•		TEXAS, TROPICAL	ST	ORM IMELDA	1812		- L
Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	-	OMB No 1545-0687
	C	(and proxy tax und	er se	* *-			2018
	POT CA	lendar year 2018 or other tax year beginning Go to www.irs.gov/Form990T for ir	nstructi	, and ending ons and the latest inform	ation.	-	2010
Department of the Treasury Internal Revenue Service	•	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 c	hanged	and see instructions.)		(Empl	oyer identification number loyees' trust, see
address changed		DAUTE WEEKLEY EANTLY E	יהדזאי	T) A M T () N			6-0324538
Exempt under section 501(c) (3 03	Print or	<u>DAVID</u> WEEKLEY FAMILY F Number, street, and room or suite no. If a P.O. box				E Unrel	ated business activity code
408(e) 220(e)	Type	1111 NORTH POST OAK RO		isa acaons.		(See II	nstructions)
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code			
529(a)		HOUSTON, TX 77055				900	099
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
122,221,5	48.	G Check organization type X 501(c) corp	poration	501(c) trust	401(a)		Other trust
n chief the number of the	uryanıza	Ition's unrelated trades or businesses. RTNERSHIP INVESTMENTS	<u></u>	Describe	the only (or first) unr complete Parts I-V		than and
		ce at the end of the previous sentence, complete Pa	arts I ar				
business, then complete			ai (5 / Gi	io II, complete a concean	W TO Duon Bounding		, 0,
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ L	Ye	s X No
		tifying number of the parent corporation.					
		PATTY DETTLOFF			one number > 7. (B) Expenses	13-	(C) Net
		de or Business Income	Г	(A) Income	(B) Expenses		(C) NET
1a Gross receipts or sale b Less returns and alloy		c Balance	1c				
2 Cost of goods sold (S			2				
3 Gross profit. Subtract			3				
4a Capital gain net incom	ie (attac	h Schedule D)	4a	988.			988.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		L		
c Capital loss deduction			4c	106.	STMT 2	2	106.
		ship or an S corporation (attach statement)	5 6	100.	SIMI Z	<u> </u>	100.
6 Rent income (Schedu7 Unrelated debt-financ		ne (Schedule F)	7				<u> </u>
		and rents from a controlled organization (Schedule F)	8		725	>	Leu
	•	on 501(c)(7), (9), or (17) organization (Schedule G)	9			•	
10 Exploited exempt activ	vity inco	me (Schedule I)	10			1	10
11 Advertising income (S			11			<u>U</u>	<u> </u>
12 Other income (See ins		•	12	1,094.	· · · · · · · · · · · · · · · · · · ·	•	1,094.
13 Total. Combine lines Part II Deductio		gn 12 ot Taken Elsewhere (See instructions fo	13				1,094.
		utions, deductions must be directly connected			s income)		
14 Compensation of off	ıcers, dı	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts					-	17	
18 Interest (attach sche19 Taxes and licenses	auie) (s	ee instructions)			-	18 19	
	ons (Se	e instructions for limitation rules)			ŀ	20	
21 Depreciation (attach	•	•		21			
		Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defe		mpensation plans			ļ	24	
25 Employee benefit pro	-	shadula IV				25	
26 Excess exempt expe27 Excess readership co	•	•			j	26 27	
28 Other deductions (at	•	•			ŀ	2,8	
29 Total deductions. A		•			ļ	29	0.
		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13	ļ	30	1,094.
•	-	oss arising in tax years beginning on or after Janua	ry 1, 20)18 (see instructions)	21	31	1 221
22 Unrelated business t	avabla u	ncome Subtract line 31 from line 20			211	32	1 094

Glo

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	1,094.
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 24	35	1,094.
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)	3/7	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	3/8	0.
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	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \		1 3 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	- 	
	Other credits (see instructions) 45b	⊣ 	
_	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	
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	<u> </u>
	Payments: A 2017 overpayment credited to 2018	- !	
	2018 estimated tax payments 5,000	411	
	Tax deposited with Form 8868 50c	-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e	- 	
	Credit for small employer health insurance premiums (attach Form 8941) Other gradity advantages and payments Form 2420	$\dashv I \mid$	
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g		
E1	Form 4136 Other Total payments. Add lines 50a through 50g	51	5,000.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	3,000.
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	5,000.
The 58	Enter the amount of line 54 you want; Credited to 2019 estimated tax 2,500. Refunded 56.		2,500.
Part \		1 100	2/3001
	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 >		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?		T X
•	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-prompt interest received or accrued during the tax year >\$		
	Under penalties of partial, I declare that I have examined this return—mctoding accompanying schedules and statements, and to the best of my kn correct, and complete Declaration of preparer (other than tampayer) is based on all information of which preparer has any knowledge	nowledge and belief, it i	s true,
Sign		May the IRS discuss th	
Here		may the IHS discuss th the preparer shown bel	
	Signature of officer Date Title	instructions)? X Y	'es 🔲 No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	RAY FRIERSON, RAY FRIERSON, self- employed		
Prepa	rer CPA/CFP CPA/CFP 12/02/19	P00652	
Use C	INIV Firm's name FRIERSON, SOLA, SIMONTON & KUTAC, PLLC Firm's EIN	▶ 46-137	79281
	801 TRAVIS ST., STE 1900		
	Firm's address ► HOUSTON, TX 77002-5730 Phone no.	<u>713-651-9</u>	
823711 01	-09-19	Form 9	90-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A					_
1 Inventory at beginning of year 1				Inventory at end of year	r		6		_
2 Purchases	2	7 Cost of goods sold. Subtract line 6				ine 6		<u> </u>	_
3 Cost of labor	3		from line 5. Enter here and in Pa						
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No	5
b Other costs (attach schedule)	46		1	property produced or a	cquirec	for resale) apply to			٦
5 Total. Add lines 1 through 4b	5		1	the organization?					
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property I	Leas	ed With Real Pro	pert	y)	_
(see instructions)									_
1. Description of property									
(1)									_
(2)									_
(3)									_
(4)									
		ed or accrued				3/a) Daductions directly		eted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) a	directly connected with the income in s 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· , · · ·	ter -	- •	-	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0	•
Schedule E - Unrelated Det	ot-Finance	I Income (see	ınstru	ctions)					_
		·	2	- Gross income from		3. Deductions directly cor to debt-finance			_
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)		_
(1)			1						_
(2)			1					<u> </u>	_
(3)									_
(4)	-					· -			_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	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))	s
(1)				%					_
(2)				%					_
(3)				%					_
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	_
Totals				▶		0		0	
Total dividends-received deductions in	cluded in columi	n 8				>	- [0	<u> </u>
								Form 990-T (201	01

Form 990-T (2018) DAVID					11	ad Orași	natic	76-03		
Schedule F - Interest,	Annuities, Roya	aities, ar		Controlled O			zatio	i i S (see in:	struction	is)
1. Name of controlled organiza	ıdent	mployer ification mber	3. Net un	related income e instructions)	4. To	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
			<u> </u>				├		-+	
(1)				-			-			
(2)			 				i i			
(4)										-
Nonexempt Controlled Organi	ızatıons		-							
7. Taxable Income	8. Net unrelated inco (see instructio		9. Total	l of specified payr made	nents	10. Part of colu in the controll gross		nization's		eductions directly connecte h income in column 10
(1)										
(2)	-					· · · · · ·				
(3)	-									
(4)		-								
						Add colur Enter here and line 8, 6		e 1, Part I,	i e	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0
Schedule G - Investme	ent Income of a	Section	501(c)	(7), (9), or	(17) Or	ganization	<u> </u>		<u> </u>	
	ructions)			(,), (-),	(,	3	•			
1. Desc	cription of income			2 Amount of	ıncome	3. Deduction directly connect (attach scheduction)	ected	4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)								ļ		
(3)										
(4)										
				Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (B)
Totals			<u> </u>		0.	<u>.</u>				0
Schedule I - Exploited (see instru	•	ty Incom	e, Othe	er Than Ad	vertisi	ng Income		,		
Description of exploited activity ,	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity is not unrela business inco	that ted	hat attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)		re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisi		instruction		1					· ·	
Part I Income From				rsolidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Adverts or (loss) (co col 3) If a ga cols 5 th	1 2 minus un, comput	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	·	-		 		 		<u> </u>		
(2)			_							1
(1) (2) (3)		<u> </u>				·				1
(4)				_						1

Totals (carry to Part II, line (5))

0.

0.

Form 990-1 (20 8) DAVID WE	EVPEI LWMT	TI LOUNDE	ATION		76-	032433	O Fa	16
Part II Income From Per columns 2 through 7 or	•	•	rate Basis (For ea	ch perioc	lical listed in Pa	art II, fill in		
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circ	I	Readership costs	7. Excess readershi costs (column 6 mini column 5, but not mo than column 4)	İs
(1)								
(2)							_	
(3)								
(4)								
Totals from Part I	0.	0.		3	•			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)];				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.	`_					0.
Schedule K - Compensati	on of Officers,	Directors, an	d Trustees (see in	struction	s)		-	
1. Name			2. Title		3. Percent of time devoted to business		pensation attributable irelated business	
(1)				1	0/.	1		

Form 990-T (2018)

0.

(3)

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

Department of the Treasur Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

76-0324538

DAVID WEEKLEY FAMILY FOUNDATION	76-0324538
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from you statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported and may even tell you which box to check.	ir broker A substitute orted to the IRS by your
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). Fo transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form (see instructions).	for which no adjustments or
You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form if you have more short-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	n 8949, page 1, for each applicable bo
(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	

(B) Short-term transactions re	eported on Form(s) 1099-B showii	ng basis <mark>wasn't</mark> re	eported to the IRS			
X (C) Short-term transactions r	ot reported to yo	u on Form 1099-	В				
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 you	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)
THE BLACKSTONE	- 						
GROUP LP -THE	1					Ì	
BLACKSTONE							<10.
-							
	_						
2 Totals. Add the amounts in colunegative amounts) Enter each t Schedule D, line 1b (if Box A ab above is checked), or line 3 (if I	otal here and incl pove is checked), I	ude on your line 2 (If Box B					<10.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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

Social security number or taxpayer identification no.

DAVID WEEKLEV FAMILY FOINDATION

76-0324538

DAAID MEEKPEI							324330
Before you check Box D, E, or F bek statement will have the same inform broker and may even tell you which i	ow, see whether ation as Form 10 box to check	you received an 99-B Either will	y Form(s) 1099-B show whether you	or substitute stater ur basıs (usually yol	ment(s) fro ur cost) wa	m your broker As as reported to the	ubstitute IRS by your
Part II Long-Term. Transaction		al assets you held	more than 1 year are	generally long-term	see instruc	tions) For short-term	transactions,
see page 1 Note: You may aggregate al codes are required. Enter the	ll long-term transac e totals directly on	tions reported on Schedule D. line 8	Form(s) 1099-B shov	ving basis was report d to report these tran	ed to the IR	S and for which no a Form 8949 (see inst	djustments or ructions)
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bu	ox. If more than one t	ox applies for your long	-term transactions, comp	olete a separa	te Form 8949, page 2, fo	r each applicable box
(D) Long-term transactions rep		•	•	•	e Note ab	ove)	
(E) Long-term transactions rep			•	ported to the IRS			
(F) Long-term transactions no	t reported to you	on Form 1099-l	B	<u> </u>	Adlustes	-4 if any to asin a	
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of	(sales price)	basis. See the	l ın column	(a) antara anda in	Subtract column (e)
(Example 100 SH X12 GG)	(11.0 ; 00);),)	(Mo, day, yr)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (q)
THE BLACKSTONE						adjustment	
GROUP LP -THE	<u> </u>						
BLACKSTONE							114.
	ļ		ļ. ——————				
	<u> </u>			<u> </u>			
	-					-	
			L				
							
		······································					
•	Ì		·-				
							_
				<u> </u>			
						*	
-							<u>-</u> -
	-						
2 Totals. Add the amounts in colur	nns (d), (e) (o) a	ind (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 8b (if Box D abo		•				i	
above is checked), or line 10 (if B	•	•					114.
Note: If you checked Box D above h			was incorrect en	ter in column (e) th	a hacie ac	reported to the IE	S 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)

FORM 990-T	INCOM	ME (LOSS) FROM F	PARTNERSHIPS	STATEMENT 2		
DESCRIPTION	ī			NET INCOME OR (LOSS)		
ENTERPRISE	PRODUCTS PARTNERS	LP - ORDINARY E	BUSINESS INCOME			
(LOSS)				-8,449		
SOVEREIGN'S	-391					
	BAL MANAGEMENT LLC		•	-1		
	RTNERS LP - ORDINAF ERGY PARTNERS LP -			-2,438		
(LOSS)	RGI PARTNERS LP	- OKDINAKI BUSIN	NESS INCOME	-9,337		
•	AMERICAN PIPELINE	T.P - ORDINARY F	RUSINESS INCOME	-5,557		
(LOSS)	THERETOMY I II DUTING	DI ONDIMINI I	JODINEDS INCOME	-5,350		
	RGY PARTNERS IV LE	P - ORDINARY BUS	SINESS INCOME			
(LOSS)				-46,326		
THE BLACKST	ONE GROUP LP - OF	RDINARY BUSINESS	S INCOME (LOSS)	136		
	ONE GROUP LP - NE		ESTATE INCOME	-6		
		IVIDEND INCOME		3		
		THER INCOME (LOS		-256		
	NERS LLC - ORDINAF			-122,161		
	DINGS LLC - ORDINAF PITAL GROUP LLC - O			-40,437		
(LOSS)	TTAL GROUP LLC - C	DEDINARI DUSINES	SS INCOME	230		
•	ISFER PARTNERS LP -	- ORDINARY BUSIN	IESS INCOME	250		
(LOSS)				-8,541		
•	RYFORWARD - ORDINA	ARY BUSINESS INC	COME (LOSS)	32,615		
NON-PTP PAI	CARRYFORWARD - OF	RDINARY BUSINESS	INCOME (LOSS)	288,840		
SOAPBOX SOA	APS LLC - ORDINARY	BUSINESS INCOME	(LOSS)	-70,469		
	ISFER LP - ORDINARY			-7,837		
	ERNATIVE INCOME FU	ND QP LP - ORDI	NARY BUSINESS	204		
INCOME (LOS	SS)			281		
TOTAL INCLU	JDED ON FORM 990-T,	PAGE 1, LINE 5	i	106		
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/16	3,879.	2,434.	1,445.	1,445.		
NOL CARRYOV	YER AVAILABLE THIS	YEAR	1,445.	1,445.		

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

DAVID MEEKTEA LUMI	TA LOUNDALTON			76-	0324538
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) 894 Part I, line 2, column (g	in 19, 3)	(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					i
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on		" 1-1			
Form(s) 8949 with Box C checked					-10.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	•	4	
5 Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss) Combin	e lines 1a through 6 in column	ı h		7	-10.
Part II Long-Term Capital Gai					
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gar		(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 (s	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					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					114.
11 Enter gain from Form 4797, line 7 or 9				11	884.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-king	·			13	
14 Capital gain distributions	J			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	998.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir		I loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	•	• •	e 7)	17	988.
18 Add lines 16 and 17 Enter here and on Form	, , , ,	, ,	,	18	988.

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

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

Schedule D (Form 1120) 2018

JWA