000 T	1 6	EXTENDED TO JU				av Datur	n 1	OMB No 1545-0687
Form 990-T	[Exempt Organization Bus and proxy tax und				ax netur		GMB NO 1043-0007
- 1,	Eor ca	lendar year 2018 or other tax year beginning JUL 1,					19	2018
	"" -	Go to www.irs.gov/Form990T for in						2010
Department of the Treasury Internal Revenue Service	l ▶	Do not enter SSN numbers on this form as it may).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name of		•			D Emp	loyer identification number
address changed		(ŭ		,			uctions)
B Exempt under Section	Print	ORANGE COUNTY COMMUNIT	Y F	DITACMUC	ON			33-0378778
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo						lated business activity code instructions)
408(e)220(e)	Туре	4041 MACARTHUR BLVD.,					4	
408A 530(a)		City or town, state or province, country, and ZIP o		п postal code				200
529(a)	i	NEWPORT BEACH, CA 926	60				531	.390
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>		'a\	101/	n\	Other trust
		G Check organization type X 501(c) corplication's unrelated trades or businesses.	<u> 1</u>		c) trust		a) trust	Other trust
	-	EE STATEMENT 1	<u> </u>			the only (or first) t complete Parts I-\		
		ace at the end of the previous sentence, complete Pa	rte I an					
business, then complete	•		11 to 1 ti	ia II, complete a	COMOGRA	101 00011 0001110	Tiul tiuu	
		poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled	group?	•	Пү	es X No
		tifying number of the parent corporation		•				
		SHELLEY HOSS, PRESIDENT			Telepho	one number 🕨	949-	553-4202
Part I Unrelate	d Trac	de or Business Income		(A) Incor	ne	(B) Expense	es	(C) Net
1a Gross receipts or sale	S							
b Less returns and allow	wances	c Balance	1c					
2 Cost of goods sold (S	chedule	A, line 7)	2					
3 Gross profit. Subtract			3	170	630			170 630
4a Capital gain net incon	•	•	48	179,	039.			179,639.
		Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction		sts ship or an S corporation (attach statement)	4c 5	561,	785.4	STMT	3	561,785.
5 Income (loss) from a6 Rent income (Schedu		ship of an 5 corporation (attach statement)	6	301,	/05/	DIMI		301,703.
7 Unrelated debt-finance	•	ne (Schedule F)	7			· · · · · · · · · · · · · · · · · · ·		
• •		nd rents from a controlled organization (Schedule F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exploited exempt acti			10					
11 Advertising income (S	Schedule	s J)	11					
12 Other income (See in:	struction	ns; attach schedule)	12					
13 Total. Combine lines	3 throu	gh 12	13		424.			741,424.
		ot Taken Elsewhere (See instructions for				,naama \		
		utions, deductions must be directly connected	ı witn	the unrelated to	usiness	income)	Т	<u> </u>
	icers, di	rectors, and trustees (Schedule K)					14	
15 Salaries and wages		PECELVI					15 16	
16 Repairs and mainter17 Bad debts	ance	RECEIV	EU				17	
18 Interest (attach sche	dule) (s	ee instructions)					18	
19 Taxes and licenses	uuio) (3	ee instructions) 8 JUN 1 0 2	020	RS-OSC BEE			19	
	ons (Se	e instructions for limitation rules)		_ Œ SEE	STAT	EMENT 5	20	0.
21 Depreciation (attach	•	,	UT		21			
		1 Schedule A and elsewhere on return		<u> </u>	2a		22b	
23 Depletion							23	
24 Contributions to defe	erred co	mpensation plans					24	
25 Employee benefit pro							25	
26 Excess exempt expe	-						26	
27 Excess readership co				a	am	1311131m 4	27	17 (00
28 Other deductions (at				SEE	STAT	EMENT 4	28	17,600.
29 Total deductions. A				0.6			29	17,600.
/		ncome before net operating loss deduction. Subtrac					30	723,824.
	_	loss arising in tax years beginning on or after Janua	ry 1, 20	i i o (see instruct	iuns)		31	723,824.
		ncome. Subtract line 31 from line 30		· · · · · · · · · · · · · · · · · · ·			32	Form 990-T (2018)

Form 990-		378778	Page 2
Part	······································	 	702 004
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1 2300	723,824.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 6	35	723,824.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	5 87	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	′ 	
	enter the smaller of zero or line 36	38	
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	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	
441	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part')			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b	7	
c	General business credit. Attach Form 3800 45c		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018 21, 280		
	2018 estimated tax payments 50b	'	
	· · · · · · · · · · · · · · · · · · ·	\dashv \vdash	
		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	\dashv \vdash	
	Backup withholding (see instructions) 50e	\dashv	
	Credit for small employer health insurance premiums (attach Form 8941) Step 2040	-	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	⊢	21,280.
51	Total payments. Add lines 50a through 50g	51 52	21,200.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
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	54	21,280.
1 125	Enter the amount of line 54 you want: Credited to 2019 estimated tax 21, 280. Refunded Activities and Other Information	<u> 55 </u>	0.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 }
	here CAYMAN ISLANDS		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.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	vledge and belief,	it is true,
Sign		May the IRS disc	cuss this return with
Here	PRESIDENT	the preparer sho	
	Signature of Officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	self- employe	ed	
Prepa	rer PATRICIA J. MAYER Yatrigaxo Mayer 5/27/20	P00	188643
Use O	A MOGG ADAMG TIP		0189318
-36 C	4747 EXECUTIVE DR SUITE 1300		
		858-62	7-1400
823711 01-			rm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter m	ethod of inven	tory valuation N/A	7			
1 Inventory at beginning of year	enventory at beginning of year 1			6 Inventory at end of year			
2 Purchases	2		7 Cost of goods sold. S	ubtract	line 6		
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4 <u>a</u>		8 Do the rules of section	1 263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to	<u></u> i	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real P	roperty and	Personal Property I	_ease	d With Real Prope	erty)	
Description of property							
(1)							
(2)							
(3)							
(4)					T		
	2. Rent received		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3(a) Deductions directly of	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	ind personal property (if the percenta personal property exceeds 50% or if it is based on profit or income)	ige	columns 2(a) and 2(b) (attach schedule)				
(1)							
(2)							
(3)							
(4)							
Total	0.	otal		0.		<u>.</u>	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.	
Schedule E - Unrelated Deb		ncome (see	instructions)				
			2. Gross income from		3. Deductions directly conne to debt-finance		
Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-finance (attach s	cable to ad property	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)			%	1			
(2)			%				
(3)			%	Ì			
(4)			%				
	•				inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totala			_		0.	0.	
Totals Total dividends-received deductions II	ncluded in column 8			<u> </u>	<u> </u>	0.	
LOTOL GIAIGCUAS LEGELACO GEORGIONIS II						<u> </u>	

Name of controlled organization Name of controlled organization Name of controlled organization Taxable Income	identif	nployer fication nber	. Net unr (loss) (see	related income e instructions)	4. To	tal of specified	5. Par	rt of column 4	that is	6. Deductions direct	
		1	3. Net unrelated income (loss) (see instructions)			4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
							 				
						_					
											
	zations						Ь				
/ Taxable income		(1000)	A T-1-1			40 David of colum			44 0-		
	8. Net unrelated incor (see instruction ,		9. 10121	of specified paying made	ierits	10. Part of coluin the controlling gross	ng organ	nzation's		iductions directly conne n income in column 10	
					_						
				-		Add colum Enter here and line 8, c		1, Part I,	Enter h	dd columns 6 and 11 tere and on page 1, Part line 8, column (B)	
ls					▶			0.			
nedule G - Investmer		Section 50	1(c)(7	'), (9), or (1	17) Org	janization					
(see instr	uctions)			1		2 0-4				T E Total di di ci	
1. Descri	iption of income			2. Amount of	ncome	 Deduction directly connected (attach sched) 	ected 4. Set-asides			5. Total deducti and set-aside (col 3 plus col	
										-	
·	<u> </u>										
·				ļ							
				Enter here and o Part I, line 9, col						Enter here and on pa Part I, line 9, column	
ls			<u> </u>		0.		_				
nedule I - Exploited E (see instruc	•	Income, (Other	Than Adv	ertisin ———	g Income					
		3. Expens	05	4. Net incom		_				7. Excess exem	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly conne with produc of unrelate business inc	ected tion ed	from unrelated business (col minus column gain, compute through	umn 2 3) If a cols 5	 Gross inco from activity the is not unrelate business income 	nat ed	6. Exp attribut colur	able to	expenses (colum 6 minus column but not more the column 4)	
								_		1	
										1	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I, (B)	<u>-</u>						Enter here and on page 1, Part II, line 26	
s ▶∣ hedule J - Advertisin	0.	netructions)	0.	l							
rt I Income From P			Cons	olidated I	Rasis						
it i income i fom r	eriodicais nept	orteu on a	Cons	ondated i	<i>,</i>						
1. Name of periodical	2. Gross advertising income	3. D advertisii		4. Adverti or (loss) (co col 3) If a ga cols 5 thr	l 2 minus in, compute	5. Circulati	oυ	6. Reade		7. Excess readerst costs (column 6 mir column 5, but not m than column 4)	
				1-	-	T					
				7							
				7							
				┪		<u> </u>					
				 		†					

823731 01-09-19

Form 990-T (2018) ORANGE COUNTY COMMUNITY FOUNDATION 33-03787

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)			<u></u>				
(3)							
(4)							
Totals from Part I		0.	0.	,		-	0
		Enter here and on page 1, Part I, fine 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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)		. 0/	

Form 990-T (2018)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

SHAREHOLDER IN LIMITED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THE NET OPERATING LOSS CARRYOVER GENERATED DURING THE 6/30/2018 TAX YEAR WAS INCREASED FROM \$542,339 (WHICH WAS THE LOSS APPEARING ON THE ORIGINALLY FILED FORM 990-T) TO \$550,039, A DIFFERENCE OF \$7,700. THE INCREASE REPRESENTS THE AMOUNT OF QUALIFIED TRANSPORTATION FRINGE BENEFITS (WHICH WAS REQUIRED TO BE REPORTED AS UNRELATED BUSINESS INCOME AT THE TIME THE 6/30/2018 FORM 990-T WAS FILED), BUT WHICH HAS SINCE BEEN RETROACTIVELY REVERSED IN ACCORDANCE WITH THE SIGNING OF THE "FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020" ON DECEMBER 20, 2019.

DESCRIPTION CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - ORDINARY BUSINESS INCOME (LOS CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - NET RENTAL REAL ESTATE INCOME CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - OTHER INCOME (LOSS)	
BUSINESS INCOME (LOS CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - NET RENTAL REAL ESTATE INCOME CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - OTHER	-1,260. -507. -84.
REAL ESTATE INCOME CAPITAL DYNAMICS REAL ESTATE FEIN 20-5748590 - OTHER	
	-84.
HARVEST MLP INCOME FUND LLC FEIN 27-2968896 - ORDINARY	
BUSINESS INCOME (LOSS KDF COMMUNITIES - CITY TOWERS, LLC FEIN 43-20210 -	1,084,170.
ORDINARY BUSINESS INCOME KDF COMMUNITIES - CITY TOWERS, LLC FEIN 43-20210 - NET	774.
RENTAL REAL ESTATE IN RCP SECONDARY OPPORTUNITY FUND II, LP FEIN 90-08 -	-119.
ORDINARY BUSINESS INCOME DOVER STREET FEIN 47-5125540 - ORDINARY BUSINESS INCOME	4,143.
(LOSS) DOVER STREET FEIN 47-5125540 - NET RENTAL REAL ESTATE INCOME	-29,120.
DOVER STREET FEIN 47-5125540 - INTEREST INCOME DOVER STREET FEIN 47-5125540 - DIVIDEND INCOME	5,033. 7,300.
DOVER STREET FEIN 47-5125540 - ROYALTIES DOVER STREET FEIN 47-5125540 - OTHER INCOME (LOSS) US RESEARCH EQUITY EXTENDED FUND FEIN 81-0885340 -	41. 7,643.
ORDINARY BUSINESS INCOME DENHAM OIL & GAS FUND FEIN 33-0378778 - ORDINARY BUSINESS	999.
INCOME (LOSS) DENHAM OIL & GAS FUND FEIN 33-0378778 - OTHER INCOME	-246,447.
(LOSS) ENCAP ENERGY CAPITAL FUND XI, LP FEIN 81-4648210 - ORDINARY BUSINESS INCOME	-10,960. -23,300.
CANNON HERITAGE LIMITED PARTNERSHIP FEIN 45-0507 - ORDINARY BUSINESS INCOME	-981.
ENCAP FLATROCK MIDSTREAM FUND FEIN 82-2890021 - ORDINARY BUSINESS INCOME (LO	-171,147.
H.I.G. REALTY PARTNERS III (ONSHORE), LP FEIN 47-4364220 - ORDINARY BUSINESS	-28,500.
H.I.G. REALTY PARTNERS III (ONSHORE), LP FEIN 47-4364220 - NET RENTAL REAL E	-35,899.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	561,785.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING FEES		17,600.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	17,600.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 5
QUALIFIED C	ONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF FOR TAX YOU FOR T	EAR 2014 55,668,425 EAR 2015 111,013,754 EAR 2016 54,559,380		
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUTIONS	297,652,740	
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	297,652,740	_
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	297,652,740 0 297,652,740	_
ALLOWABLE C	ONTRIBUTIONS DEDUCTION		0
TOTAL CONTR	IBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	40,800.	40,800.	0.	0.
06/30/13	61,160.	6,811.	54,349.	54,349.
06/30/14	31,369.	0.	31,369.	31,369.
06/30/16	89,287.	0.	89,287.	89,287.
06/30/17	172,467.	0.	172,467.	172,467.
06/30/18	550,039.	0.	550,039.	550,039.
NOL CARRYO	VER AVAILABLE THIS	YEAR	897,511.	897,511.

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

ORANGE COUNTY COMM				<u> 3-0378778</u>
Part i Short-Term Capital Ga	ins and Losses (See	instructions)		
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 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)
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	1,795.	9,559.		-7,764.
Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales				4
5 Short-term capital gain or (loss) from like-kin	· ·	ı		5
6 Unused capital loss carryover (attach comput	•			6 (
7 Net short-term capital gain or (loss). Combin	•	ı h		7 -7,764.
Part II Long-Term Capital Gai				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
See instructions for how to figure the amounts	1			1
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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract 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	15.04.6			45.046
Form(s) 8949 with Box F checked	45,216.		-	45,216.
11 Enter gain from Form 4797, line 7 or 9			<u> </u>	11 142,187.
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		,	 	14 187,403.
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		187,403.
Part III Summary of Parts I and				40
16 Enter excess of net short-term capital gain (lin		, ,		170 630
17 Net capital gain. Enter excess of net long-term		•		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
18 Add lines 16 and 17. Enter here and on Form		pper line on other returns.	L	18 179,639.
Note: If losses exceed gains, see Capital loss	ss in the instructions.			
JWA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		Schedule D (Form 1120) 2018

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

Name(s) shown on return

Social security number or taxpayer identification no.

ORANGE COUNTY	COMMUNIT	Y FOUNDA!	rion			33-0	378778
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which	ow, see whether ation as Form 10 hox to check	you received any 99-B Either will	y Form(s) 1099-B c show whether you	or substitute staten r basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	ibstitute RS by your
Part I Short-Term. Transact	ions involving capi	tal assets you held	1 year or less are ge	nerally short-term (see	Instructions) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	e totals directly on	Schedule D, line 1a	i, you aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one be	OX. If more than one b	oox applies for your shorts, complete as many form	t-term transactions, comp ns with the same box che	olete a separate cked as you ne	e Form 8949, page 1, for eed	each applicable box.
(A) Short-term transactions re							
(B) Short-term transactions re	ported on Form(s) 1099-B showin	ig basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or u enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(Sales price)	Note below and		. See instructions.	from column (d) &
		(Mo , day, yr)		see <i>Column (e)</i> in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
DOVER STREET FEIN							
47-5125540	VARIOUS	VARIOUS	1,795.	0.			1,795.
CENTERGATE CAPITAL							
PARTNERS FEIN							
81-0773	VARIOUS	VARIOUS	0.	9,559.			<9,559.>
						-	
				_			
							
						<u></u>	
		-		·			
	,						
						-	
2 Totals. Add the amounts in columnegative amounts) Enter each tot							
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo	ve is checked), I	ine 2 (if Box B	1,795.	9,559.	ļ		<7,764.>

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

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

Form 8949 (2018)

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.

ORANGE COUNTY COMMUNITY FOUNDATION

33-0378778

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 wh	ether 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

يا ا	A (F) Long-term transactions no	t reported to you	on Form 1099-E	·				
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	i in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
77	OVER STREET FEIN					 	<u> </u>	
	7-5125540	VARIOUS	VARIOUS	45,216.	0.	-		45,216.
=	7-3123340	VARCEOOD	VIIICIOD	43,210.	.		-	13,2200
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	Totals. Add the amounts in colur							
	negative amounts) Enter each to				ļ			
	Schedule D, line 8b (if Box D abo			45 045				45 016
	above is checked), or line 10 (if E	Box F above is cl	necked)	45,216.				45,216.

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

823012 11-28-18

Form 8949 (2018)