Fom. 990-T	E	Exempt Orga		sine	ss Inc	ome T	ax Returr	า∩	OMB No 1545-0047
. Vie		•	ind proxy tax und					$\mathcal{Y} \perp$	0040
, ,	For ca	lendar year 2019 or other tax ye						20	2019
Department of the Treasury	· .		v.irs gov/Form990T for ii					-	pen to Public Inspection for
Internal Revenue Service	├	Do not enter SSN number					ation is a 501(c)(3)	. 50	01(c)(3) Organizations Only er identification number
A Check box if address changed		Name of organization (EASTSIDE CO				structions.)			yees' trust, see
B Exempt under section	Print	SCHOOL, INC						94	-3187806
X 501(c)(3)	or	Number, street, and room		x. see II	structions.			E Unrelat	ed business activity code
408(e) 220(e)	Type	1041 MYRTLE		.,				(See ins	tructions)
408A 530(a)		City or town, state or pro	ovince, country, and ZIP o	r foreig	n postal cod	de		7	•
529(a)		EAST PALO A		303	•			9000	99
C Book value of all assets at end of year		F Group exemption num		>					
149,041,9		G Check organization typ			1 <u> </u>	501(c) trust	401(a) trust	Other trust
H Enter the number of the	-		businesses.	1			the only (or first) u		
trade or business here							, complete Parts I-V		
	-	ce at the end of the previou	us sentence, complete Pa	arts I an	d II, comple	ete a Schedule	e M for each addition	nal trade o	r
business, then complete		*	-#1-4-4						T
I During the tax year, was		tifying number of the paren		nt-subs	idiary contro	ollea group?		Yes	X No
J The books are in care of				СТОТ	OFF	TN Tolonh	one number	(650)	688-0850
Part I Unrelated				<u>C I O</u> 1		ncome	(B) Expense	`	(C) Net
1 a Gross receipts or sale			I	1			36 23 10 7 10	2 20	10/10/ 1 20/20/20/20/20/20/20/20/20/20/20/20/20/2
b Less returns and allow			c Balance	10					
2 Cost of goods sold (S		A. line 7)	J Coulanto	2			200 B & 100		1, 87 x 1, 3 & 3
3 Gross profit Subtract				3			2. XX	7.48	7 7/2/7 4/1
4 a Capital gain net incom				4a	9	7,261.		\$2%.	97,261.
·	•	art II, line 17) (attach Form	n 4797)	4b		6,632	86 3 3 4 55°	5/%	6,632.
c Capital loss deduction	for trus	its	·	4c			感觉器公益气	() John	
5 Income (loss) from a	partners	thip or an S corporation (a	ttach statement)	5	-23	3,244.		132 2425	-233,244.
6 Rent income (Schedul	le C)			6					
7 Unrelated debt-finance	ed incor	ne (Schedule E)		1/					
		nd rents from a controlled o	-	8					
		ın 501(c)(7), (9), or (17) oı	rganization (Schedule 6)	9					
10 Exploited exempt activ	-	•		10					
11 Advertising income (S		•		11			Situations Pitters D	e 224 keli vs. o	
12 Other income (See ins		•		12	10	0 251			100 251
13 Total. Combine lines Part III Deduction			O (Cas maturations fo	13	-12	9,351.	l		-129,351.
(Deductions	must b	e directly connected wi	ith the unrelated busin	ess inc	itions on a come.)	leauctions)			
		ectors, and trustees (Sche						14	
15 Salaries and wages	00, 0, un	colors, and trostoco journ	RECE	IAF				15	
16 Repairs and maintena	ance				S			16	
17 Bad debts			64 APR 2	n 20	10	İ		17	
18 Interest (attach sched	dule) (se	e instructions)	O ACK &	G 20	ر اي اي	1		18	
19 Taxes and licenses			0005	A.L. I		1		19	
20 Depreciation (attach I	Form 45	62) -	OGDE	17,	JI	20		ATTE A	
21 Less depreciation cla	imed of	Schedule A and elsewhere	e on return			21a		21b	
22 Depletion								22	
23 Contributions to defe		npensation plans						23	
24 Employee benefit pro								24	
25 Excess exempt expen								25	
26 Excess readership co								26	
27 Other deductions (att								27	
28 Total deductions. Ad		_				_		28	0.
		come before net operating				3		29	-129,351.
	rating l	oss arising in tax years beg	ginning on or after Januai	ry 1, 20		TD (7003 m	NEMERIC 1		^
(see instructions)	vahla :-	nome Cubtreet line 20 for	m line 20		SE	E STAT	EMENT 1	30	$\frac{0.}{-129,351.}$
923701 01-27-20 LHA FOI		come. Subtract line 30 from						31	Form 990-T (2019)
62310101-21-20 LDA FO	i aper	TOTA NEGUCION ACT NOTICE	, จธธ แเจเเนธแซทร.						rum 230-1 (2019)

6.10

		EASTSIDE COLLEGE PREPARATORY SCHOOL, INC.	94-	-318/806 Page 2
Part		Total Unrelated Business Taxable Income		
32/	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see-instructions)	3/2	-129,351.
33	Amoun	nts paid for disallowed fringes	33	
34	Charita	able contributions (see instructions for limitation rules)	34	0.
35	Total u	inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 83	35	-129,351.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-129,351.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	- 10 1	2,0001
39		he smaller of zero or line 37	39	-129,351.
Dart		Tax Computation	39	147,3311
			4.0	
40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from		
		ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	tax See instructions	42	
43	Alterna	ative minimum tax (trusts only)	43	
44	Т ах оп	Noncompliant Facility Income. See instructions	44	
45	Total /	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	N/	Tax and Payments		
46 a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	l i	
ь	Other o	credits (see instructions) 46b		
		al business credit. Attach Form 3800 46c		
-		for prior year minimum tax (attach Form 8801 or 8827) 46d		
		predits. Add lines 46a through 46d	46e	
47		ct line 46e from line 45	47	0.
48		axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
		ax. Add lines 47 and 48 (see instructions)	49	0.
			50	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 nts A 2018 overpayment credited to 2019	30	
	-			
		stimated tax payments 51b		
		posited with Form 8868 51c		
	_	organizations: Tax paid or withheld at source (see instructions)		
е	Backup	o withholding (see instructions) 51e		
f	Credit f	for small employer health insurance premiums (attach Form 8941) 51f		
g	Other c	credits, adjustments, and payments. Form 2439	1	
	F	orm 4136 Other Total ▶ 51g		
52	Total p	ayments. Add lines 51a through 51g	52	5,000.
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	5,000.
· ·	•	he amount of line 55 you want: Credited to 2020 estimated tax	56	0.
Part		Statements Regarding Certain Activities and Other Information (see instructions)		
		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		'** '''
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
		TO THE TITE, TO POINT OF FOR GRAIN AND EMBRUGAL MOCCOUNTS. IT TES, CINCIL DIC HAMIE OF THE TOTAL COUNTRY		-x -
	here			$\frac{x}{x}$
58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		├ ├ ├ ^ ,
		" see instructions for other forms the organization may have to file.		
		he amount of tax-exempt interest received or accrued during the tax year > \$		last at as train
Sign	U	inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and be	eller, IT IS True,
Here		Man 1	y the IRS	discuss this return with
пеге			preparer	shown below (see
		Signature of officer Date Title ins	tructions)	? X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	<u> </u>
Paid		self- employed		
	arer	ROGER BULOSAN ROGER BULOSAN		00221282
-	Only	Firm's name ► MARCUM LLP Firm's EIN ►		L-1986323
-56	J. II y	111 WEST SAINT JOHN STREET SUITE 1010		
			669)	232-9500

Form, 990-T (2019) SCHOOL, INC.

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Si					
3 Cost of labor	3		from line 5. Enter here	and in Pa	art I,			
4 a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section	263A (w	ith respect to	Ļ	Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired f	or resale) apply to	1.		
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	.eased	With Real Prope	erty) 		
1. Description of property								
(1)								
(2)								
(3)				-				
(4)				-				
	2. Rent receive	ed or accrued		1	A / 1 B 1 1 1 1			
(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 p	nd personal property (if the percenta personal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	onnected with the inc i 2(b) (attach schedule	ome in	
(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	ı (A)	>		_ I	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		_			
			2. Gross income from		3. Deductions directly conne to debt-finance	ected with or allocable d property	9	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)	(b) Other dec (attach sch	ductions edule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 x total 3(a) and	al of columns	
(1)			%			†		
(2)			%					
(3)			%					
(4)			%					
					er here and on page 1, rt I, line 7, column (A)	Enter here and o Part I, line 7, co		
Totals			•		0.		0.	
Total dividends-received deductions in	cluded in column	8			>		0.	

Schedule F - Interest,	Timulico, no	unico, ui					LIOIIS	(300 1113	struction	
•				Controlled Or	<u> </u>					C Contraction 1 11
Name of controlled organiza	ıde	Employer entification number	3. Net unr (loss) (see			yments 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
(1)	_								+	
(2)									j	
(3)							<u> </u>		i	
(4)	-						 		1	
Nonexempt Controlled Organi	ızatıons									
7. Taxable Income	8. Net unrelated in	come (loss)	Q Total	of specified payr	nents	10 Part of colu	nn 9 tha	t is included	11 De	ductions directly connected
,	(see instruc	tions)	J. 15.4	made		in the controlli	ng organ income	iization's	with	income in column 10
(1)										
(2)										
(3)										
(4)										
			•			Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totale								0.		0
Totals Schedule G - Investme	ent Income of	a Section	501/c)(7	7) (9) or (17) Oro	anization		0.		
see inst		u ocolion	. 00 1(0)(.), (o), o. (.,, O. 9	Jannzacion				
······································	·····			T		3. Deduction		4. Set-	ander	5. Total deductions
1. Desc	cription of income			2. Amount of	income	directly conne (attach sched			schedule)	and set-asides (col 3 plus col 4)
(1)										
(2)							_	·		1
(3)										
(4)										
				Enter here and o Part I, line 9, col	umn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals	· · · · · · · · · · · · · · · · · · ·		<u> </u>		0.		18 A.	(1) May 14/4	為多數	હ[0.
Schedule I - Exploited (see instri		ty Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					i					
(2)	1									.,
(3)	<u> </u>		•			100				
(4)	<u> </u>	1				_				
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisi	na Income (se		0 . ns)	[x 3*** **** ***	"XLEDNA CELLIFE	1. 12.4.5 19.3 19.3 1. 10.00.	10612	. tan 19 " 634 , 18 35 "	र देश्या नहीं	<u>0</u> .
Part & Income From				solidated	Basis					
		 r		Ι.		1			1	
1. Name of periodical	2. Gros advertisii income	ng and	3. Direct vertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus in, compute	5. Circulat		6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			· ·			¥.				
(2)						3				
(3)						%				
(4)										
				T		T				
			0						I	

Form 990-T (2019) SCHOOL, INC.

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 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. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							<u> </u>
(4)							
Totals from Part I	•	0.	0.		40.48	1869 314 320 375	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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	·	%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	273,320.	0.	273,320.	273,320.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	273,320.	273,320.

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

Employer identification number

EASTSIDE COLLEGE PREPARATORY SCHOOL INC

01-3187806

DCHOOL, INC.				レュ	<u> </u>
Did the corporation dispose of any investment	nt(s) in a qualified opportun	ity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ments for reporting you	ur gain or loss		
িPart্য িউ Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g)	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					
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					1,962.
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	•			5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combin-				7	1,962.
Bartill Long-Term Capital Gai	ns and Losses (See II	nstructions.)			_T
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n	(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.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,))	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					95,299.
11 Enter gain from Form 4797, line 7 or 9			1	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	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		ı h	•	<u>1</u> 5	95,299.
Parts III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lir	ie 7) over net long-term capital	loss (line 15)		16	1,962.

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

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

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

Schedule D (Form 1120) 2019

95,299.

97,261.

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

2019Attachment

Name(s) shown on return

EASTSIDE COLLEGE PREPARATORY SCHOOL, INC.

Social security number or taxpayer identification no.

94-3187806

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
proker and may even tell you which box to check
Part I Short-Term T

Part I 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 helpey. Check only one how. If more than one how applies for your short-term transactions complete a separate Form 8949. Date 1. (or each applicable how.)

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) 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

(Example 100 sh XYZ Co) (Mo , day, yr) disposed of (Mo , day, yr) disposed of (Mo , day, yr) (Mo , day, yr) (Mo , day, yr) (Mo , day, yr) (Subtract column (f) (Mo , day, yr) (Mo , day, y	X (C) Short-term transactions n	ot reported to you	on Form 1099-l	3				
SHORT TERM GAIN FROM PASSTHROUGH 1,962	1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis See the Note below and see Column (e) in	loss. If your column (f)	ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) & combine the result
FROM PASSTHROUGH 1,962 1,962 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract					the instructions	Code(s)	adjustment	with column (g)
2 Totals. Add the amounts in columns (d), (e), (g), and (n) (subtract						ļ	<u> </u>	
	FROM PASSTHROUGH	ļ						1,962.
								ļ
		<u> </u>						_
		<u> </u>						
			·					
	-							
					_			
	2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each total nere and include on your		_						
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B			•					
								1,962.

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

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. EASTSIDE COLLEGE PREPARATORY SCHOOL, INC. 94-3187806 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (b) (h) 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. Note below and from column (d) & (Mo, day, yr) (g) Amount of (f) see Column (e) Ir combine the result Code(s) the instructions with column (g) adjustment LONG TERM GAIN FROM PASSTHROUGH 95,299. 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

95,299. above is checked), or line 10 (if Box F above is checked) 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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