Do not exter SR numbers on this form as it may be made public if year organization is a 50 (C)(3).   Street) cognization Corp.	Form <b>990-T</b>	E	Exempt Orga				ax Return	)a	OMB No 1545-0047
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Do not enter SSN aumbers on this form as it may be made public if your organization is a 501(c)(3).    All Cincks our organization org	-	Forca						-	2019
Serior changed   Seri	Department of the Treasury Internal Revenue Service	<b>•</b>						50	01(c)(3) Organizations Only
Section   2000   2010   300			Name of organization (	Check box if name o	hanged	and see instructions.)		(Emplo	yees' trust, see
Gold   Solid	B Exempt under section	Print	GUIDE DOGS FOR T	HE BLIND, INC.					
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C gook white of all seasons of an extraction of the programment of the organization's unrelated trade of your state of the organization's unrelated trade or business per ≥ 11V687V8192 ACT31V21268  If the programment of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business, then complete Parts IIII-V  During that xay, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▼ ks X No  If Yes, enter the name and identifying number of the parent corporation. ▶ 1 the books are not or 1 ▶ SERRIEXTN BACQUESTS  Telephone number ▶ 415-493-4000  Part, III Unrelated Trade or Business Income  (A) Income (9) Expensive (1) Key States (1) Key	$=$ $\cdot$ $=$				r foreig	n postal code			
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H. Enter the number of the organization's unrelated trades or businesses.   Describe the only for first) unrelated trade or businesses.   If only one, complete Parts IV. If more than one, complete Parts IV. IV. If more than one, complete Parts IV. If more than one, comp	at end of year	830 ,			noration	501(c) truct	401/2	truct	Other trust
trade or business here ▶ INVESTMENT ACTIVITIES  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 business, then comprehier Parts III.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ▼ No    The books are in care of ▶ SMERILYN BACQUISTO			·						Other trust
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Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  101-27-20 LHA For Paperwork Reduction Act Notice, see instructions.  Form 990-T (2019)	20 Depreciation (attach	Form 4	562)			<u></u>			
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income/before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss/arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  102,503.  Intellated business taxable income. Subtract line 30 from line 29  102,503.  Form 990-T (2019)	21 Less depreciation cla	aimed o	n Schedule A and elsewhe	re on return		21a		21b	
Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income/before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  102,503.  Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  102,503.  Form 990-T (2019)	22 Depletion								72,629.
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  Unrelated business taxable income. Subtract line 30 from line 29  Unrelated business taxable income. Subtract line 30 from line 29  Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30  0.  102,503.  Form 990-T (2019)			mpensation plans						
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income/before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable/income. Subtract line 30 from line 29 31 102,503.  Form 990-T (2019)	, ,	-						-	<del></del>
Other deductions (attach schedule)  27			/						
Total deductions. Add lines 14 through 27 Unrelated business taxable income/before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss/arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable/income. Subtract line 30 from line 29  102,503.  Unrelated business taxable/income. Subtract line 30 from line 29  102,503.  Form 990-T (2019)			/			GER GWYWRAIN	ım o		13 250
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  102,503.  Unrelated business taxable income. Subtract line 30 from line 29  31 102,503.  Form 990-T (2019)			· /			SEE STATEMEN	1. 4		<del></del>
30 Deduction for net operating loss/arising in tax years beginning on or after January 1, 2018 (see instructions)  31 Unrelated business taxable/income. Subtract line 30 from line 29  32 31 102,503.  33 102,503.  34 For Paperwork Reduction Act Notice, see instructions.  36 2			<i>j</i> -	a loos doduction Cuttons	t lina O	9 from line 12			
(see instructions) 30 0.  31 Unrelated business taxable income. Subtract line 30 from line 29 31 102,503.  923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.  62			,	-				- ZA	102,303.
31 Unrelated business taxable income. Subtract line 30 from line 29  923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.  62		eraung	iussyanising in tax years be	symming on or after Janua	ıy ı, 2l	J 10		30	۵
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.  62	·	avahla I	ncome Subtract line 20 fr	om line 20					
62								. J. I	<del> </del>
· ·	323701 01-27-20 LITA FC	or rapel	WORK INCOMEDIATION ACCUSED		2				1
	90409 701245	123	247			090 GUIDE DO	OGS FOR TH	IE BI	LIND, 123247_

	%nnn∜ 5		lo Incomo								.go
<u>Eran</u>		otal Unrelated Business Taxab				<del> </del>				100 5	-
32	Total of	unrelated business taxable income computed	from all unrelated trades or busir	nesses (s	ee instructior	ıs)	ļ	32		102,50	03.
33	Amount	s paid for disallowed fringes						33 34			
34	Charitable contributions (see instructions for limitation rules)								ļ		0.
35	Total un	related business taxable income before pre-20	18 NOLs and specific deduction	Subtract	line 34 from the	sum of lines 32 and	1337	35		102,50	
36	Deducti	on for net operating loss arising in tax years b	eginning before January 1, 2018	(see instr	ructions)	STMT 3	6	36		102,50	03.
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line 36 f	from line	35		<b>6</b> \	37			
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)				8	38		1,00	00.
39	Unrelat	ed business taxable income. Subtract line 38	from line 37. If line 38 is greater	r than line	e 37,						
		e smaller of zero or line 37						39			٥.
Part		Tax Computation									
40	Organiz	ations Taxable as Corporations. Multiply line	39 by 21% (0.21)					40			٥.
41	Trusts 1	axable at Trust Rates. See instructions for ta	x computation. Income tax on th	e amount	t on line 39 fr	om:					
	Та	x rate schedule or Schedule D (Form	1041)					41			
42	Proxy ta	x. See instructions						42			
43	Alternat	ive minimum tax (trusts only)						43			
44	Tax on	Noncompliant Facility Income. See instruction	ns					44			
45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies					_45			٥.
Part	`\$ <b>V</b> ∰	Tax and Payments				<del></del>					
46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a			<b>F</b>			
b	Other cr	redits (see instructions)			46b						
c	General	business credit. Attach Form 3800			46c						
đ	Credit fo	or prior year minimum tax (attach Form 8801 o	or 8827)		46d		_		İ		
е	Total cr	edits. Add lines 46a through 46d						46e			
47	Subtrac	t line 46e from line 45	ē ē					47			٥.
48	Other ta	xes. Check if from: Form 4255	Form 8611 🔲 Form 8697 🗌	Form	8866 🔲	Other (attach sche	dule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)						49			٥.
50	2019 ne	t 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line	e 3				50			٥.
51 a	Paymer	its: A 2018 overpayment credited to 2019			51a						
b	2019 es	timated tax payments			51b						
c	Tax dep	osited with Form 8868			51c	<u></u>					
đ	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d						
е	Backup	withholding (see instructions)			51e					-	
f	Credit fo	or small employer health insurance premiums	(attach Form 8941)		51f						
g	Other ci	redits, adjustments, and payments: 🔲 Fo	rm 2439								
	Fo	orm 4136 Of	her	Total	► 51g						
52	Total pa	yments. Add lines 51a through 51g						52			
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached 🕨 🔝					53			
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed					54			
55		yment. If line 52 is larger than the total of line		verpaid	-			55			
56		e amount of line 55 you want: Credited to 202				Refunded	<u> </u>	56			
Ran	VII :	Statements Regarding Certain	Activities and Other In	forma	tion (see	instructions)					
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a	signature	e or other aut	hority				Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the or	rganızatıo	n may have t	o file					
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the na	ame of the	e foreign coul	ntry					提
		<b></b>									Х
58	During '	the tax year, did the organization receive a dist	ribution from, or was it the grant	tor of, ar t	transferor to,	a foreign trust?			,	Santaburitain 1.6	X
	•	see instructions for other forms the organizat	•								
59		e amount of tax-exempt interest received or a				<del> </del>					
Sia-	Ur	der penalties of perjury, I declare that I have examined rrect, and complete Declaration of preparer (other than	this return, including accompanying sch taxpayer) is based on all information of	hedules and I which prep	d statements, ar parer has any kr	nd to the best of my to nowledge	knowled	dge and b	ellef, it is true.	•	
Sign		/lab	11/2/				М	ay the IR:	S discuss this	return with	1
Here		Siego			ER & CFO		-,		shown below		
	1	Signature of officer	Date Title	<del></del>		<del></del>	ins	structions		s	No
		Print/Type preparer's name	Preparer's signature		Date	Check _	'	f PTI	N		
Paic	1					self- emp	loyed				
Pre	oarer	KATY BROWN	KATY BROWN		04/09/21	<u> </u>			0650274		
Use	Only	Firm's name ARMANINO LLP				Firm's E	IN P		94-62148	41	
		12657 ALCOSTA E				D	_ ^	25 72	0 2500		
		Firm's address SAN RAMON, CA 9	4303			Phone n	0. 9	43-79	0-2600	)O T :-	
923711	01-27-20								Form <b>99</b>	JU-1 (2(	U19)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su	btract I	ine 6	1	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	<b>*</b>	
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	I for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)	<del></del>					<del></del>	<u> </u>	
Description of property								
(1)				· ·				
(2)								
_(3)	<del></del>					<del></del>		
(4)								
		ed or accrued				3(a) Deductions directly	connec	ted 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 percentag property exceeds 50% or if ed on profit or income)	je	columns 2(a) ar	nd 2(b) (	attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			٥.			•
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	2. Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1				+	
(2)								, .
(3)							1	
(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	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))
(1)		···· - · - ·		%			+	
(2)				%				
(3)				%				
(4)			1	%				
<del></del>	•		•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totale				i		0		0.
Totals  Total dividends-received deductions	ncluded in columi	1 <b>8</b>					:	0.

Form 990-T (2019)

Schedule F - Interest, A	aniulues,	rioyanie		Controlled O				(See ins	tructions		
Name of controlled organization				related income 4. Totale instructions) payri		ments made incl		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)										-	
(2)							ļ			······································	
(3)		<u> </u>					ļ			·	
(4)						<del></del>					
Nonexempt Controlled Organi	zations		<del> </del>			r					
7. Taxable Income		elated income (lo i instructions)	ess) 9. Tota	l of specified payr made	nents	10 Part of colui In the controlli gross	nn 9 that ng organi i income	is included ization's		uctions directly connected ncome in column 10	
(1)							-				
(2)						·					
(3)											
(4)											
					•	Add colum Enter here and line 8, o		1, Part I,	Enter he	d columns 6 and 11 se and on page 1, Part I, ine 8, column (B)	
Totals					<u> </u>			0.		0.	
Schedule G - Investme	nt Income	e of a Sec	ction 501(c)(`	7), (9), or (	17) Org	ganization					
(see insti	ructions)	<del></del>		2. Amount of	ıncome	3. Deductio	cted	4. Set-a		5. Total deductions and set-asides	
(1)				<del> </del>		(attach sched	ulej		· · · ·	(col 3 plus col 4)	
(2)			<del>-</del>	<del>                                     </del>							
(3)				<del>                                     </del>						<u> </u>	
(4)		<del></del>		<u> </u>			$\neg$			<del> </del>	
Totals	-			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited		ctivity In	come, Other	Than Adv		g Income	SESTERO BALLA	g349 2572 , 1855	(M. V. M. ) M. (M. )		
1. Description of exploited activity	2. Gro unrelated bu income f trade or bu	usiness from	3. Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity to Is not unrelate business inco	hat ed	<b>6</b> . Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	1			Ī							
(3)										•	
(4)	[.										
	Enter here a page 1, P	Part I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertising	ng Incom			I. ACTOR DESIGNATION	<u> </u>	43. NASSECTED CONTRACTOR	SOUTH MATERIAL	marities of the	wayer our back	<u> </u>	
Partil Income From				solidated	Basis						
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	or (loss) (c		5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						[3] 					
(2)						£					
(3)									Ž.		
(4)						isi Isi				18 18 18 18 18 18 18 18 18 18 18 18 18 1	
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	<u> </u>	0.						0. Form <b>990-T</b> (2019	

## Partill 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	•	%	_
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0,

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
INVESTMENT ACTIVITIES - ORDINARY BUSINESS INCOME (LOSS) INVESTMENT ACTIVITIES - NET RENTAL REAL ESTATE INCOME INVESTMENT ACTIVITIES - OTHER NET RENTAL INCOME (LOSS) INVESTMENT ACTIVITIES - DIVIDEND INCOME INVESTMENT ACTIVITIES - U.S. BOND INTEREST INVESTMENT ACTIVITIES - ROYALTIES INVESTMENT ACTIVITIES - OTHER INCOME (LOSS)	92,787, -18,036, -23,526, 2,387, 1,589, 2,300,
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-71,836.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
ACCOUNTING FEES	13,250.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	13,250,

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	174,169.	174,169.	0.	0.
06/30/15	127,762.	127,762.	0.	0.
06/30/18	248,617.	109,803.	138,814.	138,814.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	138,814.	138,814.

## 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

2019

Employer identification number 94-1196195 GUIDE DOGS FOR THE BLIND INC. Yes 🗓 No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949, (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. ombine the result with column (g) (sales price) (or other basis) Part I, Ilne 2, colum 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 889 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 889 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h |際Part知義 | Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) to enter on the lines below. (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you les price) 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 line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked

Form(s) 8949 with **Box F** checked

11 Enter gain from Form 4797, line 7 or 9

 9 Totals for all transactions reported on Form(s) 8949 with Box E checked

10 Totals for all transactions reported on

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

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

Summary of Parts I and II

14 Capital gain distributions

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

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

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.

 16
 889.

 17
 259,329.

 18
 260,218.

11

12

13

14

15

132 548.

126,781.

259,329.

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

Schedule D (Form 1120) 2019

LHA

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

Name(s) shown on return

Social security number or taxpayer identification no.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement with him with same information as Form 1099-B. Either will show whether your base subsually your cool was reported to the 1985 by your younger and the control of the 1985 by your younger and the control of the 1985 by your younger and	GUIDE DOGS FOR THE BL	IND, INC.					94-1:	196195
Part   Short-Term: Transactions whose goated asserts you held 1 year or less are generally short-term less enter and on the process of the	statement will have the same informa	ition as Form 109	you received any 99-B Either will s	Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was i	your broker A su reported to the IF	bstitute IS by your
Note: You may agriegate all shortsem transactions reported on Form(s) 1098 B showing bases was reported to the IRS form of the state activity in Acceptable (b). Inst. you want to report these transactions from the 100 pages of the boxe, complete as many form, with the same by contract the complete and the same by contract the complete and the same by contract the complete and the page (b) and a rose of the boxe, complete as many form, with the same by contract the IRS (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	enerally short-term (see	instructions)	For long-term	
Totals. Add the amounts in columns (d), (e), (e), (a), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1 (fl Box A above is checked), line 2 (fl Box B and box).	Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 1a	, you aren't required	to report these transa	actions on Fo	rm 8949 (see instru	ctions).
(a) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  (b) (c) (c) Date acquired (Mo, day, yr.)  (Example 100 sh XYZ Co.)  (Mo, day, yr.)  PASSTIRROUGH UBTI-INVESTMENT  ACTIVITIES  (a) (b) (c) (Mo, day, yr.)  Date acquired (Mo, day, yr.)  (Mo, d	You must check Box A, B, or C below. Of you have more short-term transactions than will	Check only one bo	e or more of the boxes	ox applies for your show complete as many for	rt-term transactions, comp ms with the same box che	lete a separate cked as you nee	Form 8949, page 1, for ed	each applicable box
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 1 (file Max A above is checked).	<del></del>							
1 (a) Description of property (Example 100 sh XYZ Co.) Date acquired (Mo., day, yr.) Date sold or (Mo., day, yr.) (Mo., day, y	(B) Short-term transactions rep	orted on Form(s	s) 1099-B showin	g basis wasn't r	eported to the IRS			
Description of property (Example 100 sh XYZ Co.) Date acquired (Mo., day, yr.) Description of property (Example 100 sh XYZ Co.) Date acquired (Mo., day, yr.) Date acquired (Mo., day, yr.) Description of property (Example 100 sh XYZ Co.) Date acquired (Mo., day, yr.) Date acqu	X (C) Short-term transactions no	t reported to you	on Form 1099-E	3				
Uses righted for property (Example 100 sh XYZ Co.)  (Example 100 sh XYZ Co.)  (Mo, day, yr.)  Dasas, See the Note below and see Column (e) see instructions  (ales price)  (sales price)	1 (a)	(b)	(c)					
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PASSTEROUGH UBTI-INVESTMENT  ACTIVITIES  A			(Mo., day, yr.)		see Column (e) in		(g) Amount of	combine the result
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above is directed), or line 3 (ii box 0 above is directed)	·							889.
				vas incorrect, ent	er in column (e) the	basis as re	ported to the IRS	·

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Attachment Sequence No 12A Form 8949 (2019) 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. 94-1196195 GUIDE DOGS FOR THE BLIND, INC. 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) (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 (h) (b) (c) (d) (e) (a) 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 (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co.) (Mo, day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (f) see Column (e) In combine the result Amount of Code(s) the instructions with column (g) adjustment PASSTHROUGH UBTI-INVESTMENT 132,548. ACTIVITIES 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.

923012 12-11-19

Form **8949** (2019)

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