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8 Exempt under seed Prince   P		I = = = = = = = = = = = = = = = = = = =					501(c)(3) O	Organizations Only
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Adoption   20(a)   20(b)   30(b)   20(c)   30(c)   3	B Exempt under section	Print ONECOMMUNITY				5	52-24	43602
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H Enter the number of the organization systems   Soffice corporation   Soffice trust   401(a) trust   Other trust   H Enter the number of the organization's unrelated trades or businesses   Describe the only (or Inst) unrelated   Trade or business here   SEE STATEMENT 1   The organization   describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or businesses here   SEE STATEMENT 1   Distribute tax year, was the corporation a subsidiary in an affeated your or a parent-subsinery controlled group?   Vers   No.	== ``		or foreign	postal code		900	099	
13, 678, 548. 1 © Check organization type ► X   501(c) corporation	C Book value of all assets	F Group exemption number (See instructions )	<b>•</b>					(
trade or business here SEE STATEMENT 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. Incomplete Parts I and III, complete Parts I and III, complete Parts I will be completed proup? If you have a parent-subsidiery controlled group? If you have a parent subsidiery will be parent corporation a parent-subsidiery controlled group? If you have a parent corporation a parent-subsidiery controlled group? If you have a parent corporation is parent corporation of the parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. If you have a parent corporation is parent corporation is parent corporation. It is parent corporation is parent corporation. It	<u> </u>	48. G Check organization type ► X 501(c) cor	rporation	501(c) trust	401(a	ı) trust		Other trust
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During the tax year, was the corporation a subsidiary in an affailated group or a parent-subsiniery controlled group?   Ves			arts I and	III, complete a Schedule	M for each addition	nal trade	e or	
If Yes, enter the name and identifying number of the parent corporation    The books are in care of   DOROTHY C. BAUNACH   Telephone number   216-923-2200						<del></del>		
The books are in care of			nt-subsid	nary controlled group?		Y	es A	.] No
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32 Unrelated business taxable income Subtract line 31 from line 30							<del>-3,4</del>	
			ary 1, 201	o (see instructions)			L5 1	
					<u></u>			

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Part I					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-5,472	,093.
34	Amounts paid for disallowed fringes		34		,
35	· · · · · · · · · · · · · · · · · · ·	MT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
30	lines 33 and 34		36	-5,472	093
0.7			37		,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		31		,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.			-5,472	002
Dort I		_	38	-3,414	,093.
Part I					<u> </u>
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)	•	<b>► 40</b>		
41	Proxy tax. See instructions	•	► <u>41</u>		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income See instructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part \	/ Tax and Payments		-, ,		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		<b>⊣</b> ∣		
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)				
е	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 (a	ttach schedule	) 47		
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				
	2018 estimated tax payments 50b		╗		
	Tax deposited with Form 8868 50c				
	Foreign organizations Tax paid or withheld at source (see instructions)  50d		$\dashv$		
	Backup withholding (see instructions)  50e		┪ }		
	Credit for small employer health insurance premiums (attach Form 8941)  50f		┪ !		
			┥ !		
g			1 1		
51	Total payments Add lines 50a through 50g		51		
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		53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		
55		nded <b>&gt;</b>	<b>55</b>		
Part \		ions)		<del></del>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			<u> </u>	<u>res No</u>
	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				
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		L	X
	If "Yes," see instructions for other forms the organization may have to file.			1	
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 b correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my know	ledge and b	elief, it is true,	
Sign <sub>©</sub>		Г	May the IRS	discuss this re	turn with
Here 2	10,77-01		•	r shown below (	
_	Signature of officer Date / Title		instructions	)? X Yes	No
	Print/Type preparer's name Preparer's signature Date C	heck	ıf PTII	V	
Paid		elf- employe	- 1		
Prepa	DAMILLEEN C. LODENZ			000636	40
Use C	COVEN C COVEN I TED	Firm's EIN		4-1912	
USE C	OFFICES LISTED AT				
		Phone no	800-	229-10	99
823711 01					)-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A				<del>*</del>
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	
2 Purchases	2		_	Cost of goods sold. S		ine 6		
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,		
4 a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Y	es No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				1
Schedule C - Rent Income (	From Real	Property and	Pers	onal Property L	.ease	d With Real Prope	erty)	
(see instructions)						_		
1 Description of property								
(1)								
(2)								
(3)								
(4)						•		
		ed or accrued				3(a) Deductions directly	connected with the incom	ne in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personai į	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge		d 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	<b>•</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	ctions)				
			١,	Gross income from		3 Deductions directly conn to debt-finance		
1. Description of debt-fin	anced property			or allocable to debt-	(a)	Straight line depreciation	(b) Other deduc	tions
1. Description of debi-mi	anced property			financed property	'	(attach schedule)	` (attach schedu	ule)
			_			·		
(1)			+					
(2)			<del> </del>				ļ <u> </u>	
(3)			-				ļ	
(4)			-					
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable ded (column 6 x total of 3(a) and 3(t	f columns
(1)				%				
(2)				%				
(3)	-			%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on p Part I line 7, colur	
Totals				•		0.		0.
Total dividends-received deductions in	cluded in column	8						0.
	CIGGCO III COIGIIII							

			•	Exempt 0	Controlled O	rganızatı	ons				
1 Name of controlled organiz	zation	2 Emp identific numl	cation		elated income instructions)	4. Tota payn	al of specified nents made	include	t of column 4 ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)											
(2)									_		
(3)			_							$\perp$	
(4)							_				
Nonexempt Controlled Organ	nizations										
7. Taxable Income		related incom ee instructions		9 Total o	of specified payr made	nents	10 Part of colui in the controlli gross	nn 9 that ng organ i income	ization's		ductions directly connected income in column 10
(1)							<del></del> -				<u></u>
(2)											<del></del> -
(3)											
(4)		_									
				_			Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (8)
Totals						<b>&gt;</b>			0.		0
Schedule G - Investm		ne of a S	ection	501(c)(7	), (9), or ( <sup>-</sup>	17) Org	anization				
(see ins	structions)										<del>-,</del> _
1. De	scription of incor	ne			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and of Part I, line 9, co		, -	,	, ,		Enter here and on page Part I line 9, column (B)
Totals						0.					0
Schedule I - Exploited	d Exempt	Activity	Income	e, Other	Than Adv	_	g Income				<u> </u>
1. Description of exploited activity	2 G unrelated income trade or b	business from	directly o with pro of unr	penses connected oduction related s income	4 Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 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 attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						i					
(2)		·									
(3)											
(4)											
	Enter here page 1, line 10 c	Part I		re and on I, Part I, col (B)	-	, · L					Enter here and on page 1, Part II, line 26
Totals	<u>-</u> ]	0.		0.							0
Schedule J - Advertis Part I Income From					olidated	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 sin, compute	5 Circulat income	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											,
(3)					7						
(4)					<b>1</b>						
Totals (carry to Part II, line (5))	<b>•</b>	ſ	).	0							0 .
											Form 990-T (201

%

▶

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

Form 990-T (2018) <b>ONECOMM</b> (	JN]	TY					52-	244360	2 · Pag	e 5
Part II Income From Percolumns 2 through 7 c		-		a Separ	ate Basis (For ea	ch perio	dical listed in P	art II, fill in	A).	
1. Name of periodical		2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	$\dashv$							· · · · · · · · · · · · · · · · · · ·		
(2)										
(3)	T									_
(4)		<u></u>								
Totals from Part I	▶	0.		0.					0	•
		Enter here and on page 1, Part I, line 11 col (A)	page	ere and on 1, Part I, i, col (B)					Enter here and on page 1, Part II, line 27	_
Totals, Part II (lines 1-5)	▶	0.		0.					0	
Schedule K - Compensat	ion	of Officers, I	Directo	ors, and	Trustees (see in	structio	ns)			_
1. Name	,				2 Title		3 Percent of time devoted to business		pensation attributable nrelated business	_
(1)							9/	0		_
(2)							- 50/	,	•	_

Form 990-T (2018)

0.

(3) (4) FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

# SALE OF 1C CORPORATION INVESTMENT

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SÜSTAINED	LOSS PREVIOUSLY - APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15 12/31/16	185,224. 129,045.	0.		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	314,269.	314,269.

## 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

ONECOMMUNITY				52-	2443602
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 ga or loss from Form(s) 89 Part I, line 2, column (g	49.	(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			t		İ
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss) Combin				7	
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gai	ın	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (c	19,	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	18,664,758.	24,136,851.			-5,472,093.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	<u></u> .
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	•	-	12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine		ı h		15	-5,472,093.
Part III Summary of Parts I and				_	
16 Enter excess of net short-term capital gain (lin	, ,	, ,	ļ	16	, <u>,</u>
17 Net capital gain Enter excess of net long-term	,	' '		17	
18 Add lines 16 and 17. Enter here and on Form		per line on other returns	l	18	0.
Note: If losses exceed gains, see Capital losse	es in the instructions.				

JWA

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.

#### ONECOMMUNITY

52-2443602 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 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)

[X] (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

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	loss If y	nt, if any, to gain or ou enter an amount (g), enter a code in ) See instructions (g) Amount of	(h) Gain or (loss). Subtract column (e from column (d) & combine the result with column (g)
SALE OF 1C		<u></u>		the manactions	<u>``</u>	adjustment	with column (g)
CORPORATION							<del></del>
	VARIOUS	09/28/18	18,664,758.	24,136,851.			<5,472,093.>
			· <u>·</u>				, , ,
			-				
			<u> </u>				
							,
	<u> </u>						
			<u> </u>				
		·			-		
			<del>_</del>		-		
	-						
							-
							<u> </u>
2 Totals. Add the amounts in columnegative amounts) Enter each tot Schedule D, line 8b (if Box D above is checked), or line 10 (if Box D)	tal here and incluove is checked), I	ide on your li <b>ne 9</b> (if <b>Box E</b>	18 664 758	24,136,851.			<5,472,093.>

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 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
FORM 330-1	DESCRIPTION OF ORGANIZATION S PRIMARY UNRELATED	DIVIDUDIL I
	BUSINESS ACTIVITY	

# SALE OF 1C CORPORATION INVESTMENT

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15 12/31/16	185,224. 129,045.	0.	185,224. 129,045.	185,224. 129,045.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	314,269.	314,269.

## 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

ONECOMMUNITY				52-	2443602
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	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n .9,	(h) 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-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					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		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). Combin				7	ļ
Part II Long-Term Capital Gai	ns and Losses (See II	nstructions)			¥
See instructions for how to figure the amounts to enter on the lines below	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 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	18,664,758.	24,136,851.			-5, <u>472,</u> 093.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	ı h		15	-5,472,093.
Part III Summary of Parts I and	1 II				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line 7	")	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns		18	0.

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

JWA

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. 52-2443602

### ONECOMMUNITY

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 [Partill] 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)

X (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

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 y in column column (f	(g), enter a code in See instructions  (g) Amount (g)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
					the instructions	Code(s)	adjustment	with column (g)
	LE OF 1C							
CC	RPORATION							
IN	IVESTMENT	VARIOUS	09/28/18	18,664,758.	24,136,851.			<5,472,093.>
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_		<del> </del>						
	<del>-</del>							
_	▼.s.t. A.J.it	1						
	Totals. Add the amounts in colu							
	negative amounts) Enter each to							
	Schedule D, line 8b (If Box D ab		· .	10 664 750	24 126 851			E 472 002
	above is checked), or line 10 (if	Box F above is cl	necked)	18,664,758.	24,136,851.			<5,472,093.>

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