Form 990-T	Exempt Organization Bu			ax Re	eturn,	ОМВ	No 1545-0687
`•	(and proxy tax und				1906) •	010
,	For calendar year 2018 or other tax year beginning JUL 1				<u> 12019</u>		2018
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for i ■ Do not enter SSN numbers on this form as it ma				01(c)(3)	Open to	Public Inspection for Organizations Only
A Check box if address change	Name of organization (Check box if name	changed	d and see instructions.)		D		tification number
B Exempt under section	AMERICAN ENTERPRISE II	12 T T	TOTE FOR PU	рптс		•	218495
X 501(c03_)	Number, street, and room or suite no. If a P.O. bo	ox. see ii	nstructions			Unrelated busi	iness activity code
408(e) 220((See instruction	15)
408A 530(-					
529(a)	WASHINGTON, DC 20036		Bull-ui-		5	41800	
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>					
325,952,	959. G Check organization type ► X 501(c) con	rporation			J 401(a) tr		Other trust
	e organization's unrelated trades or businesses.	1		the only (or	-		
	► INVESTMENT IN PASS-THROUGH						10,
	blank space at the end of the previous sentence, complete P	'arts I ar	nd II, complete a Schedule	M for each	additional	trade or	
business, then comple	is the corporation a subsidiary in an affiliated group or a pare	nt-cube	udiary controlled aroun?	_		Yes 🖸	X No
	e and identifying number of the parent corporation.	เกเรียมอ	idialy controlled group?			_ 165 (∡	2 100
	of ► THE ORGANIZATION		Teleph	one number	▶ 20	2-862-	-5800
	ed Trade or Business Income		(A) Income		xpenses		(C) Net
1a Gross receipts or s	ales						
b Less returns and a	owances c Balance	1c					
2 Cost of goods sold	(Schedule A, line 7)	2_					
•	ct line 2 from line 1c	3		_			
	ome (attach Schedule D)	4a	38,385.				<u>38,385.</u>
	m 4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduct	on for trusts a partnership or an S corporation (attach statement)	4c 5					
5 Income (loss) from6 Rent income (Sche	·	6		·-			
·	nced income (Schedule E)	7	158.				158.
	oyalties, and rents from a controlled organization (Schedule F)	\vdash		· · · · · ·			
9 Investment income	of a section 501(c)(7), (9), or (17) organization (Schedule G	9					
10 Exploited exempt a	tivity income (Schedule I)	10					
11 Advertising income	•	11					
•	nstructions, attach schedule)	12					
13 Total. Combine lin		13	38,543.				38,543.
	ons Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected			income)			
· ·	ifficers, directors, and trustees (Schedule K)	RE	CEIVED			14	
15 Salaries and wage	1 1		70			15	
16 Repairs and maint17 Bad debts	CONTRACTOR OF STREET	MAAD	2 3 2020		<u> </u>	16 17	
	nedule) (see instructions)	MAN	2 3 2020 O		<u> </u>	18	
19 Taxes and licenses		000	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN			19	2,949.
	tions (See instructions for limitation rules)	UGL	DEN, UT			20	
21 Depreciation (attac	h Form 4562)		21				
22 Less depreciation	claimed on Schedule A and elsewhere on return		22a		2	2b	
23 Depletion					<u> </u>	23	
	ferred compensation plans					24	
25 Employee benefit p						25	
· ·	enses (Schedule I)					26	
•	costs (Schedule J)		SEE STATI	יייאיבאייי		8	2,800.
28 Other deductions (29 Total deductions	attach schedule) Add lines 14 through 28		SEE SIWII	SLICIN I		9	$\frac{2,800.}{5,749.}$
	taxable income before net operating loss deduction. Subtraction	t line 29	9 from line 13			0	32,794.
	perating loss arising in tax years beginning on or after Janua					1	
	taxable income Subtract line 31 from line 30					2	32,794.
	or Paperwork Reduction Act Notice, see instructions.					Form	990-T (2018)

FORM 990-	1 ODICI REDEFINOR	1410493	
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	_33	32,794.
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 sum of		
00	lines 33 and 34	. 36	32,794.
27	Consider deduction /Conscelle \$1,000, but one line 27 instructions for executions)	36 3∜	1,000.
37	0.1		1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	39 1	21 704
Dart	enter the smaller of zero or line 36	38	31,794.
Part I			6 688
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	6,677.
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	<u>43 </u>	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	5 44	6,677.
Part \		1	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions) 45b		
C	General business credit Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	
	Total credits Add lines 45a through 45d	45e	
	Cubtrast las 45s from las 44	40	6,677.
46	Subtract line 45e from line 44	46 47	0,077.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	1 b 4/	6 677
48	Total tax vice into the district vices membership,	11 1	6,677.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018	49	0.
	→		
þ	2018 estimated tax payments		
C	Tax deposited with Form 8868 51 50c 17,26	6.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
I	Form 4136 □ Other Total ► 50g		
5 1	Total payments. Add lines 50a through 50g	5)	44,906.
ı	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	•
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
4	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	38,229.
JO 15	Enter the amount of line 54 you want: Credited to 2019 estimated tax 6,680. Refunded	55	31,549.
Part V	I Statements Regarding Certain Activities and Other Information (see instructions)	1 10	<u></u>
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		163 140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here >		_ X
	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 ▶\$	 	
>:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	knowledge and bel	lief, it is true,
Sign		May the IRS disc	uss this return with
Here	Z/18/2020 CFO & TREASURER	the preparer show	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	self- employ	yed	
Prepa	rer MATTHEW DUVALL, CPA 02/07/20		324790
Use O	S		1754364
USE U	ONE RESEARCH COURT, SUITE 400		
	Firm's address ► ROCKVILLE, MD 20850 Phone no	301-693	1-3600
23711 01-			rm 990-T (2018)

823711 01-09-19

AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC

Form 990-T (2018) POLICY RESEARCH

53-0218495

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A	<u> </u>		
1 Inventory at beginning of year	1		6 Inventory at end of year	<u> </u>	6	
2 Purchases	2		7 Cost of goods sold S	ubtract line 6		
3 Cost of labor	3		from line 5. Enter here	and in Part I,		
4a Additional section 263A costs			line 2		7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Leased With Real Pro	operty)	·
1 Description of property						
(1)						
(2)					****	
(3)						
(4)	* ***					
	2 Rent receiv	ed or accrued				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%	than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age 3(a) Deductions direct columns 2(a) :	tly connected with the i and 2(b) (attach schedu	ncome in ile)
(1)						
(2)			-			
(3)		<u> </u>	<u> </u>			
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)		-	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstructions)			
			2 Gross income from or allocable to debt-	· · · · · · · · · · · · · · · · · · ·	nced property	
1 Description of debt-fin	anced property		financed property	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sch	
(1) INVESTMENT INCOM	E FROM					
(2) PASS-THROUGH ENT		<u></u>	158.			
(3)						
(4)		,				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 2	of or a	adjusted basis illocable to need property	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable (column 6 x tot 3(a) and	al of columns
(1)	DIALE	IENI J				
(2) 158.		158.	100.00%	158	3.	
(3)		150.	<u> 100.00%</u> %			
(4)						
		1		Enter here and on page 1,	Enter here and	on page 1
				Part I, line 7, column (A)	Part I, line 7, c	
Totals			•	158	3.	0.
Total dividends-received deductions inc	cluded in column	8			-	0.

Form 990-T (2018)

Page 4

	ule F - Interest,			nd Rent	s From C	ontroll	ed Organiz	atio	53-02 1S (see ins		
			<u> </u>	<u> </u>	Controlled O						
(1.)	Name of controlled organiza	ation 2	Employer entification number	3 Net ur (loss) (se	nrelated income e instructions)		al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
<u>(1)</u>		-		+	•			-			
(2)			- -	+							
(3)				-		l <u></u>				$\neg +$	· · · · · · · · · · · · · · · · · · ·
(4)				1						-+	
	pt Controlled Organi	ızatıons		<u> </u>	 	<u></u>		L			
	Taxable Income	8. Net unrelated i		0 7-1-	l of specified pay		10. Part of colur	O +b-o	4 . a . a ab . d a d	11 5	
	Taxable IIICUTTE	(see instruc		9 1012	made	nems .	in the controlli	ng orgar income	nization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)					_						
						-	Add colum Enter here and line 8, c	on page	: 1, Part I, ⁽)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.		0.
Schedu	ıle G - Investme		a Section	n 501(c)((7), (9), or	(17) Or	ganization				
	(see insti	ructions)	·			_	0				
	1. Desc	ription of income			2 Amount of	income	3 Deduction directly connect (attach schedu	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)						_					
(4)	<u> </u>										
					Enter here and of Part I, line 9 co			•		•	Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>		0.					
Schedu	lle I - Exploited (see instru		ity Incom	ne, Othe	r Than Ad	vertisi	ng Income				
	Description of xploited activity	2 Gross unrelated business income from trade or business	directly of with pri	penses connected oduction related as income	4 Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 1 3) If a 1 cols 5	5 Gross inconfrom activity the is not unrelate business incon	nat ed	6. Exprattributa	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)				_							
		Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	ere and on 1, Part I, , col (B)		r ;	, , , , , , , , , , , , , , , , , , ,	, <i>r</i>	·		Enter here and on page 1, Part II, line 26
Totals School	Ilo I Advantiai		o inat minting	0.	<u> </u>						0,
	ıle J - Advertisiı				ام ماداد ما	Dania					
Part I	Income From F		еропеа о	n a Con	solidated	Dasis					
	1 Name of periodical	2 Gros advertisi income	ng adv	3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulation income	on	6 Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					ŀ	:					
(2)]						• -
(3)											,
(4)					1.5						, 1
Totals (carr	y to Part II, line (5))	<u> </u>	0.	0							0 , Form 990-T (2018)

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Enter here and on page 1, Part I, line 11, col (B)

	141111 C11		T110 T T T O T L	I OIL I ODDIE	
orm 000-T /2018	DOT.TOV	DECENDOU			

53-0218495

Page 5

0.

Part II	Income From columns 2 through				rate Basis (For ea	ch periodical liste	d 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 8 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals from	n Part I	▶	0.	0.	La Con La Carrieria	#50 M. T. T. T. T.	suit the E	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Enter here and on page 1, Part I, line 11, col (A)

Totals, Part II (lines 1-5)

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)

Enter here and on page 1, Part II, line 27

FORM 990-T OTHE	R DEDUCTIONS	·	STATEMENT	1
DESCRIPTION			TUOMA	
TAX PREP FEES			2,80	00.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			2,80	00.
FORM 990-T AVERAGE ACQUIST ALLOCABLE TO DEBT		RTY	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INVESTMENT INCOME FROM PASS-THROUGH ENTITY K-1		158.		
- SUBTOTA	AL - 1	130.	15	58.
TOTAL OF FORM 990-T, SCHEDULE E, COL	UMN 4		15	58.

FORM 990-T	STATEMENT	3			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
INVESTMENT INCOME	E FROM PASS-THROUGH		158.	-	
ENITIT K-1	- SUBTOTAL -	- 1	150.	15	58.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	5		15	58.

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

2018

Name

Employer identification number

AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

53-0218495

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 ga or loss from Form(s) 89	in 40	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) 	combine the result with column (g)
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					11 515
Form(s) 8949 with Box B checked		-			44,545.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	from Form COEO has OC or O	7			
4 Short-term capital gain from installment sales	·	1		4_	
5 Short-term capital gain or (loss) from like-kind	=			5	· · · · · · · · · · · · · · · · · · ·
6 Unused capital loss carryover (attach compute	•	. L		<u>6</u> 7	44,545.
7 Net short-term capital gain or (loss) Combine Part II Long-Term Capital Gai					44,545.
See instructions for how to figure the amounts	iis and Losses (See	ristructions)	-		T
to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894	in Io	(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 II, line 2, column (g) 	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					
3 rotals for all transactions reported on	İ				
Form(s) 8949 with Box E checked					<u>-6,160.</u>
· · · · · · · · · · · · · · · · · · ·					-6,160.
Form(s) 8949 with Box E checked					-6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on				11	-6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	•	7		11 12	-6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	•	7			-6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	•	7		12	
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine	l exchanges from Form 8824			12 13	-6,160. -6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and	s exchanges from Form 8824 lines 8a through 14 in columi	n h		12 13 14 15	-6,160.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and	lines 8a through 14 in columi III e 7) over net long-term capita	n h I loss (line 15)		12 13 14 15	
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lin 17 Net capital gain. Enter excess of net long-term	lines 8a through 14 in column I II e 7) over net long-term capita capital gain (line 15) over net	n h I loss (line 15) short-term capital loss (line	e 7)	12 13 14 15 16 17	-6,160. 38,385.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and	lines 8a through 14 in column I II e 7) over net long-term capita capital gain (line 15) over net 1120, page 1, line 8, or the pro	n h I loss (line 15) short-term capital loss (line	e 7)	12 13 14 15	-6,160.

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

AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH

Social security number or taxpayer identification no. 53-0218495

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions) For long-term

Note: You may aggregate codes are required. Enter t	all short-term transa	ctions reported on Schedule D. line 1	Form(s) 1099-B sho	wing basis was repor	ted to the IF	RS and for which no Form 8949 (see inst	adjustments or ructions)
You must check Box A, B, or C below If you have more short-term transactions than	Check only one b	Ox If more than one t	oox applies for your sho	ort-term transactions, con	plete a separ	ate Form 8949, page 1,	for each applicable box
(A) Short-term transactions than							
(B) Short-term transactions r					e Hote ab	ovej	
(C) Short-term transactions				sported to the mo			
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (d) from column (d) 8
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
VALUE ACT CAPITAL							
K-1 ST	VARIOUS	VARIOUS					44,545.
	1						
	1						
		<u> </u>					
							
	 						
							
	- 						
	 						
	 						
	-	-					
							
	-						
	 						
	 						
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	 	L		<u> </u>			
	 						
	 						
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2 Totals. Add the amounts in colu					.		
negative amounts) Enter each to		· · · · · · · · · · · · · · · · · · ·			[
Schedule D, line 1b (if Box A ab	•				[44,545.
above is checked), or line 3 (if E	sox C above is ch	ескеа) 🕨			1		44,040.

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

AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC

Social security number or taxpayer identification no.

POLICY RESEARCH 53-0218495 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) 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 Adjustment, if any, to gain or (d) (h) (e) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) **(f)** see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment VALUT ACT CAPITAL K-1 LT VARIOUS VARIOUS <6,160.> 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

<6,160_.>

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