1916

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Other trust

D Employer identification number (Employees' trust, see

E Unrelated busines (See instructions)

900000

Yes

401(a) trust

Telephone number \blacktriangleright 415-750-3691

Describe the only (or first) unrelated

If only one, complete Parts I-V. If more than one,

(B) Expenses

STMT 1

94-6096509

X No

(C) Net

13,770.

7,466.

21,236.

Form 990-T

Department of the Treasury

Check box if

B Exempt under section

X 501(c)(3

408(e)

408A

529(a)
C Book value of all assets

address changed

)റ3

220(e)

530(a)

,486,566.

business, then complete Parts III-V.

1a Gross receipts or sales
b Less returns and allowances

Print

Type

J The books are in care of ► JASON SEIFER

Part I Unrelated Trade or Business Income

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

Income (loss) from a partnership or an S corporation (attach statement)

Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Cost of goods sold (Schedule A. line 7)

Gross profit Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

Unrelated debt-financed income (Schedule E)

Exploited exempt activity income (Schedule I)

Other income (See instructions; attach schedule)

c Capital loss deduction for trusts

Advertising income (Schedule J)

Total, Combine lines 3 through 12

Rent income (Schedule C)

H Enter the number of the organization's unrelated trades or businesses.

trade or business here > ALTERNATIVE INVESTMENTS

If "Yes," enter the name and identifying number of the parent corporation.

Name of organization (

Internal Revenue Service

Part II

	14	Compensation of officers, directors, and trustees (Schedule K)	L			······································		14	
	15	Salaries and wages	α.			SS		15	•
	16	Repairs and maintenance	868	JŲL	15	2020		16	
	17	Bad debts		*************				17	
~	18	Interest (attach schedule) (see instructions)		OGD	FN	LUT		18	
\mathbf{z}	18 19 20	Taxes and licenses			Total 1	., .	l	19	183.
7	20	Charitable contributions (See instructions for limitation rules) STATEMEN	T :	3 SEI	S	TATEMENT	2	20	11.
'æ	21	Depreciation (attach Form 4562)			21				
`N	22	Less depreciation claimed on Schedule A and elsewhere on return			22a			22b	·
100	23	Depletion						23	
8	24	Contributions to deferred compensation plans						24	
	25	Employee benefit programs						25	
SCANNED	26	Excess exempt expenses (Schedule I)						26	
ş	27	Excess readership costs (Schedule J)						_27	
₹	28	Other deductions (attach schedule)						28	
چ	29	Total deductions. Add lines 14 through 28					28	29	194.
D	30	Unrelated business taxable income before net operating loss deduction. Subtract lir	e 29	from line 13			_	30	21,042.
	31	Deduction for net operating loss arising in tax years beginning on or after January 1	, 201	18 (see instri	uctions	s)	30	31	
	32	Unrelated business taxable income. Subtract line 31 from line 30					31	32	21,042.
	823701	01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.					/	66	Form 990-T (2018
		45					/d/ [•

Exempt Organization Business Income Tax Return

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30,

FINE ARTS MUSEUMS FOUNDATION

50 HAGIWARA TEA GARDEN DRIVE

City or town, state or province, country, and ZIP or foreign postal code

SAN FRANCISCO, CA 94118-4501

c Balance

Deductions Not Taken Elsewhere (See instructions for limitations on deductions

(Except for contributions, deductions must be directly connected with the unrelated business

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

F Group exemption number (See instructions.)

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

G Check organization type ► X 501(c) corporation

Number, street, and room or suite no. If a P.O. box, see instructions.

(and proxy tax under section 6033(e))

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Check box if name changed and see instructions.)

2

3

4a

4b

4c

6 7

9

10

11

12

13

501(c) trust

(A) Income

13,770.

7,466.

21,236.

Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	21,042.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	35	17,886.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 22 and 24	36	3,156.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
30	enter the smaller of zero or line 36	38	2,156.
Part I		1 30	2,2300
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	§ §	453.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	39	1300
70	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	¥ 41	
41	•	42	
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	5 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	453.
Part \	Total: Add lines 41, 42, and 40 to line 00 of 40, whichever applies	<u>, 44</u>	433.
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions) 45b	\dashv !	
Ь	· · · · · · · · · · · · · · · · · · ·	┦ !	
C		⊣ !	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827) 7 24 4 3 4 4 5 4 5 5 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8		
	Total credits. Add lines 45a through 45d Subtract line 45e from line 44	45e	453.
46		' 	433.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	. —	453.
48	Total tax. The most of the Management,	<u> </u>	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>
	Payments. A 2017 overpayment credited to 2018	┦ !	
	2018 estimated tax payments Tax deposited with Form 8868 506 1,000	\dashv !	
	\	러 !	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	⊣ !	
	Backup withholding (see instructions) 50e	┩ !	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	⊣ '	
9			
	Form 4136 Other Total ▶ 50g	 -	1 000
51	Total payments. Add lines 50a through 50g	*51	1,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	53	547.
y6 25		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Part \		5 5	0.
	*****		Vac Na
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	, , , , , , , , , , , , , , , , , , , ,		
E7	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		${x}$
57	If "Yes," see instructions for other forms the organization may have to file.		- ^
58	Enter the amount of tax-exempt interest received or accrued during the tax year		}
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and I	pelief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	FISCAL OFFICER	-	S discuss this return with ar shown below (see
	Signature of officer Date Title		s)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTI	
De:-	self- employe		••
Paid	MDAGY G DAGETA MDAGY G DAGETA 07/02/20		00366884
Prepa	NOCC ADAMC LID		1-0189318
Use C	3121 W MARCH LN, STE 200		
		209-	955-6100
823711 01			Form 990-T (2018)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory 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		ine 6			
3 Cost of labor	3	from line 5. Enter here						
4a Additional section 263A costs			line 2		·	7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	.ease	d With Real Prop	erty)		
1 Description of property								
(1)			, and the second second					
(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%)	e than	` of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (a	ted with the income in attach schedule)	1
(1)		ĺ						
(2)								
(3)								`
(4)							_	
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	` ' ' '	ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
			Gross income from or allocable to debt-		3. Deductions directly conto debt-finance		erty	
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	15
(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. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	ions dumns
(1)			%		 	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			•	1	0			0.
Total dividends-received deductions (ncluded in columi	n 8	•					0.

Form 990-T (2018) FINE ARTS MUSEUMS FOUNDATION

Form 990-T (2018)

Schedule F - Interest, A		· ·-, ·	_	Controlled O				(see ins		
1. Name of controlled organization						otal of specified ments made or ganization's gross			rolling	6 Deductions directly connected with income in column 5
(1)				- 						
(2)						-91				
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelate (see insi	d income (loss) ructions)	9 Total	of specified pays made	nents	10 Part of colu in the controlli gross		ization's		eductions directly connected h income in column 10
(1)										-87
(2)	·									
(3)		-								
(4)										
						Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		_0.
Schedule G - Investme		of a Sectio	n 501(c)(7	'), (9), or (17) Org	anization				
(see instr	ructions)	<u></u>		2 Amount of	income	3. Deduction		4. Set-	asides	5. Total deductions and set-asides
						(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>	0.					0.
Schedule I - Exploited (see instru	-	ivity Incon	ne, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busine income from trade or busine	directi with	Expenses ly connected production unrelated less income	4. Net incom from unrelated business (co minus cotum gain, computi through	I trade or slumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					İ					
(2)										1
(3)										
(4)										
	Enter here and page 1, Part I line 10, col (A	pag	here and on ge 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisir	na Income	(see instructi		1						
Part I Income From I		•	•	solidated	Basis	_				······································
1. Name of periodical	adve	ciross citising come	3. Direct dvertising costs	4 Advert or (loss) (c col 3) If a g- cols 5 th	ising gain of 2 minus ain, compute arough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)]
(3)										
(4)				<u></u>						<u></u>
Totals (carry to Part II, line (5))	 	0.	0	.	_	1		_		O a Form 990-T (2018

TOTAL SOUTH THE ANTE								raye .
Part II Income From Perio			a Separ	ate Basis (For eac	ch perio	dıcal listed iñ l	Partīll, fill in	
columns 2 through 7 on a	a line-by-line basis))		,				, - · · · · · · · · · · · · · · · · · ·
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation (6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)				· .				
Totals from Part I	0.	0.		1		•		0.
	Enter here and on page 1, Part I, line 11, col. (A)	page	ere and on 1, Part I, 1, col (B)	·			· -	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	n of Officers, D	Directo	ors, and	Trustees (see in	structio	ns)		*
1. Name				2. Title		3. Percent of time devoted to business		pensation attributable related business
(1)							%	
(2)							%	
(3)							%	
(4)							%	

Form 990-T (2018)

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

FORM 990-T INCOME	INCOME (LOSS) FROM PARTNERSHIPS					
DESCRIPTION		NET INCOME OR (LOSS)				
PASSTHROUGH FROM PARTNERSHIP-2 INCOME (LOSS)	2397 - ORDINARY BUSINESS	-1				
PASSTHROUGH FROM PARTNERSHIP-4 INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP-4 PASSTHROUGH FROM PARTNERSHIP-4 PASSTHROUGH FROM PARTNERSHIP-4 INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP-4 PASSTHROUGH FROM PARTNERSHIP-4 TOTAL INCLUDED ON FORM 990-T,	1017 - OTHER INCOME (LOSS) 1596 - OTHER INCOME (LOSS) 1591 - ORDINARY BUSINESS 1591 - INTEREST INCOME 1591 - OTHER INCOME (LOSS)	-1. -2,583. -1,494. -3. -1,161. 579. 12,129. 7,466.				
FORM 990-T	CONTRIBUTIONS	STATEMENT 2				
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT				
CONTRIBUTIONS FROM PASSTHROUGHS	N/A	11				
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	11				

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		1	
	TRIBUTIONS AVAILABLE 1 ICOME LIMITATION AS ADJUSTED 21	1 7	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	0 0 0	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		11
TOTAL CONT	RIBUTION DEDUCTION		11

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	11,235.	11,235.	0.	0.
06/30/13	8,601.	8,601.	0.	0.
06/30/14	3,289.	2,353.	936.	936.
06/30/15	150.	0.	150.	150.
06/30/16	10,629.	0.	10,629.	10,629.
06/30/17	6,171.	0.	6,171.	6,171.
NOL CARRYO	VER AVAILABLE THIS	YEAR	17,886.	17,886.

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

FINE ARTS MUSEUMS	FOUNDATION			94 <u>-</u>	6096509
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(()) Adjustments to gair or loss from Form(s) 894' Part I, line 2, column (g)	9,	(ħ) 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		,			
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	1()
7 Net short-term capital gain or (loss) Combin	e lines 1a through 6 in column	h		7	
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(It) Gain or (loss) Subtract 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					13,770.
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	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		n h	<u> </u>	15	13,770.
16 Enter excess of net short-term capital gain (III	·	I loss (line 15)		16	
17 Net capital gain. Enter excess of net long-tern	, ,	, ,	e 7)	17	13,770.
18 Add lines 16 and 17. Enter here and on Form	. • , ,	·	- ,	18	13,770.
Note: If losses exceed gains, see Capital loss			'		

JWA

Schedule D (Form 1120) 2018

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

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.

94-6096509

FINE ARTS MUSEUMS FOUNDATION

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 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
TIFF PRIVATE				l			
EQUITY PARTNERS							
2006 LLC - FAMF	VARIOUS	12/31/18					67.
TIFF PRIVATE							
EQUITY PARTNERS							
2008 LLC - FAMF	VARIOUS	12/31/18				•	5,130.
TIFF PARTNERS V-US				T			
LLC-FAMF	VARIOUS	12/31/18					5,145.
TIFF PRIVATE							
EQUITY PARTNERS							
2006 LLC - DEYOUNG							
	VARIOUS	12/31/18					22.
TIFF PRIVATE							·
EQUITY PARTNERS						1.7. 1110	
2008 LLC - DEYOUNG							
	VARIOUS	12/31/18					1,796.
TIFF PARTNERS V-US							
LLC-DEYOUNG WATTIS							
	VARIOUS	12/31/18					1,610.
			· -				
				<u> </u>			
				†			·
							· · · · · · · · · · · · · · · · · · ·
2 Totals. Add the amounts in colur	nns (d) (e) (a) a	nd (h) (subtract	" - .	† · · · · · · · · · · · · · · · · · · ·	-		
negative amounts) Enter each to						1	
Schedule D, line 8b (if Box D abo		•		}			

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) 823012 11-28-18