtract column (e) from column (d) and combine the				
off cents to whole dollars	(saics price)	(Or Other busis)	line 2, column	(g)	result with column (g)				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported									
to the IRS and for which you have no adjust-									
ments (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 with Box A checked					-				
Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked									
Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	-746.			·	-746.				
4 Short-term capital gain from installment sales		4							
5 Short-term capital gain or (loss) from like-kind	exchanges from Form	8824		5					
6 Unused capital loss carryover (attach computa		6							
7 Net short-term capital gain or (loss) Combine				7	-746.				
Part II Long-Term Capital Gains and L	osses (See Instruc	ctions.)	T (-) 0 du du		(h) Cain au (lana)				
See instructions for how to figure the amounts to enter on the lines below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	(g) Adjustmer to gain or loss f	rom	(h) Gain or (loss) Subtract column (e) from				
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		column (d) and combine the result with column (g)				
8a Totals for all long-term transactions reported			<b>3</b> 9						
on Form 1099-B for which basis was reported to the IRS and for which you have no adjust-									
ments (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			٠,						
Form(s) 8949 with <b>Box D</b> checked									
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked									
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	-9,075.				-9,075.				
11 Enter gain from Form 4797, line 7 or 9				11	11,564.				
12 Long-term capital gain from installment sales f	from Form 6252, line 26	5 or 37		12					
13 Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13					
14 Capital gain distributions (see instructions)				14					
15 Net long-term capital gain or (loss) Combine I	<del></del>	15	2,489.						
Part III Summary of Parts I and II									
16 Enter excess of net short-term capital gain (lin		16							
17 Net capital gain Enter excess of net long-term		17	1,743.						
18 Add lines 16 and 17 Enter here and on Form		the proper line on oth	er returns	18	1,743.				
Note: If losses exceed gains, see Capital Losse	es to the instructions								

## Form **8949**

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **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

2019

Attachment Sequence No 12A

Houston Symphony Endowment

SSN or taxpayer identification number

20-8350227

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 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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a)  Description of property (Example 100 shares 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	If you enter an	If any, to gain or loss.  a amount in column (g), code in column (f) parate instructions.	(h) Gain or (loss). Subtract column (e)
		(Moʻ, day, yr)	(see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Passthrough - ST o	apital gain	UBI	-746.	0.			-746
	-						
						-	
							<u> </u>
2 Totals. Add the amoun (subtract negative amounclude on your Schedichecked), line 2 (if Boo	ts in columns (d), bunts) Enter each ale D, line 1b (if Bo	(e), (g), and (h) total here and ox A above is					
Box C above is checke	d)	.eu), or <b>line 5</b> (ii	-746.	0.		0.	-746

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

	0040	(2010)	
-orm	0343	(2019)	

Attachment Sequence No 12A Page 2

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

Houston Symphony Endowment

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 I 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 Form 8949, page 2, for eac complete as many forms w	h applicable box 1	f you have more le	ong-term transact	r your long-term tran tions than will fit o	isactions, cor on this page	nplete a separate for one or more	of the boxes,
(D) Long-term transac	tions reported on For	m(s) 1099-B showir	ng basis was reporte	ed to the IRS (see N	l <b>ote</b> above)		
(E) Long-term trans	•		-	sn't reported to the	ne IRS		
1 (a) Description of property (Example 100 shares 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 Column (e)	Adjustment, i If you enter an enter a co See the ser	(h)  Gain or (loss).  Subtract column (e) and from column (d) and	
			,	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
Passthrough - LT	apital gair	UBI	-9,075.	0.			-9,075.
<del>-</del>							
					-		
						_	
2 Totals. Add the amounts (subtract negative amou include on your Schedul checked), line 9 (if Box I Box F above is checked)	nts) Enter each to e D, <b>line 8b</b> (if <b>Bo)</b> E above is checked	tal here and <b>D</b> above is	-9,075.	0.		0.	-9,075.