Form 990-T   Exempt Organ	ization Bus	ine	ss Income T	ax Return	L	OMB No 1545-0687		
	d proxy tax unde					2040		
For calendar year 2018 or other tax year	beginning		, and ending		_	2018		
Department of the Treasury Internal Revenue Service  Do not enter SSN numbers	•		ons and the latest inform de public if your organiza		C 5	pen to Public Inspection for 01(c)(3) Organizations Only		
A Check box if address changed Name of organization (	Check box if name ch	nanged	and see instructions )		D Employ (Emplo Instruc	ver identification number yees' trust, see tions )		
B Exempt under section   Print   THE   HARPER   F	Print THE HARPER FAMILY FOUNDATION							
X 501(c@3) or Number, street, and room of	r suite no. If a P O. box	, see in	structions			ed business activity code structions )		
408(e) 220(e) Type P.O. BOX 241								
408A 530(a) City or town, state or provin OMAHA, NE 6	ce, country, and ZIP or $8124$	foreig	n postal code		5230	000		
C Book value of all assets F Group exemption number		<b>&gt;</b>						
169222397. G Check organization type	<b>X</b> 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust		
H Enter the number of the organization's unrelated trades or but	sinesses 🕨	1	Describe t	the only (or first) unr	elated			
trade or business here  SEE STATEMENT	11		. If only one,	complete Parts I-V. I	f more t	han one,		
describe the first in the blank space at the end of the previous	sentence, complete Par	rts I an	d II, complete a Schedule	M for each additiona	al trade	or		
business, then complete Parts III-V.					_			
I During the tax year, was the corporation a subsidiary in an aff		t-subs	diary controlled group?	▶ L	Yes	X No		
If "Yes," enter the name and identifying number of the parent of			<b>-</b>		00 5	100 1010		
J The books are in care of ► CHRIS MURPHY,  Part I Unrelated Trade or Business Inco		Т		ne number > 4	02-7			
	ine		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sales	c Balance	4.						
b Less returns and allowances Cost of goods sold (Schedule A, line 7)	s Balafice	1c 2						
3 Gross profit Subtract line 2 from line 1c	M t	3						
4a Capital gain net income (attach Schedule D)	* f	4a	14719.			14719.		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4	797)	4b						
c Capital loss deduction for trusts		4c						
5 Income (loss) from a partnership or an S corporation (atta	ch statement)	5	1685.	STMT 1	2	1685.		
6 Rent income (Schedule C)	ĺ	6						
7 Unrelated debt-financed income (Schedule E)		7				•		
8 Interest, annuities, royalties, and rents from a controlled or	ganization (Schedule F)	8						
9 Investment income of a section 501(c)(7), (9), or (17) organization	anization (Schedule G)	9						
10 Exploited exempt activity income (Schedule I)	<u> </u>	10						
11 Advertising income (Schedule J)	-	11						
12 Other income (See instructions; attach schedule)	}	12	16404			1.640.4		
13 Total. Combine lines 3 through 12	(0	13	16404.	<u>.</u>		16404.		
Deductions Not Taken Elsewhere (Except for contributions, deductions must be				ıncome.)				
Compensation of officers, directors, and trustees (Schedu	ıle K)			-	14			
45 Salaries and wages				_	15			
Repairs and maintenance  Bad debts  RECEIVED					16			
Repairs and maintenance  Bad debts  RECEIVED  Interest (attach schedule) (see Instructions)				}	17			
Interest (attach schedule) (see Instructions)  Taxes and licenses  2 0 2019				-	18			
= 1001 1114 M14 1001	las\			-	19 20			
1941 - 1951			21	-	20			
Depreciation (affacts Form 4562)  Less depreciation claimed 0350 leader A and elsewhere of	on return		22a		22b			
23 Depletion	ni i ciurii		[224]		23			
24 Contributions to deferred compensation plans				ļ	24			
25 Employee benefit programs					25			
26 Excess exempt expenses (Schedule I)					26			
27 Excess readership costs (Schedule J)					27			
28 Other deductions (attach schedule).					28			
29 Total deductions. Add lines 14 through 28					29	0.		
30 Unrelated business taxable income before net operating to	oss deduction. Subtract	line 29	from line 13	ļ	30	16404.		
31 Deduction for net operating loss arising in tax years begin	-	y 1, 20	18 (see instructions)	<u> </u>	31			
32 Unrelated business taxable income. Subtract line 31 from	line 30				32	16404.		

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

Part I	Total Unrelated Business Taxable Income			-, <u>-</u>							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruction	s)	33	16	404.					
34	Amounts paid for disallowed fringes			34							
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  35										
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of									
	lines 33 and 34			36	16	404.					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37_	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	15	404.					
Part I	/ Tax Computation										
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		<b>&gt;</b>	39	3	235.					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 fro	m:	-	,						
	Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	40							
41	Proxy tax See instructions										
42	Alternative minimum tax (trusts only)			42	ļ						
43	Tax on Noncompliant Facility Income. See instructions			43	<b></b>						
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	3	235.					
Part V		1			т						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a									
b	Other credits (see instructions)	45b									
C	General business credit Attach Form 3800	45c									
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_							
-	Total credits Add lines 45a through 45d			45e	<del></del>	005					
	Subtract line 45e from line 44	—		46	3	<u>235.</u>					
	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 886	56 Oth	er (attach schedule)		<del> </del>	225					
	Total tax. Add lines 46 and 47 (see instructions)			48	3	235.					
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 50		49		0.					
	Payments A 2017 overpayment credited to 2018	50a	600								
	2018 estimated tax payments	50b	680	-							
	Tax deposited with Form 8868	50c	<del></del>								
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	<del></del>								
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50e 50f									
	Other credits, adjustments, and payments: Form 2439	301									
g	Form 4136 Other Total	50g									
51	Total payments. Add lines 50a through 50g	Jug	-	51		680.					
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52		000.					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	2	555.					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54		<u> </u>					
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	1	Refunded >	55							
Part V											
	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other auth	ority		Ye	s 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 coun	try								
	here >					X					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	foreign trust?			Х					
	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 > \$										
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and correct and co	tatements, and	to the best of my kn	owledge a	nd belief, it is true,						
Sign	1 / lin 1 / lin ohn of the			May the IR	S discuss this retu	rn with					
Here	PRESIDE	NT			er shown below (se						
	Signature of officer Date Title			instruction	, [2] , , ,	No					
	Print/Type preparer's parhe Preparer's signature Dat	e	Check	ıf PTI	N						
Paid	$A. \Omega_0$	-10-19	self- employed			_					
Prepa	rer DANEI OSBORN	10-19	1,		0028347						
Use O	nly Firm's name ► HANCOCK & DANA PC		Firm's EIN	<u>4</u>	<u>7-07108</u>	89					
	12829 WEST DODGE ROAD #100				204 45-	_					
	Firm's address ► OMAHA, NE 68154		Phone no	<u>402-</u>	<u>391-106</u>						
823711 01-	09-19				Form <b>990-</b>	I (2018)					

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation	► N/A				··· <del>··</del>	
1 Inventory at beginning of year	1		6 Inventory	at end of yea	ır		6		
2 Purchases	2		7 Cost of go	ods sold Su	ubtract l	ine 6			
3 Cost of labor	3		from line	5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7			
(attach schedule)	4a		_ 8 Dotherul	es of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		property p	roduced or a	acquired	l for resale) apply to			'
5 Total. Add lines 1 through 4b	5		the organi			·			
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Personal F	Property	Lease	ed With Real Pro	pert	y) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2/a) Daduations directly		atod with the income	
(a) From personal property (if the perorent for personal property is more 10% but not more than 50%)	and personal property personal property exc nt is based on profit o	eeds 50% or it	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (	attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	]			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		Ó.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
			2. Gross inco			3 Deductions directly cor to debt-finance			
1 Description of debt-fin	anced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductio (attach schedule)	
(1)									
(2)									
(3)									
(4)						-			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6. Column 4 by colum			7. Gross income reportable (column 2 x column 6)		8 Allocable deduc column 6 x total of co 3(a) and 3(b))	olumns
(1)				%					
(2)				%				· ——	
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				<b>&gt;</b>		0			0.
Total dividends-received deductions inc	luded in column	8				<b>&gt;</b>	•		0.
					-			Form <b>990-T</b>	(2018)

Schedule F - Interest,	Annuitie	s, Royal	ties, ar	d Rents	From C	ontrolle	ed Organiz	ation	<b>1S</b> (see ins	struction	ns)
				Exempt (	Controlled O	rganizatio	ons				
Name of controlled organiza	tion	2. Emp identific numb	ation		elated income instructions)		al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)					<del>.</del>	-				_	
(2)					-		<u> </u>				
(3)	•								,		
(4)											
Nonexempt Controlled Organi	zations				-	·			-		
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payi made	ments	10. Part of column the controllingross	mn 9 thai ing organ s income	nization's		eductions directly connected h income in column 10
(1)							••				
(2)											· · · · · · · · · · · · · · · · · · ·
(3)											
(4)	<u> </u>										
	<u> </u>						Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<b>&gt;</b>			0.		0.
Schedule G - Investme (see insti		ne of a S	Section	501(c)(	7), (9), or	(17) Or	ganization	١.			
1. Desc	ription of inco	me			2. Amount of	income	<ol> <li>Deduction directly connectly connectly connectly.</li> </ol>	cted	4. Set-		5 Total deductions and set-asides (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 (see instru	-	Activity	Incom	e, Othei	Than Ad	lvertisii	ng Income	,			
Description of exploited activity	2 G unrelated incom trade or t	business e from	directly o with pro of unr	penses onnected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6</b> . Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)	İ										
(4)	Enter her page 1 line 10,	Part I,	Enter her page 1 line 10,								Enter here and on page 1, Part II, line 26
Totals		0.		0.							0.
Schedule J - Advertisi	na Incoi		struction								
Part I Income From					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	ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)					<u>l</u>						
Totals (carry to Part II, line (5))	<b>•</b>		).	0	•						0.
			-								Form <b>990-T</b> (2018)

823731 01-09-19

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-hy-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	<b></b>	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)	<b>•</b>	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		•	0.

Form 990-T (2018)

1685.

TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5

FORM 99Q-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 11
INVESTMENT IN PARTNERSHIPS WITH UBIT	
TO FORM 990-T, PAGE 1	
FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION	NET INCOME OR (LOSS)
MAKENA SPLITTER - ORDINARY BUSINESS INCOME (LOSS)	1541.
MAKENA SPLITTER - NET RENTAL REAL ESTATE INCOME	-544.
MAKENA SPLITTER - OTHER NET RENTAL INCOME (LOSS) MAKENA SPLITTER - INTEREST INCOME	-18. 87.
MAKENA SPLITTER - INTEREST INCOME MAKENA SPLITTER - DIVIDEND INCOME	353.
MAKENA SPLITTER - ROYALTIES	109.
MAKENA SPLITTER - GUARANTEED PAYMENTS	1.
MAKENA SPLITTER - OTHER INCOME (LOSS)	-7124.
FARNAM STREET PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	407.
·	0 = 0 0
TACOPPS FEEDER FUND I, LP - ORDINARY BUSINESS INCOME (LOSS) TACOPPS FEEDER FUND I, LP - NET RENTAL REAL ESTATE INCOME	8788. -572.

## 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-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

THE HARPER FAMILY		47-0761456			
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 gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(ħ) 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					
Form(s) 8949 with Box C checked					396.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 33	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	( )
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	396.
Part II   Long-Term Capital Gai	ns and Losses (See_	nstructions.)	····		,
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.	(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				i	
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box</b> E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked			<u> </u>		4712.
11 Enter gain from Form 4797, line 7 or 9				11	9611.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		-	13	
14 Capital gain distributions				14	1122
15 Net long-term capital gain or (loss). Combine		n h		15	14323.
Part III Summary of Parts I and			Т		202
16 Enter excess of net short-term capital gain (lin	· ·		-	16	396.
17 Net capital gain. Enter excess of net long-term			e 7)	17	14323.
18 Add lines 16 and 17 Enter here and on Form		oper line on other returns	L	18	14719.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

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

Schedule D (Form 1120) 2018

## 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

2018

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

tpayer identification no

THE HARPER FAM	ITPX LOOM	DATION				47-0	701430
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	low, see whether ation as Form 10	vou received an	y Form(s) 1099-B show whether you	or substitute state ur basis (usually yo	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part I Short-Term. Transact		tal assets you held	1 1 year or less are g	enerally short term (s	ee instructi	ons) For long-term	
transactions, see page 2  Note: You may aggregate a							adjustments or
codes are required Enter th	e totals directly on	Schedule D, line 1	a, you aren't require	ed to report these train	nsactions oi	n Form 8949 (see ins	tructions)
You must check Box A, B, or C below. If you have more short-term transactions than w							or each applicable box
(A) Short-term transactions re	ported on Form(s	s) 1099-B showir	ng basis was repo	rted to the IRS (se	e <b>Note</b> ab	ove)	
(B) Short-term transactions re		-	_	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount	Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo, day, yr)	disposed of	(sales price)	basis. See the	column (f)	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo , day, yr )		Note below and see Column (e) in	(f)	(g) Amount of	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
MAKENA SPLITTER							396.
		·					
<u> </u>							
<u> </u>							
							·
		<del></del>					
					-		
				1		·	
2 Totals. Add the amounts in colur	nns (d), (e) (d) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	•	•					396.
and the second of the second o	<del></del>						

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.

Form 8949 (2018)

Social security number or taxpayer identification no.

mitto	IIADDED	TIBRATT SE	FOUNDATION
TI'H M	HARPER	PAMILY	PUUNDATTON

47-0761456

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 substitu	ıte
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	t reported to you	on Form 1099-L	<del>,</del>		, <del></del>		
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	loss If your column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ) See instructions. (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result
_					the instructions	Code(s)	adjustment	with column (g)
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2	Totals. Add the amounts in colur	nns (d), (e), (o), a	nd (h) (subtract				111111111111111111111111111111111111111	
	negative amounts) Enter each to							
	Schedule D, line 8b (if Box D abo		•					
	above is checked), or line 10 (if E							4712.
	and the control of th		,	L	<del></del>		I	

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

Form **8949** (2018)