Form 990-T Exempt Organ	nization Busin	ess	Income T	ax Return	ı L	OMB No 1545-0687		
For calendar year 2018 or other tax year	nd proxy tax under s	Secti 0010	on 6033(e))		اه	2018		
· •	irs.gov/Form990T for instruc				<u> </u>	2010		
Department of the Treasury Internal Revenue Service Do not enter SSN number	-				5	Open to Public Inspection for 01(c)(3) Organizations Only		
A Check box if address changed Name of organization (Check box if name chang				D Employ	yer identification number byees' trust, see		
B Exempt under section Print BROOKLYN LAW	SCHOOL				23	3-7227990		
X 501(c)(30 D or Number, street, and room	or suite no. If a P O box, sei	e instri	uctions.			ted business activity code structions)		
408(e) 220(e) Type 250 JORALEMO	N STREET		·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
529(a) BROOKLYN, NY	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11201-3700							
C Book value of all assets at end of year F Group exemption numb								
334,787,738. G Check organization type	➤ X 501(c) corporat	tion	501(c) trust	401(a)	trust	Other trust		
H Enter the number of the organization's unrelated trades or bi			=	the only (or first) un				
trade or business here SEE STATEMENT				complete Parts I-V.		•		
describe the first in the blank space at the end of the previou	s sentence, complete Parts I	and II,	, complete a Schedule	M for each addition	al trade o	or		
business, then complete Parts III-V.			us controlled erous?		Van	X No		
1 During the tax year, was the corporation a subsidiary in an a if "Yes," enter the name and identifying number of the parent		idsidiar	y controlled group?		Yes	i A NO		
J The books are in care of MARK C. HAMPT		-	Telepho	ne number 🕨 (718)	780-0650		
Part I Unrelated Trade or Business Inco		丁	(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sales								
b Less returns and allowances	c Balance	C						
2 Cost of goods sold (Schedule A, line 7)	2	2						
Gross profit Subtract line 2 from line 1c	3							
Capital gain net income (attach Schedule D)	48	B	9,561.			9,561.		
Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797) 4b	b	-5,297.			-5,297.		
Net gain (loss) (Form 4797, Part II, line 17) (attach Form Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (att	40		174 500	Gm) (m		174 500		
	· -	_	-174,592.	STMT 2	' —	-174,592.		
Rent income (Schedule C)	6	_						
Interest, annuities, royalties, and rents from a controlled or	rganization (Schedule F) 8							
Investment income of a section 501(c)(7), (9), or (17) org	· ·							
10 Exploited exempt activity income (Schedule I)	10							
Advertising income (Schedule J)	11							
Other income (See instructions; attach schedule)	12							
Total. Combine lines 3 through 12	13		-170,328.			-170,328.		
Part II Deductions Not Taken Elsewhere								
(Except for contributions, deductions must	pe directly connected with	th the	unrelated business i	ncome)	ı - I			
14 Compensation of officers, directors, and trustees (Sched	lule K)				14			
15 Salaries and wages					15			
16 Repairs and maintenance					16			
17 Bad debts 18 Interest (attach schedule) (see instructions)					17	-		
18 Interest (attach schedule) (see instructions)19 Taxes and licenses					19			
20 Charitable contributions (See instructions for limitation r	ules) STATEMENT	Ր 4	SEE STAT	EMENT 3	20	0.		
21 Depreciation (attach Form 4562)	2.00,		21					
22 Less depreciation claimed on Schedule A and elsewhere	on return	_	22a		22b	-		
23 Depletion		I	RECEN	*F- M	23			
24 Contributions to deferred compensation plans		- 1	RECEI	VED	24			
25 Employee benefit programs		Ę	2 111 0 1	- JXI	25			
26 Excess exempt expenses (Schedule I)		88	3 JUL 21	2020 SS S	26			
27 Excess readership costs (Schedule J)		- 1		181	27			
28 Other deductions (attach schedule)		ł	JUL 21 OGĐEN,	117 = 1	28			
Total deductions. Add lines 14 through 28	lana dadinakan Orbanish Lis	۵۰۰		01	29	-170,328.		
30 Unrelated business taxable income before net operating					30 31	-1/0,320.		
31 Deduction for net operating loss arising in tax years beging 32. Unrelated business taxable income. Subtract line 31 from		2018 (see instructions)	31	31	-170,328.		
32 Unrelated business taxable income Subtract line 31 from 823701 01-09-19 LHA For Paperwork Reduction Act Notice,				71	4-1	Form 990-T (2018)		

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	88	-17	0,3	<u> 28.</u>
84	Amounts paid for disallowed fringes	84	 _		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	85	<u> </u>		
86	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	Enes 33 and 34	38		0,3	
37	Eines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	87		1,0	<u>oo.</u>
38	Unrelated business taxable lecome. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.				
	The single of East of the So	28	<u>-17</u>	0,3	<u> 28.</u>
Part I	V Tax Computation	_ \			
39	Organizations Texable as Corporations. Multiply line 38 by 21% (0.21)	89			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:				
	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		44			0.
	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
	Other credits (see instructions)	- 1			
-	General business credit. Attach Form 3800 45c	,			
4	Credit for prior year minimum tax (attach Form 8801 or 8827)		ĺ		
	Tabel as after Add lines 45s through 45d	450	i		
46	Total credits. Add lines 45a through 45d	48			0.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach achecule)	47			
48		48			0.
	Total tax. Add lines 46 and 47 (see instructions)	49	 		Ö.
49	2018 net 965 tax (lability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	73	 		
30 E	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 50b 30,000.	. [į		
			İ		
			l		
		,	l		
	Backup withholding (see Instructions) 50e Credit for small employer health insurance premiums (attach Form 8941) 50f		İ		
	The state of the s	į			
0	Other credits, adjustments, and payments: Form 2439	·			
	Form 4136 Other Total ▶ 50a	51			^^
51	Total payments. Add lines 50a through 50g		 3	0,0	<u> </u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	 		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<u>∠53</u>			~~
, Q 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpald	_	 -	0,0	_
- 51	Enter the amount of line 54 you want Credited to 2019 estimated tax 30,000. Refunded	/55	<u> </u>		0.
Part	1 Statements Regarding Certain Activities and Other Information (see Instructions)	┦		1	-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			i	l
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country]	l <u>-</u>
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	•••••	•		X
	If "Yes," see instructions for other forms the organization may have to file.				ľ
58_	Enter the amount of tax-exempt interest received or accrued during the tax year			<u> </u>	ᆫ
~ :	Under penelties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, confined, and complete. Declaration of preparer (other than buckeyer) is based on all information of which preparer has any knowledge. EVP FOR ADMIN & FIN	ige and	belief, it in tru	ж,	
Sign		ly the F	13 decree th	is return v	adth
Here			er shown bel		_
	Signature of officer Daty Title	druction	שי X γ	(84	No
	Print/Type preparer's name Preparer's signature Date / Check	f PT	1N		
Paid	LYNNE JOHNSON JOHNSON sett-employed	1			
Prepa	LYNNE JOHNSON		00757		
eaU	I TO THE STATE OF	4	2-071	432	5
	4 TIMES SQUARE				
	Firm's address ► NEW YORK, NY 10036 Phone no. 2	12-	·372-1	L000	
823711 01			Form 9		

Schedule A - Cost of Good	e Sold Fatan			luation N/A					
	S Joid. Enter I	nethod of inven						 -	
 Inventory at beginning of year Purchases 			7	Inventory at end of year		lina C	6		
	2		7	Cost of goods sold. S			}		
3 Cost of labor	3		+	from line 5 Enter here	ano in i	ŗarti,			
4 a Additional section 263A costs			.	line 2	100A /	with respect to	7	Yes	No
(attach schedule) b Other costs (attach schedule)	48		8	Do the rules of section	•	•		103	-110
· ·	4b		┨	property produced or a the organization?	acquirec	i for resale) apply to		-	
5 Total. Add lines 1 through 4b Schedule C - Rent Income	/From Real P	ronerty and	Dere		A25A	d With Real Prop	ertv)		
(see instructions)	(i i om i tear i	roperty and	1 613	onal Froperty L	.casc	a with rical riop	city,		
(000 111011 00110110)		_ •							
. Description of property									
(1)			-			- 			
(2)				· · ·		-			
(3)						·			
(4)									
	2 Rent received	l or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` for rent for p	ersonal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connecte nd 2(b) (at	ed with the income in tach schedule)	
(1)						-			
(2)									
(3)		=							
(4)									
Total	0.	Total	***	. /=	0.				
c) Total income Add totals of columns here and on page 1, Part I, line 6, column		er •		<u> </u>	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb		ncome (see	ınstruc	tions)		<u> </u>			
						3 Deductions directly con			
•				Gross income from or allocable to debt-	(9)	to debt-finance		(b) Other deductions	
Description of debt-fir	nanced property			financed property	(4)	(attach schedule)		(attach schedule)	
(1)			ļ						
(2)			<u> </u>						
(3)									
(4)			ļ						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt-financ	djusted basis ocable to ed property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		 Allocable deduction olumn 6 x total of column 3(a) and 3(b)) 	
(1)				%	1				
(2)				%					
(3)		-	İ	%					
(4)				%					
· · · · · · · · · · · · · · · · · · ·					Е	nter here and on page 1,	Er	nter here and on page 1	 I,
						Part I, line 7, column (A)		art I, line 7, column (B)	
Totals				•		0			0.
Total dividends-received deductions	ncluded in column (3					•		0.

Schedule F - Interest,		•		Controlled O						
1 Name of controlled organizal	ident	mployer ification mber		elated income e instructions)		al of specified nents made	included	of column 4 to d in the contr tion's gross i	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	ızatıons		<u> </u>							
7 Taxable Income	8. Net unrelated inco		9. Total	of specified pays made	nents	10 Part of column the controllingross	mn 9 that i ing organiz s income	s included ration's	11 De with	ductions directly connected income in column 10
(1)	,									
(2)										
(3)										
(4)				_	i					
			•		,	Add colum Enter here and line 8, c		, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (17) Org	anization				
	ructions)			2. Amount of	ıncome	3. Deduction directly conne	cted	4. Set-		5 Total deductions and set-asides
(4)						(attach sched	lule)	(2.20		(col 3 plus col 4)
(1)										-
(2)										-
(3)							-			
(4)				Enter here and Part I, line 9, co					•	Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited	Exempt Activity	/ Income	e. Other	Than Adv		a Income				
(see instri	•	,	,			J				
Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction elated s income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ed	6 Exp attribute colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					ĺ					
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi										v.
	Periodicals Rep			solidated	Basis		-	*		
1 Name of periodical	2. Gross advertising income		3 Direct artising costs			5. Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>	0.	0				1			0 . Form 990-T (2018)

Form 990-T (2018) BROOKLYN LAW SCHOOL

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

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)							
otals 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 27
Totals, Part II (lines 1-5)		0.	0.				0.
Schedule K - Compensa	ation	of Officers, D	Directors, and	Trustees (see ins	structions)	73	

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

UBTI FROM A PARTNERSHIP INVESTMENT

TO FORM 990-T, PAGE 1

FORM 990-T INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	,	NET INCOME OR (LOSS)
(LOSS)	P ORDINARY BUSINESS INCOME	-33,776.
MAKENA CAPITAL SPLITTER X, L. INCOME		-3,771.
MAKENA CAPITAL SPLITTER X, L. (LOSS)	P OTHER NET RENTAL INCOME	84.
MAKENA CAPITAL SPLITTER X, L.		1,132. 422.
MAKENA CAPITAL SPLITTER X, L. MAKENA CAPITAL SPLITTER X, L.		1,430.
MAKENA CAPITAL SPLITTER X, L.		-140,113.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	-174,592.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS PER SCH. K-1	N/A	97.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	97.

FORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100%	LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTION OF PRIOR YEARS UNUSED CONTRIBUTION OF PRIOR YEAR 2013 YEAR 2015 YEAR 2016 YEAR 2017	TIONS		
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	97		
	RIBUTIONS AVAILABLE	97 0	- -	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	97 0 97	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONT	RIBUTION DEDUCTION			0

SCHEDULE D (Form 1120)

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. Department of the Treasury ► Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

23-7227990 BROOKLYN LAW SCHOOL Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (0) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (e) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (or other basis) (sales price) 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 adjustments (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 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 1,724. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 6 Unused capital loss carryover (attach computation) .724 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) Part II See instructions for how to figure the amounts to enter on the lines below (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars (or other basis 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 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 7,837. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 7,837. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III | Summary of Parts I and II 1,724. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 7,837. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 9,561.

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

Note: If losses exceed gains, see Capital losses in the instructions.

18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Schedule D (Form 1120) 2018

18

.IWA

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 12A

Name(s) shown on return

BROOKLYN LAW SCHOOL

Social security number or taxpayer identification no.

23-7227990

Before you check Box A, B, or C belo statement will have the same informa	ow, see whether	you received any	Form(s) 1099-B	or substitute statem ir basis (usually you	nent(s) fron r cost) was	n your broker A su s reported to the IF	ibstitute RS by your
broker and may even tell you which t	oox to check						
Part I Short-Term. Transact		al assets you held	1 year or less are ge	enerally short term (see	instruction	s) For long term	
transactions, see page 2 Note: You may aggregate all	Lebort term transac	tions reported on F	orm/e) 1000 R ehov	vina hasis was renorte	d to the IRS	and for which no ac	diustments or
codes are required. Enter the	totals directly on S	Schedule D, line 1a	, you aren't required	to report these trans	actions on F	form 8949 (see instru	ictions)
You must check Box A, B, or C below. Of you have more short-term transactions than will	I fit on this page for on	e or more of the boxes	, complete as many for	ms with the same box che	cked as you n	eed	each applicable box
(A) Short-term transactions rep	oorted on Form(s) 1099-B showin	g basis was repo	rted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rep	oorted on Form(s) 1099-B showin	g basis wasn't r	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-E	3				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property		Date sold or	Proceeds (sales price)	Cost or other basis See the		ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)		disposed of			column (f) See instructions		Subtract column (e) from column (d) &
		(Mo , day, yr)		Note below and see Column (e) In	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
NET SHORT-TERM						adjustment	, , , ,
CAPITAL GAIN PER							
SCH. K-1 (FORM					·		
1065)	· · · · · · · · · · · · · · · · · · ·				-		1,748.
NET SEC. 1256 LOSS	-			_			1,7101
	-						<24.
PER FORM 6781					ļ		<24.
						_	
_							
	1			<u> </u>			
					<u> </u>		
				-		-	

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 above is checked), or line 3 (if Box C above is checked)

1,724.

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

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

Social security number or taxpaver identification no.

BROOKLYN LAW SCHOOL

23-7227990 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 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 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 bransactions, complete a separate Form 8949, page 2, for each applicable box actions 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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (e) (h) (a) (d) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date acquired Description of property 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. Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) Ir Code(s) with column (g) the instructions adjustment NET LONG-TERM CAPITAL GAIN PER SCH. K-1 (FORM 7,872. 1065) NET SEC. 1256 LOSS <35. PER FORM 6781 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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above is checked), or line 10 (if Box F above is checked)