Form <b>990-T</b>	Exem	ıpt, <b>Q</b> gaı	nization Bus	ine	ss Income	ax Return	ı L	OMB No 1545-0047
* * *		(aı	nd proxy tax und	er se	ction 6033(e))	- GIYN	)	2040
10 12	For calendar year		beginning JUL 1, 20		, and ending JUN		— [	2019
Department of the Treasury Internal Revenue Service	▶ Do not e	-	ırs gov/Form990T for in rs on this form as it may				<u> </u>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name o	organization (	Check box if name c	hanged	and see instructions.)		D Emplo	oyer identification number oyees' trust, see ctions )
B Exempt under section	Print COLOR	ADO STATE U	NIVERSITY FOUNDAT	NOI			] :	23-7098397
X 501(a )( <b>\)</b>	or Number	r, street, and room	or suite no. If a P O box	k, see in	structions	-	E Unrela	ated business activity code
408(e) 220(e)	Type P.O.	BOX 1870					, , , ,	,
408A 530(a)			vince, country, and ZIP or	r foreigi	n postal code		İ	
529(a)	<del></del>	COLLINS, CO					52300	00
C Book value of all assets at end of year	<del></del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	504/->	404/-	\ <b></b>	Other trust
		k organization typ		oration 1			) trust	Other trust
H Enter the number of the trade or business here	•			<del>-</del>	<del></del>	the only (or first) u , complete Parts I-V		than one
			us sentence, complete Pa	rte I an				
business, then complete		end of the previou	as sentence, complete r a	ito i air	a ii, complete a ocheduli	S IVI TOI CACIT AUGILIO	ומו נו מטכ	OI .
		subsidiary in an a	affiliated group or a parer	nt-subsi	diary controlled oroup?	<b>&gt;</b>	Ye	s X No
If "Yes," enter the name a		•	- · · · · · · · · · · · · · · · · · · ·		anary commonica group		. •	·
J The books are in care of					Teleph	ione number 🕨 9	70-49	1-7135
Part I Unrelate	d Trade or E	Business Inc	ome		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts or sale	s							
b Less returns and allo	vances		c Balance	1c		•		
2 Cost of goods sold (S	chedule A, line 7	)		2		, , ,		
3 Gross profit. Subtrac	line 2 from line	1c		3				
4 a Capital gain net incor				4a				41.016
b Net gain (loss) (Form		e 17) (attach Form	1 4797)	4b	-41,216.			-41,216.
c Capital loss deduction		0		4c	-828,315.		-/	-828,315.
5 Income (loss) from a		i S corporation (a)	itach statement)	5 6	-020,313.		/	-020,313.
<ul><li>6 Rent income (Schedum)</li><li>7 Unrelated debt-finance</li></ul>		dula E\		7				
	•	•	organization (Schedule F)	8				
			rganization (Schedule G)	9				
10 Exploited exempt acti			, ga	10				
11 Advertising income (		•		11				
12 Other income (See in	structions, attach	schedule)		12_				
13 Total, Combine lines	3 through 12			13	-869,531.	1		-869,531.
Part II Deduction	ns Not Take must be direct	en Elsewher ly connected w	e (See instructions for the unrelated busin	r limita ess inc	itions on deductions ) come )			
14 Compensation of of			duldV				14	
15 Salaries and wages	,		RECE	IVE	<u></u>		15	21,183.
16 Repairs and mainter	ance			9	ြည္တ		16	
17 Bad debts			NOV 2	202	RS-OS(		17	
18 Interest (attach sche	dule) (see ynstrud	ctions)			<u></u> ] <u>≅</u> [		18	2.050
19 Taxes and licenses			OGDE	N. L	)T		19	3,253.
20 Depreciation (attach	,		<del></del>	•, •				
21 Less depreciation cl	imed on Schedu	le A and elsewher	e on return		21a		21b	
22 Depletion	/	0.0.000					22	<del></del>
23 Contributions to def		on pians					24	
<ul><li>24 Employee benefit pr</li><li>25 Excess exempt expe</li></ul>		١					25	•
26 Excess reagership c							26	
27 Other deductions (a					SEE STATEME	NT 1	27	473,591.
28 Total deductions A		gh 27					28	498,027.
,			loss deduction Subtract	t line 28	from line 13		29	-1,367,558.
			ginning on or after Janua					
(see instructions)							30	0.
31 Unrelated business	axable income S	ubtract line 30 fro	m line 29		<u> </u>		31	-1,367,558.
923701 01-27-20 LHA F	r Paperwork Red	duction Act Notice	e, see instructions				11	Form <b>990-T</b> (2019)

Form 99			NDATION			2	23-7098	397	Page 2
Part		Total Unrelated Business - axab	ole Income		<u>-</u>				
32 `	Total c	f unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instructions)		32		-1,367	,558.
33 •	Amour	nts paid for disallowed fringes							
34	Charita	able contributions (see instructions for limitation	n rules) STMT 3	STMT 4		34			0.
35	Total u	nrelated business taxable income before pre 20	18 NOLs and specific deduction Subtract	line 34 from the sum of	lines 32 and 33	5 85		-1,367	,558.
36		tion for net operating loss arising in tax years b			STMT 2	36			0.
37		if unrelated business taxable income before spe			•	7 37		-1,367	,558.
38	Specifi	c deduction (Generally \$1,000, but see line 38 i	instructions for exceptions)		5	38		1	,000.
39,	Unrela	ted business taxable income Subtract line 38	3 from line 37. If line 38 is greater than line	37,	ì	i T			
-11	enter t	he smaller of zero or line 37				1 39		-1,367	,558.
Part	W	Tax Computation				٧			
40	Organi	zations Taxable as Corporations Multiply line	e 39 by 21% (0 21)		•	40			0.
41	Trusts	Taxable at Trust Rates See instructions for ta	ax computation. Income tax on the amount	on line 39 from			_		
	1	ax rate schedule or Schedule D (Form	1041)		•	<b>4</b> 1			
42	Proxy	tax See instructions			•	<b>-</b> 42⁄2			
43	Alterna	itive minimum tax (trusts only)				43			
44, 1	iTax on	Noncompliant Facility Income See instruction	ons			44	Ĭ		
45	Total	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45			0.
Part	$\mathcal{A}$	Tax and Payments							
46 a	Foreigi	n tax credit (corporations attach Form 1118, tru	sts attach Form 1116)	46a					
b	Other o	credits (see instructions)		46b			•		
C	Genera	l business credit Attach Form 3800		46c					
d	Credit	for prior year minimum tax (attach Form 8801 o	or 8827)	46d			_		
е	Total o	redits Add lines 46a through 46d				46e	1		
47	Subtra	ct line 46e from line 45				4 7			0.
48	Other t	axes. Check if from Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule	) 4 <u>8</u>			
49	Total t	ax Add lines 47 and 48 (see instructions)				49			0.
50	2019 r	et 965 tax liability paid from Form 965-A or For	rm 965-8, Part II, column (k), line 3	. <i>f</i> .		50			0.
51 a	Payme	nts. A 2018 overpayment credited to 2019		51a					
b	2019 e	stimated tax payments		5 1 b					
C	Tax de	posited with Form 8868		51c		_			
d	Foreigi	n organizations. Tax paid or withheld at source (	(see instructions)	51d					
е	Backup	withholding (see instructions)		51e		_			
f	Credit	for small employer health insurance premiums	(attach Form 8941)	51f		· `.	.		
9	Other o	credits, adjustments, and payments: Fo	orm 2439			ļ			
	F	orm 4136 Ot	her Total	► <u>[5 g</u>	-	_ [	_		
52	Total p	ayments. Add lines 51a through 51g				52			
53	Estima	ted tax penalty (see instructions). Check if Forn	n 2220 is attached			53			
54	Tax du	e. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		>	<u> 5</u>	ļ		
55	Overpa	syment If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount overpaid		•	<u>55</u>			
56		he amount of line 55 you want Credited to 202			funded	<u> </u>			
Part		Statements Regarding Certain			ctions)			1	
57	-	time during the 2019 calendar year, did the org						Yes	No .
		financial account (bank, securities, or other) in							
	FinCEN	l Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of the	e foreign country					
	here	<b>&gt;</b>						-	X
58	During	the tax year, $\mbox{did}$ the organization receive a dist	ribution from, or was it the grantor of, or t	ransferor to, a forei	gn trust?				X
		see instructions for other forms the organizati						•	
59		he amount of tax-exempt interest received or ac		<del> </del>				Щ.,	
Cian	٥	inder penaities of perjury, I declare that I have examined orrect and complete Declaration of preparer (other than	this return, including accompanying schedules and taxpayer) is based on all information of which prep	f statements, and to the parer has any knowledg	best of my knov e	vledge and	beliet, it is	true,	
Sign	١.	$\Omega$				May the I	RS discuss	this return	with
Here		Illust salle	1V16/2020 CFO				rer shown t		
		Signature of officer	Date Title				ns)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check		ΓIN		
Paid					self- employe				
Prep	arer	·		11/12/20	1		006452		<del></del>
-	Only	Firm's name ▶ PLANTE & MORAN, PL			Firm's EIN	<u> </u>	38-13	5/951	
		8181 E TUFTS AV	•			202 -		•	
		Firm's address DENVER, CO 8023	•	<del></del>	Phone no	303-7	40-940	990-T	(0015)
000744							Larm	24 AL 10	1.31 1.1 (3)

Schedule A - Cost of Good:  1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold St		line 6		<del></del>	
3 Cost of labor	3	<del></del>	from line 5 Enter here and in Part I,					
4a Additional section 263A costs			line 2	, u ,	7			
(attach schedule)	4a		8 Do the rules of section 263A (with respect to			<u> </u>	Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or a		•		T	
5 Total Add lines 1 through 4b	5		the organization?	oquii ou	Troi rosaio, appiy to			×
Schedule C - Rent Income (see instructions)		Property and		ease	d With Real Prop	erty)		
Description of property							-	
(1)					·· <u></u>	·		
(2)								
(3)								
(4)								
<del></del>	2 Rent recei	ved or accrued						
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the percenta; personal property exceeds 50% or if at is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected with t nd 2(b) (attach sch		
1)								
2)								
3)								
4)					<u> </u>			
Fotal	0.	Total		0.				
) Total income Add totals of columns ere and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1,	_		0
schedule E - Unrelated Deb		I Income /ooo	inate intensi	<u> </u>	Part I, line 6, column (B)	<u> </u>	<del></del>	
Chedule L - Officialed Dec	nt-i mancec	income (see	Instructions)		3 Deductions directly conf	anoted with or alle	eable	
			2 Gross income from		to debt-financ		Cable	
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deduction h schedule)	S
1)								
2)								
3)								
(4)					<del>_</del>			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 8	able deducti x total of col a) and 3(b))	
1)			%					
2)			%					
3)			%					
4)			%					
					nter here and on page 1, Part I, line 7 column (A)		and on page 7, column (l	
Fatala					0			(
「otals					<u> </u>	<del>'</del>		

Form **990-T** (2019)

Schedule`F - Interest, A	Annuitie	s, Royali	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
				Exempt (	Controlled O	ganızatı	ons				
1 Name of controlled organizati	on	2, Em identifi num	cation		elated income instructions)	4 Tor	al of specified ments made	include	of column 4 ted in the contration s gross i	olling	6 Deductions directly connected with income in column 5
(1)				<del>                                     </del>				<del>                                     </del>			<del></del> .
(2)											
(3)					•						
(4)			-					<u> </u>		Ì	
Nonexempt Controlled Organiz	zations							<del></del>			
7 Taxable Income		nrelated incom ee instructions		9 Total	of specified payn made	nents	10 Part of column the controllingross	mn 9 that ing organi s income	is included zation's		ductions directly connected income in column 10
(1)											
(2)											
(3)		···			· · · · · · · · · · · · · · · · · · ·			_			
(4)							<del></del>				
							Add colum Enter here and line 8, o		1, Part I,	Enter h	id columns 6 and 11 ere and on page 1 Part I, line 8, column (B)
Totals						<u> </u>			0.		0
Schedule G - Investme (see instr		ne of a S	Section 	501(c)(7	'), (9), or ( <sup>·</sup>	17) Org	ganization				
1 Desc	ription of incor	me			2 Amount of	ncome	3 Deduction directly connected (attach scheduler)	cted	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)					<u></u>						
(4)											
				_	Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals Schedule I - Exploited I (see instru		Activity	Income	e, Other	Than Adv		g Income	-			<u> </u>
(366 113110	10113)				4 Net incom	- (1)					1 _
1 Description of exploited activity	2 G unrelated incom- trade or t	e from	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 i 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ted	6 Exp attributa colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter her page 1, line 10,	, Part I,	page 1	re and on I, Part I, col (8)	,	ŀ					Enter here and on page 1, Part II, line 25
Totals	L	0.		0.	<u> </u>			٠.,			0
Schedule J - Advertisir											
Part I Income From F	Periodic	als Repo	orted o	n a Cons	solidated	Basis					
1 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 iin, comput	5 Circulate income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)						•					· ·
(3)	1	-	<u> </u>		7			Ì			٠ ،
(4)							,		·		
Totals (carry to Part II, line (5))	<u> </u>		0.	0	<u> </u>		<u> </u>				0 Form <b>990-T</b> (201

923731 01-27-20

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)				_		
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	, ,			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 26
Totals, Part II (lines 1-5)	0.	0.				0.

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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES TAX PREP FEES		469,491 4,100
TOTAL TO FORM 990-T, PAGE 1	, LINE 27	473,591

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	3,253,229.	445,248.	2,807,981.	2,807,981.
NOL CARRYO	VER AVAILABLE THIS	YEAR	2,807,981.	2,807,981.
FORM 990-T	,	CONTRIBUTION	S	STATEMENT 3
DESCRIPTIO	N/KIND OF PROPERTY	METHOD USED	TO DETERMINE FMV	AMOUNT
50% CASH O	NLY	N/A		246
TOTAL TO F	ORM 990-T, PAGE 2,	LINE 34		246

ORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS QUALIFIED CONTRIBUTIONS		LIMIT LIMIT			
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	S UNUSED CONTRIBU	TIONS			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10%	CONTRIBUTIONS	<del></del>	246		
TOTAL CONTRIBUTIONS AVA			246	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIO TOTAL EXCESS CONTRIBUTI		<del></del>	246 0 246	_	
ALLOWABLE CONTRIBUTIONS	DEDUCTION			_	C
					(

## 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

Employer identification number

COLORADO STATE UNIVERSITY F	OUNDATION			23-	7098397
Did the corporation dispose of any investme	nt(s) in a qualified opportui	nity fund during the tax year	?		Yes X No
If "Yes," attach Form 8949 and see its instru					100 110
Part I Short-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949	1	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g)	· 	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-8 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			# / S S D		
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		153,474.			-153,474.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			_5_	
6 Unused capital loss carryover (attach comput	ation)			6	( )
7 Net short-term capital gain or (loss) Combin	e lines 1a through 6 in columi	n h		7	-153,474.
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gain		(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949 Part II, line 2, column (g)	9,	column (e) 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					
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	<u> </u>	3,633.			-3,633.
11 Enter gain from Form 4797, line 7 or 9					
12 Long-term capital gain from installment sales		7	_	12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions			]	14	
15 Net long-term capital gain or (loss) Combin		าก h		15	-3,633.
Part III   Summary of Parts I and			<del></del>		<del></del>
16 Enter excess of net short-term capital gain (II				16	
17 Net capital gain. Enter excess of net long-tern				17	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	0.
Note. If losses exceed gains, see Capital Los	sses in the instructions				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120			Schedule D (Form 1120) 2019

921051 12-16-19

Department of the Treasury Internal Revenue Service

## Sales and Other Dispositions of Capitar Assets

Name(s) shown on return

► 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

> Social security number or taxpayer identification no.

COLORADO STATE UNIVER	SITY FOUNDAT	ION				23-7	098397
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ox to check						ibstitute RS by your
Part I Short-Term. Transactions, see page 2	ons involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions	s) For long term	
Note. You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below. Of you have more short-term transactions than will							each applicable box
(A) Short-term transactions rep							
(B) Short-term transactions rep	orted on Form(s	) 1099 B showin	ig basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-I	В				
1 (a)	(b)	(c)	_ (d)	(e)		it, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(oulde pilos)	Note below and		. See instructions	from column (d) &
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (a)
FROM PARTNERSHIP K-1				153,474.		adjustment	<153,474.>
						···	
		<u> </u>					
							<del></del>
<del></del>							
			· · · · · · · · · · · · · · · · · · ·				
	1						
				·			
		<del>-</del>					
						****	
		*					
					~		
2 Totals. Add the amounts in colum	nns (d), (e), (q), a	nd (h) (subtract					
negative amounts) Enter each tot							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if Bo				153,474.			<153,474.>

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

23-7098397

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e) (b) (c) loss If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) combine the result see Column (e) In Amount of Code(s) with column (g) the instructions adjustment FROM PARTNERSHIP K-1 3,633. <3,633.> 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 8b (if Box D above is checked), line 9 (if Box E

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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<3,633.>

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above is checked), or line 10 (if Box F above is checked)