EXTENDED TO NOVEMBER 15, 2018 2939332106235

Exempt Organization Business Income Tax Return

Form **990-T** (2017)

000

33

line 32

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form : 990-T

723711 01-22-18

Part II	Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation.	
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
	(1) [\$ (2) [\$ (3) [\$	
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	
	(2) Additional 3% tax (not more than \$100,000)	
	Income tax on the amount on line 34	→ 35c
	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from:	
•	X Tax rate schedule or Schedule D (Form 1041)	► 36 45.
37	Proxy tax. See instructions	→ 37
38	Alternative minimum tax	38
39	Tax on Non-Compliant Facility Income. See instructions	39
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 45.
Part I		
		1, 38
b	Other credits (see instructions) 41b	
C	General business credit. Attach Form 3800	- 기계
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 41a through 41d	41e 45.
42	Subtract line 41e from line 40	
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	·
44	Total tax. Add lines 42 and 43	44 45.
	Payments: A 2016 overpayment credited to 2017 45a 8 , 1 21	•
	2017 estimated tax payments	⊣ , <u>4</u>
C	Tax deposited with Form 8868	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	<u>ا</u> آ
е	Backup withholding (see instructions) 45e	一 * : 🤻
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g	Other credits and payments: Form 2439	
	Form 4136 Other Total ▶ 45g	
46	Total payments. Add lines 45a through 45g	46 8,121.
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 8,076.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 8,076. Refunded	► 50 0.
∕Part _} V	Statements Regarding Certain Activities and Other Information (see instructions)	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	3 E & &
	here >	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
-	If YES, see instructions for other forms the organization may have to file.	
53	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 known	wledge and belief, 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	TRUSTEE	May the IRS discuss this return with the preparer shown below (see
	Signature of officer Date Title	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
Paid	DAVID F. DOTSON Self- employe	P00738401
Prepa	- DELOTMEN MAY LLD	
Use C		► 00-1003/1Z
	1700 MARKET STREET, 25TH FLOOR	215_246 2200
	Firm's address ▶ PHILADELPHIA, PA 19103-3984 Phone no.	215-246-2300

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 yea	ır		6		
2 Purchases	2		7 Cost of goods sold. St	ubtract lii	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2			7	<u> </u>	
(attach schedule)	4a		8 Do the rules of section	263A (w	rith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?		_			L
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	.easec	l With Real Prop	erty)		
Description of property				·			-	
(1)						-		
(2)	_						-	
(3)	-	·						
(4)								
	2. Rent receiv	ed or accrued			2 () 2			
(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 percentar personal property exceeds 50% or if int is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (ited with the income in attach schedule)	1
(1)								
(2)								
(3)								
(4)			<u>-</u>					
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -		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)					
			2. Gross income from		 Deductions directly control to debt-finance 			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)	- :							
(2)						Ц_		
(3)	. 	,				Ц_		
(4)						<u> </u>		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to anced 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))	
(1)			%		-			
(2)			%					
(3)			%	<u> </u>		4		
(4)			%	ļ		\bot		
-					nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	-
Totals			•		0	<u>.</u>		0.
Total dividends-received deductions	ncluded in colum	n 8	-			.		0.

1. Heate of ceach other or generation 2	Schedule F - Interest, A	nnuities	, Royalt	ies, and	d Rents	From Co	ntrolle	d Orgar	nization	S (see in:	structions	s)
(1) (2) (3) (4) Nonexempt Controlled Organizations 7, Tasable Income (see instructions) 10, Por or column is that in included in the column is stated in extraction and in the column is stated in the column is stated in extraction and in the column is stated in the column is stated in extraction and in the column is stated in extraction and in the column is stated in the column	•				Exempt (Controlled O	rganızatı	ons				
Solution	identification			ation	3. Net unr (loss) (see	elated income instructions)	4. Tot paya	ments made included		ided in the cont	rolling	connected with income
Solution	/1)	+										
Some controlled Organizations Some interest income Social processing organizations Social processing										_	<u> </u>	
Account of the controlled Organizations St. Net interested receive (see instructions) St. Net interested receive (see in			.				, ,					
Nonexempt Controlled Organizations 7, Totable reconselling organizations 8, Net sirratical anomal (see instructions) 10, Part of calamin that in included in the controlling organization's grown recents and 10 Enter here and on size in 1 Part I, line 8, column (8) 4, Add column (8) 1, Description of nacine 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 2, Amount of mome directly controlled (plant in the 8, column (8)) 3, Description of nacine 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 2, Amount of mome directly controlled (plant in the 8, column (8)) 3, Description of nacine 1, Description of nacine 2, Amount of mome directly controlled (plant in the 8, column (8)) 4, Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1, Description of nacine 2, Gross and an analysis of the 1 plant in t						•						
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)		ations										
Content Cont		8. Net un			9. Total		nents	10. Part o	introlling orga	anızatıon's		
Content Cont							•				ļ	
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (6)												· · · · · · · · · · · · · · · · · · ·
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (a) O . O .									-			
Add columns (and maps 1, Part 1, line 8, column (A) 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 (gate instructions) 4. Sec-asides (gittach schedule) (gittach												··· ·· ·-
Totals Enter here and on page 1, Part I, line 8, column (A) O . O . Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of moone 2. Amount of income (or investment income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of moone 2. Amount of income organization (see instructions) 3. Description of graph (part I, line 8, column (A)					L						-	
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O Schedule J - Advertising Income (see instructions) 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part II, line 26 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs of 3 If a gain, compute cols 5 through 7 (1) (2) (3) (4)										1.		
(4) Enter here and on page 1, Part I, line 10, col (A) Totals O Schedule J - Advertising Income (see instructions) Part II, line 20, col (B) 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs 3. Direct advertising gain or (loss) (col 2 mins or (loss) (col 2 mins or (loss) (col 2 mins or (loss)) (1) (2) (3) (4)												
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 5) If a gain, compute cols 5 through 7 (1) (2) (3) (4)		page 1,	Parti, col (A)	page 1	i, Parti, col (B)							on page 1, Part II, line 26
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 (column 6 minus column 1) (1) (2) (3) (4) (4) (5. Circulation income (1. Circulation inc						The state of the s			Edinal Con-			<u> </u>
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1. Name of periodical 2. Gross advertising income 3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)	Earcia Income From F		ais Repo	rtea o	n a Con	solidated	Dasis			· 1		·
(2) (3) (4)	1. Name of periodical		advertising			or (loss) (d col 3) If a g	ol 2 minus ain, compu					costs (column 6 minus column 5, but not more
(2) (3) (4)	(1)						W.					
(3) (4)												100
(4)												
Totals (carry to Part II, line (5)) 0. 0.						100	刘朝	遊				
	Totals (carry to Part II, line (5))	•	().	0							0.

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	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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

SCHEDULE I (Form 1041)

Department of the Treasury

Name of estate or trust

Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

Employer identification number

2017

FU	LCRUM FOUNDATION				23-3	081	735
Pa	art I Estate's or Trust's Share of Alternative Minimum	Taxable Inc	ome				
1	Adjusted total income or (loss) (from Form 1041, line 17)				1		1,297.
2	Interest				2		
3	Taxes				3		
4	Miscellaneous itemized deductions (from Form 1041, line 15c)				4		
5	Refund of taxes				5 ()
6	Depletion (difference between regular tax and AMT)				6		
7	Net operating loss deduction. Enter as a positive amount				7		
8	Interest from specified private activity bonds exempt from the regular tax				8		
9	Qualified small business stock (see instructions)				9		
10	Exercise of incentive stock options (excess of AMT income over regular tax inco	me)			10		
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code	A)			11		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)				12		
13	Disposition of property (difference between AMT and regular tax gain or loss)				13		14,656.
14	Depreciation on assets placed in service after 1986 (difference between regular t	ax and AMT)			14		
15	Passive activities (difference between AMT and regular tax income or loss)				15		
16	Loss limitations (difference between AMT and regular tax income or loss)				16		
17	Circulation costs (difference between regular tax and AMT)				17		
18	Long-term contracts (difference between AMT and regular tax income)				18		
19	Mining costs (difference between regular tax and AMT)				19		
20	Research and experimental costs (difference between regular tax and AMT)				20		
21	Income from certain installment sales before January 1, 1987				21 ()
22	Intangible drilling costs preference				22		
23	Other adjustments, including income-based related adjustments				23		
24	Alternative tax net operating loss deduction (See the instructions for the limitation	on that applies.)			24 (15 252
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24				25		15,953.
	Note: Complete Part II below before going to line 26	/-	1 1				
26	Income distribution deduction from Part II, line 44	N/A	26		⊣ ∣		
27	Estate tax deduction (from Form 1041, line 19)	N/A	27				
28	Add lines 26 and 27				28		15,953.
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28	from line 25			29		15,953.
	If line 29 is:	<u>~</u>					
	• \$24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c.	The estate or trus	it isn't liable for	ine			
	alternative minimum tax.						
	• Over \$24,100, but less than \$176,850, go to line 45.						
<u></u>	• \$176,850 or more, enter the amount from line 29 on line 51 and go to line 5			NT / N	,		
	art II Income Distribution Deduction on a Minimum Ta	x Dasis		N/A	100		
30	Adjusted alternative minimum taxable income (see instructions)				30		
31	Adjusted tax-exempt interest (other than amounts included on line 8)	0			31		
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter				32		

Pa	irt II Income Distribution Deduction on a Minimum Tax Basis N/A		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for		
	charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2017)

Sche	ichedule I (Form 1041) (2017) FULCRUM FOUNDATION			23-3 <u>081</u> 735 Page 2			
44 3	rt II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)	N/A			
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line	37.					
	If zero or less, enter -0-			43			
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	e 43.					
	Enter here and on line 26			44			
Pä	rt III Alternative Minimum Tax						
45	Exemption amount			45	\$24,100.0	0	
46	Enter the amount from line 29	46					
47	Phase-out of exemption amount	47	\$80,450.00				
48	Subtract line 47 from line 46. If zero or less, enter -0-	48					
49	Multiply line 48 by 25% (0.25)			49			
50	Subtract line 49 from line 45. If zero or less, enter -0-			50			
51	Subtract line 50 from line 46			51			
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or h						
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwi	se, if line	: 51 is -	20			
	• \$187,800 or less, multiply line 51 by 26% (0.26).						
	 Over \$187,800, multiply line 51 by 28% (0.28) and subtract \$3,756 from the result 			52			
53	Alternative minimum foreign tax credit (see instructions)			53			
54	Tentative minimum tax. Subtract line 53 from line 52			54			
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G), line 1a (minus any foreign tax credit from Schedule G).			55			
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter her	e and or	1				
En.	Form 1041, Schedule G, line 1c			56			
#Ra	itt VI Line 52 Computation Using Maximum Capital Gains Rat						
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D						
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	e instru	ctions		,•		
r 7	before completing this part			57	1.		
57	Enter the amount from line 51 Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax	1		2%/*			
58	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for						
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	1	\				
-	(as refigured for the AMT, if necessary). If you didn't complete						
	Schedule D for the regular tax or the AMT, enter -0-	59					
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the						
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter						
	the smaller of that result or the amount from line 10 of the Schedule D Tax						
	Worksheet (as refigured for the AMT, if necessary)	60					
61	Enter the smaller of line 57 or line 60			61			
62	Subtract line 61 from line 57			62			
63	If line 62 is \$187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by						
	28% (0.28) and subtract \$3,756 from the result		,	► 63			
64	Maximum amount subject to the 0% rate	64	\$2,550.00				
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D						
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions						
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't						
	complete Schedule D or either worksheet for the regular tax, enter the amount			64			
	from Form 1041, line 22; if zero or less, enter -0-	65					
66	Subtract line 65 from line 64. If zero or less, enter -0-	66					
67	Enter the smaller of line 57 or line 58	67					
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	<u> </u>				
<u>69</u>	Subtract line 68 from line 67	69	<u> </u>	TARGET .			

Pa	REIV Line 52 Computation Using Maximum Capital Gains Rate	s (cor	tinued)	_	
70	Maximum amount subject to rates below 20%	70	\$12,500.00	(Arrive	
71	Enter the amount from line 66	71			
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you			2	•
	didn't complete Schedule D or either worksheet for the regular tax, enter			1, 1	
	the amount from Form 1041, line 22; if zero or less, enter -0-	72] }	
73	Add line 71 and line 72	73		1.	
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
75	Enter the smaller of line 69 or 74	75	·	1232	
76	Multiply line 75 by 15% (0.15)		>	76	<u></u>
77	Add lines 68 and 75	77		\ \ \ \ \ \ \	
-	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line 78	3.	,	
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0.20)		>	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	80.		2 , 4	
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		>	82	· ·
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is $$187,800$ or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	8% (0.28	3)		
	and subtract \$3,756 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	l

Schedule I (Form 1041) (2017)

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F 1041 for instructions and the latest information.

OMB No. 1545-0092

2017

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

FUL	CRUM FOUNDATION	· · · · · · · · · · · · · · · · · · ·			23-	3081735
Note:	Form 5227 filers need to complete only Parts I and II.					
Pa	Short-Term Capital Gains and Losses - Ass	ets Held One Ye	ear or Less			
	structions for how to figure the amounts to enter on the lines below. orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
				line 2, colum	n (g)	with column (g)
1 a	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					
4.	these transactions on Form 8949, leave this line blank and go to line 1b			18 TH. BURNESS AND STANKE	492904016	
I D	Totals for all transactions reported on Form(s) 8949 with Box A checked	5,256.				5,256.
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			-		
٠	Box C checked					
	DOX O ONCOROL			1		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of t					
	Carryover Worksheet	Ÿ	•		6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	mn (h). Enter here and	on line 17,			
	column (3) on page 2			<u> </u>	7	5,256.
Pa	rt II Long-Term Capital Gains and Losses - Ass	ets Held More T	han One Year			
	structions for how to figure the amounts to enter on the lines below. orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949,	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
				line 2, colum	n (g)	with column (g)
8 a	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			· 10 Xuilladist	· /	
ав	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with			†		•
ŭ	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked			<u> </u>		<u>.</u>
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	t		12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	the 2016 Capital Loss				
-	Carryover Worksheet		,		15	(14,656.
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in column (3) on page 2	umn (h). Enter here and	on line 18a,		16	<14,656.>
	COMMINITY OF OIL PAYE 2				1 10	,,

Egent Hill Summary of Parts and II Ceitien Seather Environment Ceitien Seather Ceitien Seather Ceitien Seather Ceitien Seather	Schedule D (Form 1041) 2017 FULCRUM FOUND	ATION				23-3	308:	1735	Page 2
Cauliens, Beart the Instructions before completing this point. It Not short-time quin or (loss): 1 Total retigrating quin or (loss): 1 Total retigrating quin or (loss): 1 Total retigrating (loss): 2 Total retigration (loss): 3 Total retigration (loss): 4 Total retigration (loss): 5 Total retigration (loss): 6 Total retigration (loss): 7 Total retigration (loss): 8 Total retigration (loss): 8 Total retigration (loss): 8 Total retigration (loss): 9 Total retigration (loss): 9 Total retigration (loss): 10 Total retigrati				(1) Beneficiaries'	(2)	Estate's	-	(3) To	
17 Net short-term gain or (loss) 18 Net Inter-term gain or (loss) 19 Net Inter-term gain or (loss) 19 Net Inter-term gain or (loss) 19 Unrecaptured section 1250 gain (see line 18 of the wirshit.) 19 Unrecaptured section 1250 gain (see line 125 of the 18	Caution: Read the instructions before con	noleting this part.		` '				• •	
18 Met long-term gain or (loss): a Total droye gain or (loss): b (line-captured section 1250 gain (see line 18 of the wirisht). 2 28% rate gain 17 Total rate gain or (loss): Combine lines 17 and 18a 18a	The state of the s	iprosing sino parti	17			5,25	6.	5,	256.
a Total for year b Unrecopulated section 1250 gain (see line 18 of the wirkshit.) c 28% rate gain 19 Total et gain or (loss). Combine lines 17 and 18a 19 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Combine lines 17 and 18a 10 Total et gain or (loss). Loss a loss, complete lines 18a 10 Total et gain or (loss). Loss a loss, complete lines 18a 10 Total et gain or (loss). Loss a loss, complete lines 18a 10 Total et gain or (loss). Loss a loss, complete lines 18a 10 Total et gain or (loss). Loss a loss, complete line 18a 10 Total et gain or (loss). Loss a loss, complete line 18a 10 Total et gain or (loss). Loss a loss	• • •								
b Unecaptured section 1250 gain (see line 18 of the wrisht.) 2 28 For tet gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 19 Total net gain or (loss). Combine lines 17 and 18a 100 Line 19, coulumn (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4 a) if lines 18a and 19, southand (3), six a net loss, complete Part IV and the Captual Loss Currywer Worksheet. as necessary 20 Los Part V, and enter sa 3 (loss) of form 1041, line 4 (or Form 990-T, Part I, line 4 a), if a trust), the smaller of a 18 belos on her 19, column (3) are b \$3,000 Note: the loss on the 19, column (3) are b \$3,000 Note: the loss on the 19, column (3), is more than \$3,000, or of Form 1041, line 4 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carrywer Worksheet in the instructions of signer your capital loss Carrywer Worksheet in the instructions of signer your capital loss Carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer your capital loss carrywer Worksheet in the instructions of signer in 141, line 22, is more than 200. 2 Either the ine 186, col (2) in line 184, is more than 200. 3 Either the smaller of line 200 in line 21 col line 26 col line 184 col line 201 col line 26 col line 26 col line 26 col line 26 col line 27 col line 280 col line 184 col line 201 col line 280 col line 184 col line 201 col line 280 col line 184 col line 201 col line 280 col line 201 col			18a		<14	,656	; . >	<14,6	56.>
18c 19c	b Unrecaptured section 1250 gain (see line 18 of the wrks	sht.)	18b						
Note: If the 19, column (3), is a net gam, enter the gam on Form 1041, line 4 (or Form 990-T, Partt, line 4e). If these 18s and 19. column (2), are net gams, 90. to Part V, and deth complete Part IV Y file in 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary [Part IV]. Capital Loss (11 thin 19) of 19, and 19 to 19, and 19 to 19 t			18c						
### Part IV. Capital Loss Climitation 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 Note: If the loss on fine 19, column (3) or b \$3,000 Note: If the loss on fine 19, column (3) or b \$3,000 Note: If the loss on fine 19, column (3) or b \$3,000 Note: If the loss on fine 19, column (3) is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions to figure your capital loss carryover Workshet in the instructions is found to the loss of the figure of the loss of the los	19 Total net gain or (loss). Combine lines 17 and 18a	•	19		<9	,400).>	<9,4	<.00
Eighart West Capital Loss Limitation	Note: If line 19, column (3), is a net gain, enter the gain	on Form 1041, line 4 (or Form 9	90-T,	Part I, line 4a) If line:	s 18a and	d 19, cd	olumn	(2), are ne	t gains,
Eighart West Capital Loss Limitation	go to Part V, and don't complete Part IV If line 19, colui								
a The loss on line 19, column (3), a more than \$3,000, of if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carrjover Worksheet in the instructions to figure your capital loss carrjover Worksheet in the instructions to figure your capital loss carrjover Worksheet in the instructions to figure your capital loss carrjover Worksheet in the instructions to figure your capital loss carrjover Form 1041 (inc 20). Tax Complete the son dry I doth lines 188 and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22 (in more than zero. Caution: Sup the part and complete the Schedule D Tax Worksheet in the instructions of Ether line 18b, col. (2) or line 18c, col. (2) is more than zero. Buth Form 1041, line 22, col. (2) is more than zero, or Buth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Buth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Enter the sacks complete the soft only if both lines 18d and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 34, is more than zero. Step this part and complete the Schedule D Tax Worksheet in the instructions of either line 18b, col. (2) or line 18c, col. (2) is more than zero. Enter the sacks or trust squalified dividends from Form 1041, line 2b(2) (or either the qualified dividends included in income in Part I of Form 990-T). Add lines 22 and 23 Subtract line 25 from line 24, if zero or less, enter -0- Subtract line 25 from line 24, if zero or less, enter -0- Subtract line 26 from line 27 or line 26 Subtract line 29 from line 81, if zero or less, enter -0- His estate or trust is full and the amount on line 27 or line 26 Subtract line 30 from line 20 in line 35 Multiply line 36 by 15% (0.15) Enter the smaller of line 30 in line 30 in line 35 Multiply line 36 by 15% (0.15) Enter the amount from line 31 Add lines 39 and 38 Enter the amount from line 31 Add lines 39 and 38 Enter the	Part IV Capital Loss Limitation				•				
Note: If the loss on line 10, column (3), is more than \$3,000, of if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss carryover Workhest in the instructions to figure your capital loss carryover. Part V: Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18 and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, ine 20(2), and Form 1042, it is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksteet in the instructions if Either line 180, col (2) or line 180, col (2) is more than zero. Form 990-T trusts. Complete this part only it both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 34), since the zero keys this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. If the travable income from Form 1041, line 22 (or Form 990-T), line 34) Either the smaller of line 18a or 19 in column (2) but not less than zero Enter the smaller of line 18a or 19 in column (2) but not less than zero Enter the smaller of line 18a or 19 in column (2) but not less than zero Either the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 25.50 First the smaller of line 2 or line 3	20 Enter here and enter as a (loss) on Form 1041, line 4 (o	r Form 990-T, Part I, line 4c, if a tri	ust), th	e smaller of:					
Cast Carryover Worksheet in the instructions to figure your capital Cass carryover	a The loss on line 19, column (3) or b \$3,000					20		3,0	100.)
Cast Carryover Worksheet in the instructions to figure your capital Cass carryover	Note: If the loss on line 19, column (3), is more than \$3,	000, o t if Form 1041, page 1, lii	ne 22 (or Form 990-T, line 3	34), is a li	oss, co	mplet	e the Capita	ıl
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22(2), and Form 1041, line 22(2) is more than zero. Subtraction is part and complete the Schedule D Tax Worksheet in the instructions if Either line 18b, col. (2) or line 18c, col. (2) is more than zero. Form 990-T trusts. Complete the part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, and Form 990-T, line 34, is more than zero. Stop this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. Either the smaller of line 18a or 19 in column (2) but not less than zero I fine the smaller of line 18a or 19 in column (2) but not less than zero Subtract line 25 from line 24. If zero or less, enter -0- Subtract line 25 from line 24. If zero or less, enter -0- Subtract line 25 from line 24. If zero or less, enter -0- This amount from line 21 in zero or less, enter -0- This amount from line 25 in line 28. If zero or less, enter -0- Subtract line 29 from line 28. If zero or less, enter -0- Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0% This enter the smaller of the namount on line 21 or \$2,550 Einter the smaller of the namount on line 21 or \$2,550 The smaller of line 21 or line 26 Subtract line 30 from line 28. If zero or less, enter -0- Multiply line 36 by 15% (0.15) Add lines 37, 41, and 42 Figure the tax on the amount on line 27 uses the smaller of line 21 or line 25 uses contained and the instructions for Form 1041, 44 House the schedule G instructions in the instructions for Form 1041) A doll lines 37, 41, and 42 Figure the tax on the amount on line 27 uses the schedule of instructions in the instructions for Form 1041, 44 Figure the tax on the amount on line 21 uses the 2017 Tax Rate Schedule for Estates and Trusts (see									
ine 2b(2), and Form 1041, line 22, is more than zero. Caution: Sup this part and complete the Schedule D Tax Worksheet in the instructions of Either line 18b, cot (2) or line 18c, cot (2) is more than zero. Porm 990-T trusts. Complete this part only it both lines 18a and 19 are gains, or qualified dividends are included in income in Part 1 of Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions of either line 18b, col. (2) or line 18c, col. (2) is more than zero. 21 Enter transfer of line 18a or 19 in column (2) but not less than zero. 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero. 23 Enter the smaller of line 18a or 19 in column (2) but not less than zero. 24 Add lines 22 and 23 25 If the estate or trust is filing Form 49S2, enter the amount from line 4g; otherwise, enter -0- 25 Subtract line 26 from line 21. If zero or less, enter -0- 26 Enter the smaller of the amount on line 27 or line 28 30 Subtract line 26 from line 28. If zero or less, enter -0- 27 Subtract line 26 from line 28. If zero or less, enter -0- 28 Enter the smaller of the amount on line 27 or line 28 30 Subtract line 26 from line 28. If zero or less, enter -0- 27 Subtract line 26 from line 28. If zero or less, enter -0- 28 Enter the smaller of the amount on line 27 or line 28 30 Subtract line 26 from line 28. If zero or less, enter -0- 31 Enter the smaller of line 21 or \$12,500 31 Enter the smaller of line 21 or \$12,500 33 Enter the smaller of line 21 or line 26 34 Add lines 27 and 30 35 Subtract line 36 from line 3. If zero or less, enter -0- 36 Enter the smaller of line 21 or \$12,500 37 Multiply line 36 by 15% (0.15) 38 Enter the amount from line 3. 39 Add lines 37, 41, and 42 40 Insert the smaller of line 3c or line 35 41 Add lines 37, 41, and 42 42 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 45 Carrier		mum Capital Gains Rate	es	-					
Caution: Skp this part and complete the Schedule D Tax Worksheet in the instructions if Either line 18b, col (2) or line 18c, col (2) is more than zero, or Form 890-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, line 34, is more than zero. Skp this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. 21 Enter taxable income from Form 1041, line 22 (2 or Form 990-T, line 34) 22 Enter the smaller of line 18a or 19 in column (2) 23 Enter the smaller or the gualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 23 Enter the smaller of the amount on line 22 or Form 990-T, line 34) 24 Add lines 22 and 23 25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- 26 Subtract line 26 from line 24, if zero or less, enter -0- 27 Subtract line 29 from line 24. If zero or less, enter -0- 28 Enter the smaller of the amount on line 21 or \$2,550 29 Enter the smaller of the amount on line 22 or line 28 29 Subtract line 29 from line 28. If zero or less, enter -0- 31 Enter the smaller of line 21 or sine 26 32 Subtract line 30 from line 26 33 Enter the smaller of line 31 or sine 26 34 Add lines 27 and 30 35 Subtract line 34 from line 31. If zero or less, enter -0- 36 Enter the smaller of line 32 or line 35 37 Multiply line 36 by 15% (0.15) 38 Enter the amount on line 31 39 Add lines 30 and 36 40 Subtract line 39 from line 38. If zero or less, enter -0- 41 Multiply line 36 by 15% (0.15) 42 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 43 Add lines 37.41, and 42 44 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructio	Form 1041 filers. Complete this part only if both lines 18a ar	nd 19 in column (2) are gains, or ai	n amou	nt is entered in Part I o	r Part II a	nd there	ıs an	entry on For	m 1041,
Either Inne 18b, col (2) or line 18c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Form 990-T tusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part 1 of Form 990-T, and Form 990-T, line 34, is more than zero. Stop this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. I Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) I Enter the estate's or trust's qualified dividends moduled in income in Part 1 of Form 990-T, line 34) I Enter the estate's or trust's qualified dividends moduled in income in Part 1 of Form 990-T) A dod lines 22 and 23 I thit estate or trust is filing Form 4952, enter the amount from line 49, otherwise, enter -0- Subtract line 25 from line 24. If zero or less, enter -0- Subtract line 25 from line 21. If zero or less, enter -0- Subtract line 25 from line 21 or 12,2,550 Enter the smaller of the amount on line 27 or line 28 Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0% Inter the smaller of line 21 or line 26 Subtract line 29 from line 21 or \$12,500 The smaller of line 21 or line 26 Subtract line 30 from line 20 or line 35 Subtract line 30 from line 30 or line 35 Multiply line 40 by 20% (0.20) Add lines 27 and 30 Add lines 27 and 30 Add lines 30 and 36 Subtract line 39 from line 38. If zero or less, enter -0- Multiply line 40 by 20% (0.20) Add lines 30 and 36 Subtract line 39 from line 38. If zero or less, enter -0- Multiply line 40 by 20% (0.20) Add lines 30 and 42 Figure the axon the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) Add lines 37, 41, and 42 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form	line 2b(2), and Form 1041, line 22, is more than zero.								
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							hedul	e D (Form 1	041) 2017

FORM .990-T INCOME (LOSS) FROM PA AND S CORPORATI	
DESCRIPTION	AMOUNT
MARATHON EUROPEAN CREDIT OPP FUND II, L	P. 4,594.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	4,594.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 11
•		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012 FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015 538,884 FOR TAX YEAR 2016		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTIONS	538,884	
TOTAL CONTRIBUTIONS AVAILABLE	538,884	_
TAXABLE INCOME LIMITATION AS ADJUSTED	297	
EXCESS 50% CONTRIBUTIONS	538,587	_
TOTAL EXCESS CONTRIBUTIONS	538,587	
ALLOWABLE CONTRIBUTIONS DEDUCTION		297
TOTAL CONTRIBUTION DEDUCTION		297

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

Name(s) shown on return

Social security number or taxpayer identification no.

23-3081735

	FULCRUM FOUNDA							081735
stat	ore you check Box A, B, or C belo ement will have the same informa ker and may even tell you which t	ation as Form 109	you received any 99-B Either will s	r Form(s) 1099-B o show whether your	r substitute statem basis (usually youi	ent(s) from cost) was	your broker. A su reported to the IF	bstitute IS by your
	Short-Term. Transac: Note: You may aggregate all codes are required. Enter the	tions involving ca short-term transac	tions reported on F	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	ljustments or
If you	must check Box A, B, or C below. C have more short-term transactions than will (A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions no	Check only one bo I fit on this page for on corted on Form(s corted on Form(s	x. If more than one be or more of the boxes 1) 1099-B showin 1) 1099-B showin	ox applies for your short complete as many form g basis was report g basis wasn't re	term transactions, comp ns with the same box che ted to the IRS (see	lete a separate cked as you ne	Form 8949, page 1, for eed	
1	(a) Description of property (Example 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	t, if any, to gain or su enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
FR	OM MARATHON			5,256.				5,256.
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2	Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 1b (if Box A ab above is checked), or line 3 (if I	otal here and inc pove is checked),	lude on your line 2 (if Box B					5,256.

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.

SCH	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET STA	TEMENT 12
1.	ENTER THE AMOUNT FROM FORM 990-T, LINE 34	297
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT	3,000
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0	3,297
١.	ENTER THE SMALLER OF LINE 2 OR LINE 3	3,000
	NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.	
5.	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT	0
5.	ENTER ANY GAIN FROM SCHEDULE D, LINE 16 0	
7.	ADD LINES 4 AND 6	3,000
3.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2018 . SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0	0
	NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.	
.	ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT	14,656
LO.	ENTER ANY GAIN FROM SCHEDULE D, LINE 7 5,256	
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0	
12.	ADD LINES 10 AND 11	8,256
L3.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2018. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0	6,400