



Form 990-T

2939314601116 8

OMB No. 1545-0687

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA Check box if address changedName of organization (Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see instructions)

B Exempt under section

Print or Type

 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Harvey Mudd College

95-1911219

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

301 Platt Boulevard, No. n/a

E Unrelated business activity codes
(See instructions.)

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

Claremont, CA 91711

900099

C Book value of all assets
at end of year

472,979,374.

F Group exemption number (See instructions.)

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Describe the organization's primary unrelated business activity. ► **Interests in equity investment partnerships**

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

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

► Yes NoJ The books are in care of ► **Mia Alonzo**

Telephone number ► (909) 621-8043

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

| | | | | | | | | |
|----|--|--|-----------|---|----|-----------|--------|-----------|
| 1a | Gross receipts or sales | | e Balance | ► | 1c | | | |
| b | Less returns and allowances | | | | 2 | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | | | | 3 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | | 4a | 87,655. | | 87,655. |
| 4a | Capital gain net income (attach Schedule D) | | | | 4b | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | | 4c | | | |
| c | Capital loss deduction for trusts | | | | 5 | -823,911. | Stmt 1 | -823,911. |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | | | | 6 | | | |
| 6 | Rent income (Schedule C) | | | | 7 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | | | | 8 | | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | | | | 9 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | 10 | | | |
| 10 | Exploited exempt activity income (Schedule I) | | | | 11 | | | |
| 11 | Advertising income (Schedule J) | | | | 12 | | | |
| 12 | Other income (See instructions; attach schedule) | | | | 13 | -736,256. | | -736,256. |
| 13 | Total. Combine lines 3 through 12 | | | | | | | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

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

| | | | | | |
|----|---|-------------|-----------------|-----|-----------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | RECEIVED | | 14 | |
| 15 | Salaries and wages | | SC | 15 | |
| 16 | Repairs and maintenance | | SO | 16 | |
| 17 | Bad debts | | RS | 17 | |
| 18 | Interest (attach schedule) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | 738. |
| 20 | Charitable contributions (See instructions for limitation rules) | Statement 3 | See Statement 2 | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | | | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | | 22a | 22b |
| 23 | Depletion | | | 23 | |
| 24 | Contributions to deferred compensation plans | | | 24 | |
| 25 | Employee benefit programs | | | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | | 26 | |
| 27 | Excess readership costs (Schedule J) | | | 27 | |
| 28 | Other deductions (attach schedule) | | | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | | | 29 | 738. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | 30 | -736,994. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | 32 | -736,994. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | | | 33 | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | 34 | -736,994. |

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

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913

SCANNED JUN 7 2018

16510427 146892 602818D

64
2016.05070 HARVEY MUDD COLLEGE

602818D1

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34 ► 35c 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)**37 Proxy tax.** See instructions**38 Alternative minimum tax****39 Tax on Non-Compliant Facility Income.** See instructions**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies ► 40 0.**Part IV Tax and Payments****41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**b Other credits (see instructions) ► 41bc General business credit. Attach Form 3800 ► 41cd Credit for prior year minimum tax (attach Form 8801 or 8827) ► 41de **Total credits.** Add lines 41a through 41d ► 41e**42 Subtract** line 41e from line 40 ► 42 0.**43 Other taxes.** Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ► 43**44 Total tax.** Add lines 42 and 43 ► 44 0.**45a Payments:** A 2015 overpayment credited to 2016b 2016 estimated tax payments ► 45bc Tax deposited with Form 8868 ► 45cd Foreign organizations: Tax paid or withheld at source (see instructions) ► 45de Backup withholding (see instructions) ► 45e 1.f Credit for small employer health insurance premiums (Attach Form 8941) ► 45fg Other credits and payments: Form 2439 _____ Other _____ Total ► 45g**46 Total payments.** Add lines 45a through 45g ► 46 1.**47 Estimated tax penalty (see instructions).** Check if Form 2220 is attached ► 47**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ► 48**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ► 49 1.**50 Enter the amount of line 49 you want Credited to 2017 estimated tax** ► Refunded ► 50 1.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)51 At any time during the 2016 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► X52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ► X53 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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | |
|------------------|---|---------|------------|
| Sign Here |  | 5-11-18 | Controller |
| | Signature of officer | Date | Title |

| | | | | | |
|-------------------------------|--|---|------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Tracy S. Paglia | Preparer's signature Tracy S. Paglia | Date 04/27/18 | Check <input type="checkbox"/> if self-employed | PTIN P00366884 |
| | Firm's name ► Moss Adams LLP 3121 W March Ln, Ste 200 | | | Firm's EIN ► | 91-0189318 |
| | Firm's address ► Stockton, CA 95219-2367 | | | Phone no. | 209-955-6100 |

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | |
|---|----|--|--|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 |
| 3 Cost of labor | 3 | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b Other costs (attach schedule) | 4b | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |

Total 0. Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ► 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) ► 0. | Enter here and on page 1, Part I, line 7, column (B) ► 0. |
| Total dividends-received deductions included in column 8 | | | | |

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | |
|------------------------------------|--|-----------------------------------|---|-------------------------------------|---|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B).

Totals ► 0. 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

Totals ► 0. 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. 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 | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals ► 0. 0. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Totals (carry to Part II, line (5)) ►

0. 0.

0.

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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 | 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) | | | | | | |
| (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 27 |
| 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

Income (Loss) from Partnerships
and S Corporations

Statement 1

| Description | Amount |
|-------------------------------------|-----------|
| Passthrough from 37-1661577 | -23,359. |
| Passthrough from 30-0003378 | -15. |
| Passthrough from 46-0967367 | -5,000. |
| Passthrough from 76-0513049 | -36,400. |
| Passthrough from 38-3899432 | -30,639. |
| Passthrough from 90-1006559 | -4,701. |
| Passthrough from 26-1075808 | -41,193. |
| Passthrough from 30-0108820 | -43,867. |
| Passthrough from 76-0582150 | -85,210. |
| Passthrough from 03-0567133 | -415. |
| Passthrough from 45-1140886 | -566. |
| Passthrough from 23-2432497 | -15,338. |
| Passthrough from 06-1563332 | -7. |
| Passthrough from 76-0568219 | -84,050. |
| Passthrough from 41-2232463 | -32,048. |
| Passthrough from 23-3096839 | -52,272. |
| Passthrough from 27-4151603 | -40,328. |
| Passthrough from 73-1599053 | -34,201. |
| Passthrough from 27-0005456 | -49,192. |
| Passthrough from 90-1025383 | -2,161. |
| Passthrough from 46-4109058 | -1,341. |
| Passthrough from 46-5135781 | -4,818. |
| Passthrough from 39-1715850 | -6,702. |
| Passthrough from 46-5223743 | -11,642. |
| Passthrough from 98-1217706 | -2,864. |
| Passthrough from 51-0658510 | 3,978. |
| Passthrough from 30-0855134 | -2,775. |
| Passthrough from 93-1120873 | -76,324. |
| Passthrough from 20-2485124 | -20,373. |
| Passthrough from 47-2732735 | -67,270. |
| Passthrough from 37-1768594 | 3,006. |
| Passthrough from 47-3010122 | -12,448. |
| Passthrough from 73-1493906 | -29,390. |
| Passthrough from 46-1972941 | -13,986. |
| | |
| Total to Form 990-T, Page 1, line 5 | -823,911. |
| | |

Form 990-T

Contributions

Statement 2

Description/Kind of Property

Method Used to Determine FMV

Amount

Contributions from 2016
partnerships

N/A

311.

Total to Form 990-T, Page 1, line 20

311.

Name

Harvey Mudd College

Employer identification number

95-1911219

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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 gain or loss from Form(s) 8949, Part I, line 2, column (g) | (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 | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 1,413. |
| 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 exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 () | |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 1,413. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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 gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) 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 | | | 1 | |
| 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 | | | | 86,242. |
| 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 exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 86,242. |

Part III Summary of Parts I and II

| | | |
|---|----|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 1,413. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 86,242. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV | 18 | 87,655. |

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

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

| | | |
|---|----|--|
| 19 Enter qualified timber gain (as defined in section 1201(b)(2)) | 19 | |
| 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return | 20 | |
| 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 | 21 | |
| 22 Multiply line 21 by 23.8% (0.238) | 22 | |
| 23 Subtract line 17 from line 20. If zero or less, enter -0- | 23 | |
| 24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed | 24 | |
| 25 Add lines 21 and 23 | 25 | |
| 26 Subtract line 25 from line 20. If zero or less, enter -0- | 26 | |
| 27 Multiply line 26 by 35% (0.35) | 27 | |
| 28 Add lines 22, 24, and 27 | 28 | |
| 29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed | 29 | |
| 30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return | 30 | |

Schedule D (Form 1120) 2016

Name(s) shown on return

**Social security number or
taxpayer identification no.**

- **Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.**
- **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Harvey Mudd College

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 short-term. 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 reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►

1,413.

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.

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

**Social security number or
taxpayer identification no.**

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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 long term. For short-term transactions, see page 1.

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (F) Long-term transactions not reported to you on Form 1099-B

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

86,242.

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.