لمسيط المحادد					_		
Form 990-T	i E	Exempt Organization Bus	sine	ss Income T	293931 ax Return	7	0 5 4 0 2 OMB No. 1545-0047
,	1 -	(and proxy tax und	ler se	ection 6033(e))	1912) [
•	Forca	• • •		, and ending	1-11.7	-	2019
Department of the Treasury		► Go to www.irs.gov/Form990T for in	nstructi	ons and the latest inform	ation.	_	
Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may	y be ma	ide public if your organiza	ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		Empl	oyer identification number oyees' trust, see ctions.)
B Exempt under section	Print	SACRAMENTO REGION COMM	UNI	TY FOUNDATIO			4-2891517
X 501(c)(3 03 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. bo 955 UNIVERSITY AVENUE,	•				ited business activity code instructions.)
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of SACRAMENTO, CA 95825	r foreig	ın postal code		525	990
C Book value of all assets at end of year		F Group exemption number (See instructions.)	>		•		
156, 287, 1	<u>52.</u>	6 Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) unr	elated	
trade or business here 🕽	NO INC	COME FROM PASSTHROUGHS		If only one,	complete Parts I-V. I	f more	than one,
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	nd II, complete a Schedule	M for each additiona	l trade	or
business, then complete	Parts III	-V			_		
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶□	Ye	s 🗶 No
		tifying number of the parent corporation.				-1-	\
		JAMES MCCALLUM le or Business Income			· · · · · · · · · · · · · · · · · · ·	916)921-7723
		le or business income	1	(A) income	(8) Expenses		(C) Net
1a Gross receipts or sale			١,				
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S 3 Gross profit. Subtract		am line to	3				
4a Capital gain net incom		L C-L-d-1- D)	4a	48,571.		\nearrow	48,571.
• •	•	art II, line 17) (attach Form 4797)	4b	20,0.20			10,0.11
c Capital loss deduction			4c				
•		thip or an S corporation (attach statement)	5	-7,925.	STMT 1		-7,925.
6 Rent income (Schedu		,	6				·
7 Unrelated debt-financ	•	ne (Schedule E)	7				
8 Interest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8				
9 Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9		A_ t _ c 1 +=		•
10 Exploited exempt active	vity inco	me (Schedule I)	10		Roscinst US	F*	1 Alexander
11 Advertising income (S	Schedule	:J)	11		<u> </u>		
12 Other income (See ins		•	12	10.515			40.646
13 Total. Combine lines			13	40,646.		0 	
Part Deductions	must h	ot Taken Elsewhere (See instructions for directly connected with the unrelated busin	or limita	ations on deductions)			
	·					-44	ř
14 Compensation of off15 Salaries and wages	icers, un	rectors, and trustees (Schedule K)			Ogde	15	<i>`</i>
16 Repairs and mainten	once		•	,	· · · · • •	16	
47 0-4 1-14						17	
18 Interest (attach sche						18	
19 Taxes and licenses						19	7,247.
20 Depreciation (attach	Form 45	662)		20]			
21 Less depreciation cla	umed or	Schedule A and elsewhere on return		21a		21b	
22 Depletion		<i></i>				22	
23 Contributions to defe						23	
24 Employee benefit pro						24	
25 Excess exempt exper						25	
26 Excess readership co						26	
27 Other deductions (at					-	27	7 047
28 Total deductions. A	oo lines	14 through 2/				28	7,247.

Unrelated business taxable income. Subtract line 30 from line 29 928701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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

Form **990-T** (2019)

(see instructions)

29

SEE STATEMENT 2

Arm 990	্বিল্লা SACRAMENTO REGION COMMUNITY FOUNDATION	94-2891517 Page 2
Part	III Total Unrelated Business Taxable Income	
32 *	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 33,399.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5	34 0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35 33,399.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	87
	Consider deduction (Occording C4 000 but are the 00 instanction described in	1,000.
	· · · · · · · · · · · · · · · · · · ·	1
4.1	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	0.
	Tax Computation	\$9 <u>U.</u>
		40 0.
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0 .
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	
į	Tax rate schedule or Schedule D (Form 1041)	41
	Proxy tax. See instructions	2
	Alternative minimum tax (trusts only)	43
	Tax on Noncompliant Facility Income. See instructions	44
	Totaj. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Part	Yr Tax and Payments	······
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
b	Other credits (see instructions)	
c	General business credit. Attach Form 3800	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 46a through 46d	46e
	Subtract line 46e from line 45	47 0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
	Total tax. Add lines 47 and 48 (see instructions)	49 0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), tine 3	50 0.
	Payments: A 2018 overpayment credited to 2019	
	2019 estimated tax payments	
	Tay described with Form 0000	
	Foreign organizations: Tax paid or withheld at source (see instructions)	
	Posture widthedding (one instructions)	
	Credit for small employer health insurance premiums (attach Form 8941)	
	Other credits, adjustments, and payments: Form 2439	
9 1		
FO :	Form 4136 Other Total Sig	- <u></u>
	Total payments. Add lines 51a through 51g	53
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53; enter amount owed	54
	Overpayment. If lino 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56
Part		-
	At any time during the 2019 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	
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	i
1	here	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Х
1	If "Yes," see instructions for other forms the organization may have to file.	1 1
_59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕒 💲	
	Under penalties to be properly declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete properly control of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belief, it is true,
Sign		
Here		ry the IRS discuss this return with preparer shown below (see
		tructions)? X Yes No
	Print/Type preparer's name Preparer's signature 1. Date Check if	
Dair	Lucy S Page Self- employed	1
Paid	MPACY C DACITA MPACY C DACITA 11/10/20	P00366884
Prep	A WOOG ADAMS IIID	91-0189318
Use (2882 PROSPECT PARK DR, STE 300	<u> </u>
	· ·	16-503-8100
000711 5		
923711 0	1-21-2U	Form 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory valuation N/A			·	
1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 Additional section 263A costs	1 2 3		6 Inventory at end of year 7 Cost of goods sold. S from line 5. Enter here	ar ubtract i	line 6	7	
(attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income (4a 4b 5 (From Real	Property and	8 Do the rules of section property produced or the organization?	263A (1 acquired	for resale) apply to	Yes 	No
(see instructions)							
1. Description of property	-						
(1)							
(2)					<u>. </u>		
(3)							
(4)	2. Rent receiv	ed or accrued			r	.	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	(b) From real of rent for	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	ge	3(a) Deductions directly co columns 2(a) and 2	nnected with the income ((b) (attach schedule)	m
(1)			,				-
(2)							
(3)							
(4)							
[otal	0.	Total		0.			
c) Total income. Add totals of columns lere and on page 1, Part I, line 6, column	ı (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	e instructions)				
			2. Gross income from		3. Deductions directly connect to debt-financed		
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductio (attach schedule)	ns)
(1)			 				
(2)			-	1	····		
(3)				<u> </u>		-	
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	bt on or allocable to debt-financed of or allocable to		6. Column 4 divided by column 5			8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	olumns
1)			%				
2)			%_				
3)			%				
4)			%%				
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on pag Part I, line 7, column	-
Totals			•		0.		0

Form 990-T (2019)

				Exempt C	Controlled O	ganızatı	ons				
Name of controlled organiza	tion	2. Em identifi num	cation		elated income instructions)	4. Tot payr	al of specified nents made	included	f column 4 ti in the contro on's gross tr	olling	6. Deductions directly connected with income in column 5
[1]											
2)											
(3)									•••		
(4)											
Ionexempt Controlled Organi	izations										
7. Taxable Income	8. Netur	welated incomee instructions		9. Total o	of specified payr made	nents	10. Part of column the controllingross	mn 9 that is ing organiza s income	included dion's	11. Dec with	fuctions directly connecte income in column 10
(1)											
(2)											
(3)											
(4)											
	. ,						Enter here and	nns 5 and 10 on page 1, column (A).	Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B).
otals						<u></u> ▶			0.		0
Schedule G - Investme (see inst	ent Incon ructions)	ne of a S	Section	501(c)(7), (9), or ([•]	17) Org	janization				
1. Desc	cription of meon	ne			2. Amount of	income	3. Deduction directly connect (attach schedu	cted	4. Set-a (attach sc		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											1
(2)						<u>-</u>					
(3)											
(4)											
,					Enter here and o Part I, line 9, co			<u> </u>			Enter here and on page Part I, line 9, column (8
otals				•		0.					l 0
Schedule I - Exploited (see instri	-	Activity	Incom	e, Other	Than Adv		g Income		•		
Description of explorted activity	2. Go unrelated to income trade or b	business from	directly of with pro of un	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 i 3). If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat led	6. Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1										
(2)			•			<u> </u>					
(3)			-					 			1
(4)	<u> </u>							- 			
_	Enter here page 1, line 10, c	Parti, col (A)	page 1	re and on 1, Part I, col (B).		ı					Enter here and on page 1, Part II, line 25
otals • Advertisi	<u> </u>	0.		0.							0
Schedule J - Advertisi Part I Income From					olidated	Basis					
		2. Gross			4. Advert					T	7. Excess readership
1. Name of periodical		advertising income		3. Direct ertising costs	or (loss) (co col 3) If a ga cols. 5 th	in, compute	5. Circulate income		6. Reade costs		costs (column 6 minus column 5, but not more than column 4).
1)											
(2)											
(3)											
(4)											
otals (carry to Part II, line (5))		(0 .							0
() to : art ill illio (0//					- 1						Form 990-T (20

Form 990-T (2019) SACRAMENTO REGION COMMUNITY FOUNDATION 94-28915

Part II 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 penodical	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)	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.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		۰%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	,		0.

Form 990-T (2019)

FORM 990-T	INCOL	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 1
DESCRIPTIO	и			NET INCOME OR (LOSS)
OTHER PASS	THRU ENTITIES - ORI	DINARY BUSINESS I	NCOME (LOSS)	-7,925
TOTAL INCL	UDED ON FORM 990-T	, PAGE 1, LINE 5		-7,925
TOTAL TROP				
	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
FORM 990-T	NET LOSS SUSTAINED	OPERATING LOSS D LOSS PREVIOUSLY APPLIED	EDUCTION LOSS REMAINING	STATEMENT 2 AVAILABLE THIS YEAR
FORM 990-T TAX YEAR 12/31/18		LOSS PREVIOUSLY	Loss	AVAILABLE

FORM 990-T	NET (OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	16,706.	16,706.	0.	0.
12/31/16 12/31/17	25,113. 122,799.	8,716. 0.	16,397. 122,799.	16,397. 122,799.
NOL CARRYO	VER AVAILABLE THIS	YEAR -	139,196.	139,196.
FORM 990-T		CONTRIBUTIONS		STATEMENT 4
DESCRIPTION	N/KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT
PASSTHRU CI		N/A		264
	CONTRIBUTION	N/A		13,585,072
TOTAL TO FO	ORM 990-T, PAGE 2, 1	LINE 34		13,585,336

FORM 990-T CO	NTRIBUTIONS SUMMARY		STATEMENT 5
QUALIFIED CONTRIBUTIONS SUBJECTIONS SUBJECTIONS			
CARRYOVER OF PRIOR YEARS UNUS FOR TAX YEAR 2014 FOR TAX YEAR 2015	SED CONTRIBUTIONS		
FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	77 141 12,501,391		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTR	IBUTIONS	12,501,609 13,585,336	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS		26,086,945 0	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		26,086,945 0 26,086,945	
ALLOWABLE CONTRIBUTIONS DEDUC	CTION		 0
TOTAL CONTRIBUTION DEDUCTION			0

(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.

▶ 60 to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

4

Employer identification number

SACRAMENTO REGION (COMMUNITY FOUN	DATION		94-	2891517
Did the corporation dispose of any investmen	nt(s) in a qualified opportuni	ty fund during the tax ye	ar?		Yes X No
If "Yos," attach Form 8949 and see its instru	• • • • • • • • • • • • • • • • • • • •				
Part I Short-Term Capital Gai					
See instructions for how to figure the amounts	(4)	(2)	(0)	_	(h) 0: (0:
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 gai or loss from Form(s) 894 Part I, line 2, column (g	19.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked			<u> </u>		
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					1.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)			6	(
7 Net short-term capital gain or (loss). Combine				7	1.
Part II Long-Term Capital Gai	ns and Losses (See in	structions.)			
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(g) Adjustments to gain	.	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (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			<u> </u>		
'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]		48,570.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind	cxchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		h	······································	15	48,570.
Part III Summary of Parts I and			<u>-</u>		
16 Enter excess of net short-term capital gain (lin				16	1.
17 Not capital gain. Enter excess of net long term	capital gain (line 15) over net	ahort term capital loss (line	7)	17	48,570.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the prop	per line on other returns		10	48,571.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				
I HA For Paperwork Reduction Act Notice	see the instructions for Form 1	1120		S	chedule D (Form 1120) 2019

Form **8949**

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.

94-2891517

Distribution (Editor, Constitution)	J 2 203 20 2
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
statemént will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repoi	
broker and may even tell you which how to check	= =

SACRAMENTO REGION COMMUNITY FOUNDATION

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term 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 for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) 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 8949, page 1, for each applicable box. 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, (A) Short term transactions reported on Form(s) 1000 B showing basis was reported to the IRS (see Note above) (B) Short term transactions reported on Form(s) 1000 B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1000 B Adjustment, if any, to gain or loss. If you enter an amount (a) (b) (d) (h) (c) (e) Proceeds Gain or (loss). Cost or other 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. Note below and from column (d) & (Mo., day, yr) (f)(g) Amount of combine the result see *Column (e)* IN Code(s) the instructions with column (g) adjustment PASSTHRU FROM **-***4017 VARIOUS VARIOUS 1. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schodulo D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box Λ 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

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

above is checked), or line 3 (if Box C above is checked)

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.

SACRAMENTO REGION COMMUNITY FOUNDATION

94-2891517

Refore you check Pay D. E. or E. balow, soo whather 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.	
Dort II Long Torms	· · · · · · · · · · · · · · · · · · ·

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 Fellow. Check only one box. If more than one box applies for your long-term transactions, complete as exparate 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) 1090 B showing basis was reported to the IRS (see Note above)

X (F) Long-term transactions no		•	•	aported to the IRS			
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	1 (6) 1 ()		Gain or (loss). Subtract column (e) from column (d) &
					Code(s)	Amount of adjustment	combine the result with column (g)
PASSTHRU FROM				1	1		
45-2484628	VARIOUS	VARIOUS					18,783.
PASSTHRU FROM		1	, , ,				
27-0749535	VARIOUS	VARIOUS				<u> </u>	18,889.
PASSTHRU FROM							
46-3402754	VARIOUS	VARIOUS					627.
PASSTHRU FROM					Ì		
-*6351	VARIOUS	VARIOUS					7,165.
PASSTHRU FROM		T					
-*9245	VARIOUS	VARIOUS					897.
PASSTHRU FROM						i	
-*4017	VARIOUS	VARIOUS					2,209.
			-				
	1			i			
			<u> </u>				
2 Totals. Add the amounts in columnegative amounts) Enter each to Schedule D, line 8b (if Box D ab	tal here and incli	ude on your					
above is checked), or line 10 (if I	Box F above is c	hecked)		<u> </u>		!	48,570.

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

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