	Form 990-T		Exempt Orga					ax Return	·	OMB No 1545-0687
		F		ind proxy tax und	er se					2018
1	•	Force	alendar year 2018 or other tax ye Go to www	v.irs.gov/Form990T for in	nstructio		d ending latest informa	ation. 18		
	Department of the Treasury Internal Revanue Service		Do not enter SSN number						`[Open to Public Inspection for 501(c)(3) Organizations Only
	A Check box if address change	ed	Name of organization (Check box if name of	changed	and see ins	structions.)	_	D Empl (Emp	oyer identification number loyees' trust, see uctions)
	B Exempt under section	n Print	COMMUNITY FOUNDA	TION OF JACKSON	HOLE					83-0308856
	X 501(c)(3 7)	3 _ or	Number, street, and roor	m or suite no. If a P.O. bo	x, see in	structions.		· · · · · · · · · · · · · · · · · · ·		ated business activity code nstructions)
	408(e) 2 20 ((e) Type	P.O. BOX 574	··· -					, ,,,,,	,
03	408A 530(529(a)	(a)	City or town, state or pro JACKSON, WY 830	ovince, country, and ZIP o	or foreigi	n postal cod	de		5230	00
المستر ا	C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	>					
10		34,938.	G Check organization typ	pe ► X 501(c) cor	poration	<u> </u>	501(c) trust	401(a)	trust	Other trust
		•	ation's unrelated trades or	· —	1		Describe	the only (or first) un	related	
			OME FROM PARTNERS					complete Parts I-V.		
			ace at the end of the previo	ous sentence, complete Pa	arts I an	d II, comple	te a Schedule	M for each addition	al trade	or
L	business, then comple			***						
			poration a subsidiary in an		nt-subsi	diary contro	olled group?	•	Ye	es X No
~	J The books are in care		ntifying number of the parei	nt corporation.			Talanho	one number > 3	07_73	9-1026
ROCLE			de or Business Inc	come		(A) I	ncome	(B) Expenses		(C) Net
8	1a Gross receipts or	-			Τ	(,,,		(2) Exponent	<u></u>	(8)
\mathcal{O}	b Less returns and a			c Balance	1c					
\mathscr{L}	2 Cost of goods sold				2					i
4	3 Gross profit. Subti	-	· · · · · · · · · · · · · · · · · · ·		3					
\mathcal{Q}_{\bullet}	. 4a Capital gain net in	come (attac	ch Schedule D)		4a		22,530.			22,530.
& S	b Net gain (loss) (Fo	rm 4797, F	Part II, line 17) (attach Forr	m 4797)	4b					
A.	c Capital loss deduc	tion for tru	ısts		4c	-				
` u		n a partner	rship or an S corporation (a	attach statement)	5		-2,284.			-2,284.
	6 Rent income (Sch	edule C)			_6					
	7 Unrelated debt-fin				7					
ш	b interest, ambitios,		and rents from a controlled	•						
줐出			ion 501(c)(7), (9), or (17) c	organization (Schedule G)						
يكي	10 Exploited exempt a	-	,		10					
\text{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\fint}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fir\f{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac	11 Advertising incom 12 Other income (See	•	•		11				,	
W	13 Total. Combine li		ns; attach schedule)		13		20,246.	 		20,246.
1 2	Part II Deduct	tions No	ot Taken Elsewhei	re (See instructions for		ations on c				
2			outions, deductions mus					income)		
\sim	14 Compensation of	officers, d	lirectors, and trustees (Sch	édule K) RECE	MF	<u>n</u> 1			14	
20	15 Salaries and wag			0		 01			15	
2	16 Repairs and mair	tenance	/	00 JUL 06	202				16	
1 100	17 Bad debts			A. Sarana		60			17	
7	18 Interest (attach s		see instructions)	OGDEN	111	<u> - '또</u>			18	
40	19 Taxes and license	-		Marine "	-				19	101.
•			ee instructions for limitation	n rules) STATEMENT	- 6	SEI		T 1	20	1,651.
	21 Depreciation (atta		/		# 9	3	21		-	
		i ciaimed o	on Schedule A and elsewher				22a		22b	_
	23 Depletion24 Contributions to	doforrodoo	ompensation plans	701	. 27	Z021_			23	
	25 Employee benefit						`		25	
~	26 Excess exempt ex			RECEIVED) EN	TITY DE	Pr		26	
₩	27 Excess readership	,			- 411	un PE	· T		27	
₽	28 Other deductions			-		SEI	E STATEMEN	т 2	28	2,634.
Z.	29 Total deductions								29	4,386.
B	,		income before net operatin	g loss deduction. Subtrac	t line 29	from line	13		30	15,860.
	,		loss arising in tax years be						31	
	/	-	income. Subtract line 31 fro			· 			32	15,860.
	823701 01-09-19 LHA	For Pape	rwork Reduction Act Notic	e, see instructions.						Form 990-T (2018)

	· · · · · · · · · · · · · · · · · · ·					
Form 990-T				83-030885	56	Page 2
Part J	Total Unrelated Business Taxable	e Income				
	Total of unrelated business taxable income computed	from all unrelated trades or businesses	(see instructions)) <u> </u>		5,860.
	Amounts paid for disallowed fringes			-	34	
	Deduction for net operating loss arising in tax years b			<u> </u>	35	
36	Total of unrelated business taxable income before spe	ecific deduction. Subtract line 35 from t	ne sum of		1 .	F 060
	lines 33 and 34					5,860.
37	Specific deduction (Generally \$1,000, but see line 37	instructions for exceptions)		8	37	1,000.
38	Unrelated business taxable income. Subtract line 3	7 from line 36. If line 37 is greater than	line 36,	Я		
	enter the smaller of zero or line 36				38 1 1	4,860.
Part I\	Tax Computation					
39	Organizations Taxable as Corporations Multiply line	e 38 by 21% (0.21)) ▶	39	3,121.
40	Trusts Taxable at Trust Rates. See instructions for ta	ax computation. Income tax on the amo	unt on line 38 from	_		
	Tax rate schedule or Schedule D (Form	n 1041)		▶	40	
41	Proxy tax. See instructions			▶	41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instruction	ons			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, which	hever applies		7	4,4	3,121.
Part V	Tax and Payments			<u> </u>		
45 a	Foreign tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	45a			
b	Other credits (see instructions)		45b		1	
	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	
	Subtract line 45e from line 44					3,121.
		orm 8611 🔲 Form 8697 🔲 Forn	n 8866 Other	(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)			4		3,121.
	2018 net 965 tax liability paid from Form 965-A or Fo	orm 965-B. Part II. column (k). line 2		7	49	0.
	Payments: A 2017 overpayment credited to 2018	in soo s, r are ii, colaiiii (x), iiio z	50a		Ť	
	2018 estimated tax payments		50b		1	
	Tax deposited with Form 8868		50c			
	•	(can instructions)	50d			
	Foreign organizations: Tax paid or withheld at source	(SEE IIISH DECIONS)				
	Backup withholding (see instructions)	(attach Form 9041)	50e			
	Credit for small employer health insurance premiums		50f			
g		m 2439	_ FO.		1 1	
- 4	Form 4136 Othi	er Total	► [50g]		_]_	
	Total payments. Add lines 50a through 50g	0000		8	52	132.
	Estimated tax penalty (see instructions). Check if Form			\cdot		
	Tax due. If line 51 is less than the total of lines 48, 49			7. -		3,253.
	Overpayment. If line 51 is larger than the total of line		I	'.▶	54	
	Enter the amount of line 54 you want Credited to 20			efunded 🕨	55	
Part V			•	· · · · · · · · · · · · · · · · · · ·		
	At any time during the 2018 calendar year, did the org				Ye	es No
	over a financial account (bank, securities, or other) in					-
	FinCEN Form 114, Report of Foreign Bank and Financ	cial Accounts. If "Yes," enter the name of	the foreign country			
	here >		·			X
57	During the tax year, did the organization receive a dis	tribution from, or was it the grantor of,	or transferor to, a fo	reign trust?	<u> </u>	Х
	If "Yes," see instructions for other forms the organizat	tion may have to file.				
58	Enter the amount of tax-exempt interest received or a	ccrued during the tax year ►\$				
	Under penalties of perjury, I declare that I have examined the correct, and complete Declaration of preparer (other than ta	is return, including accompanying schedules are	d statements, and to the	e best of my knowledge	e and belief, it is true,	
Sign	correct, and complete declaration of preparer (office than to	axpayer, is based on all illion latter of willow pre	parer has any knowledg		the IRS discuss this retu	ro with
Here	Jan Hir Culim	12/15/20 EXEC VI	CE PRES & CFO		preparer shown below (se	
	Signature of officer	Date Title			ructions)? X Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check ıf	PTIN	
Paid		-	ļ [self- employed		
Prepa	rer		11/23/20			
	l b brander c Modan Dir	·C	<u> </u>	Firm's EIN	38-1357951	
Use O	my					

Phone no. 303-740-9400 Form **990-T** (2018)

8181 E TUFTS AVE, SUITE 600

Firm's address DENVER, CO 80237

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2			Cost of goods sold. St	ubtract I	ine 6		
3 Cost of labor	3		_]	from line 5. Enter here	and in F	Part I,		
4 a 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 a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				х
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)	
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%)	centage of than	' of rent for	personal	conal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with d 2(b) (attach so	the income in :hedule)
(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	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)	,			
			2	Gross income from or allocable to debt-		3. Deductions directly conn- to debt-finance	ed property	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		her deductions ich schedule)
(1)			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 allocable to nced property h schedule)	6	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%		·····		
			•			nter here and on page 1, Part I, line 7, column (A)		e and on page 1, ne 7, column (B)
Totals						0.	.	0.
Total dividends-received deductions in	ncluded in columi	ı 8				•		0.

Form 990-T (2018)

Schedule F - Interest,		·			Controlled O				(see ins		
Name of controlled organiza	ition	2. Emp identific numb	ation		related income e instructions)	4. Tot payn	al of specified nents made	Includ	t of column 4 ed in the contr ation's gross	rolling	Deductions directly connected with income in column 5
(1)									-		
(2)											
(3)											
(4)						<u>. </u>					
Nonexempt Controlled Organ	izations										
7. Taxable Income		related incom e instructions		9. Total	of specified payr made	nents	10 Part of column in the controllingross	nn 9 thai ng organ income	t is included ization's	11. D	eductions directly connected th income in column 10
(1)											 .
(2)	-		··								·
(3)			i								
(4)	1		1								
			•				Add colun Enter here and line 8, c		1, Part I,		odd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme	ent Incom tructions)	e of a S	ection (501(c)(7	7), (9), or (17) Org	anization				
1 Des	cription of incom	ie			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											,
(2)											
(3)											
(4)											
Table.				_	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	=	Activity	Income	, Other	Than Adv		g Income				0.
(see instr	ructions)	I	· · ·		4. Net incon	ne (toss)					7 -
Description of exploited activity	2. Gr unrelated b income trade or bi	from	3. Expidirectly co- with production of unre- business	innected duction lated	from unrelated business (co minus colum gain, comput 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	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1, line 10, c	Part I,	,			-			Enter here and on page 1, Part II, line 26
Totals		0.		0.	į.						0.
Schedule J - Advertisi	ing Incom		nstructions		•						
Part I Income From					solidated	Basis	<u>-</u> -				
1 Name of periodical		2 Gross advertising income		. Direct	4. Adversor (loss) (col 3) If a g		5. Circulat		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)					<u> </u>						
(4)											
Totals (carry to Part II, line (5))	>		0.	(o.					<u> </u>	0.
											E 000-T (0040

| Part;|||| Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

, 1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)	Ì			,			
(4)			<u> </u>			-	<u>'</u>
Totals from Part I	▶	0.	0.	7			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
Totais, Part II (lines 1-5)	>	0.	0.	i _			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)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	22,081,673.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	22,081,673.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES		2,634.
	4	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017		
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS	22,081,673	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	22,081,673 1,651	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	22,080,022 0 22,080,022	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		_ 1,651
TOTAL CONT	RIBUTION DEDUCTION		1,651

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

COMMUNITY FOUNDATION OF JACKSON HOLE 83-0308856 Short-Term Capital Gains and Losses (See instructions.) Part I See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, (h) Gain or (loss) Subtract column (e) from column (d) and to enter on the lines below. (d) Proceeds This form may be easier to complete if you (sales price) (or other basis) Part I, line 2, column (g) combine the result with column (g) round off cents to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 1,679. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 1,679. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts (d) Proceeds (ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below (g) Adjustments to gain or loss from Form(s) 8949, This form may be easier to complete if you (or other basis) (sales price) Part II, line 2, column (a) round off cents to whole dollars. 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 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

Part III | Summary of Parts I and II

Form(s) 8949 with Box F checked

11 Enter gain from Form 4797, line 7 or 9

14 Capital gain distributions

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

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

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

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

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

Net long-term capital gain or (loss) Combine lines 8a through 14 in column h

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

Schedule D (Form 1120) 2018

11

12

13

14

15

16

17

18

20,851.

20,851.

1,679.

20,851.

22,530.

JWA

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.

						taxpayer id	dentification no.
COMMUNITY FOUNDATION	OF JACKSON H	OLE				83-03	308856
Before you check Box A, B, or C belistatement will have the same informations. But which I broker and may even tell you which I	ation as Form 109	you received any 99-B Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) from you r cost) was repo	r broker A su orted to the IR	bstitute S by your
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions) Fo	r long-term	-
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	l short-term transac	tions reported on I	Form(s) 1099-B show	ring basis was reporte	d to the IRS and	for which no ad	Justments or ctions)
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separate Form		
(A) Short-term transactions re	· -		· · · · · ·		' - '		
(B) Short-term transactions re		•	•	•	11010 00010,		
X (C) Short-term transactions no		•	•				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	Adjustment, if a loss. If you ent in column (g), e	ter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis See the	column (f). See	instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g) ,	combine the result
				the instructions		Amount of djustment	with column (g)
-PASSTHROUGH K-1S	· · · · · · · · · · · · · · · · · · ·	1					1,679.
				<u> </u>		•	,
·							
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			<u> </u>		ļ l		
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<u></u>		ļ					
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		<u> </u>					
	ļ			<u> </u>			
			 	 	 		
		<u> </u>	 -		 		
2 Totals. Add the amounts in colur							
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo	•	-					1 679.
above is checked) or line 3 (if R	OV C above is ch	necked) -	1	1	, 1		1 1.0/9.

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)

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.

COMMUNITY FOUNDATION OF JACKSON HOLE

83-0308856

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. F. 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

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If v	nt, if any, to gain or ou enter an amount	(h) Gain or (loss)
(Example 100 sh. XYZ Co)	(Mo., day, yr.)	disposed of (Mo , day, yr.)	(sales price)	basis. See the Note below and see <i>Column</i> (e) in the instructions	column (f	(g), enter a code in). See instructions. (g) Amount of adjustment	Subtract column from column (d) combine the resu with column (g
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Totals. Add the amounts in col							
negative amounts). Enter each							
Schedule D, line 8b (If Box D a		•					
above is checked), or line 10 (i	F Boy E above is of	necked)		1	1	I	20,85

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)