		990-T	E	Exempt Organizatio					n	<u> </u>	OMB No 1545-06	87
	Form •	550 i	ł	(and proxy ta	ax under	sect	ion 6033(e))			2018	Į.
		For calendar year 2018 or other tax year beginning, 2018, and ending, 20									Z	,
	Departm	ent of the Treasury		► Go to www.irs.gov/Form9	90T for instr	uction	s and the latest	information.		One	n to Public Inspect	tion for
		Re enue Service	▶ Do r	not enter SSN numbers on this form	m as it may b	e made	public if your org	anization is a 50	1(c)(3).	501	n to Public Inspect (c)(3) Organizations	s Only
	A \square	Check box if iddress changed		Name of organization (box if name ch	anged a	and see instructions	i)			identification nu	
_		pt under section	Drint	THE MCCONNELL FOUNDATION	ON				(Emp	ioyee	s' trust, see instruc	itions)
Ŋ	✓ 50	on(C)(<u>D8)</u>	Print or	Number, street, and room or suite n	o IfaPO bo	x, see in	structions			9	4-6102700	
3	□ 40	98(e) 220(e)	Type	800 SHASTA VIEW DRIVE							business activity	code
Ź	☐ 40	08A 🔲 530(a)	.,,,,,,	City or town, state or province, cour	ntry, and ZIP o	r foreign	postal code		(See	ınstru	uctions)	
	☐ 52			REDDING, CA 96003							531390	
ö	C Book	yalue of all assets d of year	F Gr	oup exemption number (See	instructions	s.) >						
_		348,403,702	G Ch	eck organization type 🕨 📝	501(c) cor	poratio	on 🗌 501(c) trust] 401(a)	trus	st	trust
	H En	ter the number	of the o	rganization's unrelated trades	s or busines	ses. 🕨	2	Describ	e the or	ıly (or first) unrelat	.ed
	tra	de or business	here ▶	PARTNERSHIP RENTAL REAL ESTA	TE ACTIVITIES	If o	nly one, comple	ete Parts I-V.	If more	thar	i one, describe	e the
	firs	st in the blank s	space a	t the end of the previous sei	ntence, cor	nplete	Parts I and II,	complete a S	Schedule	е М	for each addi	tıona
	tra	de or business,	then c	omplete Parts III-V.								
	l Du	ring the tax year,	was the	e corporation a subsidiary in an	affiliated gro	up or a	a parent-subsidia	ary controlled o	roup? .	, 1	▶ ☐ Yes 🔽] No
		-		and identifying number of the								
	J Th	e books are in o	care of I	JOHN MANCASOLA			Tele	phone numbe	er 🕨		(530) 226-6200	
				e or Business Income			(A) Income	(B) E	xpenses		(C) Net	
	1a	Gross receipts								Ì		
	b	Less returns and a			Balance >	1c	0					
	2	Cost of goods	sold (S	chedule A, line 7) . ,		2	0					
	3	_	-	line 2 from line 1c .		3	0				0	
	4a			ne (attach Schedule D)		4a	0				0	· · · ·
	b			797, Part II, line 17) (attach Fo		4b	0		-		0	
	c	Capital loss de	•			4c	0				0	
	5			nership or an S corporation (attac			0				0	
	6			le C)		6	338,895		0		338,895	
	7	-		ed income (Schedule E) .		7	0		0		0	
	8			and rents from a controlled organization	on (Schedule F	8	0		0	乛	0	
	9			tion 501(c)(7), (9), or (17) organization			0		- 6	寸	0	
	10			vity income (Schedule I)		10	0	- 	0		0	
	11	Advertising inc				11	0	- -	0		0	
	12	_		ructions, attach schedule)		12	0			\neg	0	
	13			3 through 12		13	338,895		0		338,895	
		Deduction	ns Not	Taken Elsewhere (See inst	tructions fo			ictions) (Exc	ept for	con		
				be directly connected with					-		,	
	14			cers, directors, and trustees (14	0	
	15						ECEIVE			15	0	
	16			nce		, ,	CCLIVEL		.	16	0	
	17	Bad debts			1,0	:l,		<u>اين</u>	T-	17	0	
	18	Interest (attach		ule) (see instructions)		, N	10 2 1 2019	90-5	. [-	18	0	
	19	Taxes and lice	nses .			<u></u>		181		19	28,480	
	20	Charitable con	tributio	ns (See instructions for limita	tion rules)		CDEN II	- -	. [20	0	_
	21	Depreciation (a	attach F	Form 4562)			<u> </u>	<u>'</u> 0				
	22			med on Schedule A and else		eturn .	22a	0	2	2b	0	
	23	•								23	0	
	24			red compensation plans					. 7	24	0	
	25			grams					⊢	25	0	
	26			ises (Schedule I)						26	0	[
	27			sts (Schedule J) .					<u> </u>	27	0	
	28			ach schedule)						28	3,500	
	29		-	d lines 14 through 28					_	29	31,980	
	30			xable income before net opera						30	306,915	
	31			ating loss arising in tax years be						31		
	32		•	xable income. Subtract line 3					_	32	306,915	
				Notice, see instructions.	, non mic	55 .	Cat No 11291				Form 990-T	
	4 VI Fd	DUI WUIN INCUUUL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			JUL 110 1125	. 🖵				/

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2018 Return The McConnell Foundation 94-6102700

I OIIII 3	30-1 (201	· · · · · · · · · · · · · · · · · · ·					rage
Part	1	Total Unrelated Business Taxable Income					
33	Total	of unrelated business taxable income computed from all unrelated trades	or businesses (s	ee	T		
	instruc	otions)		33	;	306,915	5
34	Amou	nts paid for disallowed fringes		34			
35		ction for net operating loss arising in tax years beginning before Jani		ee 🗀			1
		ctions)			;	306,915	i l
36		of unrelated business taxable income before specific deduction. Subtract lir					
		s 33 and 34			.	0	1
27		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		0	+
37		ated business taxable income. Subtract line 37 instructions for exceptions)					'
38				f	.	^	
			<u> </u>	38		0	<u> </u>
Part		ax Computation					
39	_	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	 	0	<u> </u>
40		Taxable at Trust Rates. See instructions for tax computation			-		}
		nount on line 38 from: Tax rate schedule or Schedule D (Form 1041)		► 40		-	1
41	Proxy	tax. See Instructions		► 41			<u></u>
42	Alterna	ative minimum tax (trusts only)		42			
43	Tax or	Noncompliant Facility Income. See instructions		43	T		
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0	
Part		ax and Payments					
45a		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45	a		7		
b		credits (see instructions)	b		1		1
С		al business credit. Attach Form 3800 (see instructions)	c				
d		for prior year minimum tax (attach Form 8801 or 8827)		_			
e		credits. Add lines 45a through 45d		45e		0	
46		ct line 45e from line 44		46	-	0	 -
47		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Othe		47		0	 - -
				— <u> —</u>	+		├─-
48		ax. Add lines 46 and 47 (see instructions)		48	+		
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	1 1	49	 		
50a		nts [.] A 2017 overpayment credited to 2018 <u>50</u>			1		
b		stimated tax payments					
С		posited with Form 8868	c				
d		n organizations [.] Tax paid or withheld at source (see instructions) <u>50</u>	d		1		
е		o withholding (see instructions)	e				
f	Credit 1	for small employer health insurance premiums (attach Form 8941) . 50	f				
g	Other o	credits, adjustments, and payments: Form 2439			1		1
	☐ Forn		g 0				
51	Total p	payments. Add lines 50a through 50g		51] 1	04,448	
52		ted tax penalty (see instructions). Check if Form 2220 is attached	▶[52	\vdash		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		► 53	 	0	
54		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amour		54	1 1	04,448	
55		e amount of line 54 you want: Credited to 2019 estimated tax 104,448	Refunded I		 	0	-
Part		tatements Regarding Certain Activities and Other Information (s		100	Ь		
						Yes	No
56		time during the 2018 calendar year, did the organization have an interest in financial account (bank, securities, or other) in a foreign country? If "Yes," t				1.00	
							, i
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter	the name of the	toreign	Country		-, 1
	here ►	~					-
57	-	he tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to, a f	foreign tr	ust? .		✓,
		" see instructions for other forms the organization may have to file.					
58		ne amount of tax-exempt interest received or accrued during the tax year 🕨			21	لبا	
٠.	Under	penalties of penury, I declare that I have examined this return, including accompanying schedules and prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	statements, and to the	best of my	/ knowledg	e and beli	ief, it is
Sign	\ ""	offect, and complete. Declaration of preparer (officer than taxpayer) is based off all information of which pre	pader rias arry knowled	May	the IRS disc		
Here	18	Wawaith 1.15.19 PRESIDENT & CE	EO		the prepare nstructions)		
		ire of officer Date Title		(300)	.o. donoria)	. K).es[
Paid	-4	Print/Type preparer's name Preparer's signature	Date	Check [7 _{if} F	TIN	
		DIANE BROWN		self-empl		P01578	407
Prepa		Firm's name CROWE LLP	-J	Firm's EIN		-092168	30
Use ()nly ∤	Firm's address ► 400 CAPITOL MALL, SUITE 1400, SACRAMENTO, CA 95814-443		Phone no) 441-10	
		Time addition P			<u>-</u>	990-T	
						'	,,

Form 99	10-T (2018)										- 1	age 3
Sche	dule A-Cost of Good	is Sold. E	nte	r method of in	vento	ry va	luation >					
1	Inventory at beginning of	of year	1	0		6	Inventory a	at end of year .	6		0	
2	Purchases	· •	2	, o		7	Cost of goods sold. Subtract					
3	Cost of labor	[3	0			line 6 from	line 5. Enter here and				
4a	Additional section 263	A costs					ın Part I, lır	ne 2	7		0	
	(attach schedule) .		4a	0		8	Do the rul	les of section 263A (wit	h res	pect to	Yes	No
b	Other costs (attach sche	edule)	4b	0				roduced or acquired for				
5	Total. Add lines 1 through	· -	5	0			to the orga	inization?				-
			all	Property and	Perso	onal	Property I	Leased With Real Pro	perty	<u>/)</u>		
	instructions)	•								•		
1. Desci	iption of property											
(1) CEI	NTRAL PARK APARTMENT	S										
(2)												
(3)												
(4)	 											
·	<u></u>	2. Rent recei	ved c	or accrued		-						
(a) Ero	m personal property (if the perce	ontage of rent	Т	(b) From real and	d person	al pror	party (if the	3(a) Deductions directly	connec	ted with the	e incom	е
	personal property is more than 1			percentage of rent for	or persor	nal pro	perty exceeds	ın columns 2(a) and				
	more than 50%)			50% or if the rent is	s based	on pro	fit or income)					
(1)			†	338,895				5				0
(2)			\dagger						-			
(3)			\dagger								1	
(4)	·		1									
Total		0	То	otal			338,89	5	-			
	al income. Add totals of col				•		····	(b) Total deductions. Enter here and on page	1			•
	d on page 1, Part I, line 6, c						338,89					0
Sche	dule E-Unrelated De	bt-Financ	ed	Income (see	instruct	tions)		- 				
					2. Gro	ss inc	ome from or	3. Deductions directly con			cable to	,
	1. Description of debi	t-financed pro	perty	,		le to c	febt-financed	debt-financ (a) Straight line depreciation		perty b) Other dec	luctions	
					}	prop	perty				schedule)	
(1)												
(2)												
(3)												
(4)												
	4. Amount of average			djusted basis		6. Co	olumn	7.0	8.	Allocable de	eduction	
al	acquisition debt on or locable to debt-financed			ed property		4 dıv	rided	 Gross income reportable (column 2 x column 6) 	(colu	mn 6 × total		mns
	operty (attach schedule)			chedule)		by col	umn 5	,		3(a) and	3(0))	
(1)							%					
(2)		_					%					
(3)							%					
(4)							%					
	•							Enter here and on page 1,		here and		
								Part I, line 7, column (A)	Part	I, line 7, c	olumn	(B)
Totals							>	0				0
Total d	ividends-received deduction	ons included	l ın c	column 8			'	. •				0
	· -									Form 9	90-T	(2018)

Sche	edule F-Interest, Ann	uities, Royalties,				ganizations (se	e instru	ctions)	
	Name of controlled organization	2. Employer identification number	3. Net unre	elated income instructions)	4. Total of specifie payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)									
(2)		<u> </u>						-	
(3)								-	
(4)	exempt Controlled Organic		<u> </u>		L				
None	xempt Controlled Organi.	zations			. <u>.</u>	T		T	
	7. Taxable Income	8. Net unrelated in (loss) (see instruct		ne) navmente made		10. Part of column included in the organization's gr	controlling	conne	Peductions directly cted with income in column 10
(1)								J	
(2)					<u></u>				
(3)									
(4)								ļ	
						Add columns to Enter here and or Part I, line 8, co	on page 1,	Enter l	columns 6 and 11 nere and on page 1, , line 8, column (8)
Totals						<u> </u>			0
Sche	edule G-Investment	ncome of a Sect	ion 501(zation (see ins	tructions		
	1. Description of income	2. Amount o	fincome	direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			_						
(2)								_	
(3)					 .				
(4)						l			
		Enter here and Part I, line 9, c	olumn (A)					Part I, li	re and on page 1, ne 9, column (B)
Totals		>		0 T	A at				0
Sche	edule I—Exploited Exe	empt Activity Inco	1		Advertising in	icome (see insi	tructions)	
	1. Description of exploited activi	2. Gross unrelated ty business inco from trade of business	me conr	Expenses directly nected with duction of nrelated less income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income		enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		···					<u> </u>		
(2)									
(3)						_		-	
(4)									
Totals		Enter here and page 1, Part line 10, col (/	I, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
	edule J-Advertising I	ncome (see instruc	ctions)		<u> </u>				1
Par		eriodicals Repor		Consoli	dated Basis				
	1. Name of penodical	2. Gross advertising income		J. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1				1		
(2)					1]
(3)	-]		<u> </u>] 1
(4)]
	(carry to Part II, line (5))	>	0	0	0				0
									orm 990-T (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7. Excess readership costs (column 6 2. Gross 5. Circulation 6. Readership 3. Direct minus column 5, but 1. Name of periodical advertising advertising costs income costs a gain, compute not more than ıncome cols 5 through 7 column 4) (2) (3) (4) 0 0 Totals from Part I ▶ 0 Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (A) line 11, col (B) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business % % (2) % (3) % (4) ▶ 0 Total. Enter here and on page 1, Part II, line 14 Form 990-T (2018)

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

2018

Employer identification number

THE MCCONNELL FOUNDATION 94-6102700 Part I Short-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from the lines below. Proceeds Cost column (d) and combine 8949. Part I. line 2. This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with **Box A** checked Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 0 0 58,063 with Box C checked 4 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 6 0) 6 Unused capital loss carryover (attach computation) 7 58,063 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) 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, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked Totals for all transactions reported on Form(s) 8949 0 with Box E checked Totals for all transactions reported on Form(s) 8949 O 177.824 with Box F checked 177,824 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 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 15 177,824 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 58,063 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 177,824 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 235,887 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.

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.

OMB No 1545-0074

2018

Attachment

Name(s) shown on return
THE MCCONNELL FOUNDATION

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No 12A

Social security number or taxpayer identification number

94-6102700

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 broker and may even tell you which box to check.

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 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☑ (C) Short-term transactions				sis wasn't report	ed to the II	RS ·	
(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) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f) parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS							
FROM INVESTMENTS			58,063				58,063
				•			
		<u>-</u>		-			
	-						
		.,					
		-					
			<u> </u>				
						,,	
2 Totals. Add the amounts in column negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and incl is checked), lin	ude on your e 2 (if Box B	58,063	0		0	58,063

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Cat No 37768Z

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side THE MCCONNELL FOUNDATION

Social security number or taxpayer identification number 94-6102700

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-terr	m transactions	reported on	Form(s)	1099-B showing	basis was	reported	to the IR	S (see Note above
_								• •		

[(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

√ (F) I	_ong-term	transactions ne	ot reported	to you	ı on Form	1099-B
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1 (a) Description of property	(c) (b) Date sold or		(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, I If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS			177,824				177,824
			•				
					. =-		
					•		
			= =				
		_					
	_		<u> </u>				<u>-</u>
						· <u> </u>	
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and incl e is checked), lir	ude on your ne 9 (if Box E	177,824	0		0	177,824

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)