Extended to August 15, 2019

Organization Rusings 1

Form 990-T	E	Exempt Orga	nization Bus	sines	ss Income T			OMB No 1545-0687
•		•	nd proxy tax und			10	XY Y	[\] 2017
<i>(</i>	For ca	lendar year 2017 or other tax y			, and ending SEP	30, 2016	-	2017
Department of the Treasury Internal Revenue Service			irs gov/Form990T for II				وا	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	1	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Demployer identification number (Employees' trust, see instructions)						
	4	 The <u>Denve</u> r Art M	usoum Foundation					-2496760
B Exempt under section x 501(c 02)	Print		n or suite no. If a P.O bo	y see in	structions		E Unrelat	ted business activity codes
408(e) 220(e	Туре	100 W. 14th Ave.		A, 300 III.	on actions.		(See ins	structions)
408A 530(a			vince, country, and ZIP o	r foreign	postal code		1	
529(a)	´	Denver, CO 8020					523000	0
€ Book value of all assets		F Group exemption num		>				
at end of year	0,895.	G Check organization typ	pe ► x 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
H Describe the organizati	on's prim	ary unrelated business act	ivity. > Investment	s in l	imited partnersh	ips		
		oration a subsidiary in an		nt-subsi	diary controlled group?	▶ [Yes	x No
If "Yes," enter the name	and iden	tifying number of the pare	nt corporation. 🕨		<u></u>			
		Curtis Woitte, DAM				one number 🕨 7		
Part I Unrelate	d Tra	de or Business In	come		(A) Income	(B) Expense:	S	(C) Net
1a Gross receipts or sa	les		_		1			
b Less returns and all			c Balance	10				
2 Cost of goods sold	•	•		2				
3 Gross profit. Subtra				3				
4a Capital gain net inco	•	•	4707)	4a			-	
		Part II, line 17) (attach Forr	n 4/9/)	4b				 -
c Capital loss deduction			ttach atatamaat\	4c 5	-233,431.			-233,431.
		lips and S corporations (at	nach statement)	6	-233,431.			-233,431.
6 Rent income (Sched	•	ma (Cahadula E)		7				
7 Unrelated debt-finar		and rents from controlled (organizations (Sch. E)	8				
•	•	on 501(c)(7), (9), or (17) c	•	-				
10 Exploited exempt ac			organization (Schedule G)	10				
11 Advertising income				11				
12 Other income (See i	•	•		12				
13 Total, Combine line		•		13	-233,431.			-233,431.
		ot Taken Elsewhe	re (See instructions for	or limita	tions on deductions)			
		utions, deductions mus				s income)		_
14 Compensation of c	fficers, d	rectors, and trustees (Sch	edule K)				14	
15 Salaries and wages	3	R	ECEN -				15	
16 Repairs and mainte	enance		ECEIVED	7			16	=
17 Bad debts		181		\mathcal{A}			17	
18 Interest (attach sci	redule)	ଛ MA	R 25 2019	ઇ			18	
19 Taxes and licenses			1.1	21			19	
		e instructions for limitation	Tules) See States	ent 3	See Statement	t 1	20	0.
21 Depreciation (attac			DEN, UT		21			
	claimed o	n Schedule A and elsewhe	re on return		22a		22b	
23 Depletion							23	
24 Contributions to do		impensation plans					24	
25 Employee benefit p	•	obodulo IV					25	
26 Excess exempt exp	•	•					27	
27 Excess readership28 Other deductions (•	•			See Statemen	t 2	28	2,500.
29 Total deductions		dd lysg 14 through 29				29	2,500.	
		ncome before net operatin	in loss deduction. Subtra	rt line 20	from line 13		30	-235,931.
		ncome delore het operation (limited to the amount or	•	ot 1110 23	a a a a a a a a a a a a a a a a a a a		31	
_ ' -		ncome before specific ded	•	rom line	30		32	-235,931.
,		y \$1,000, but see line 33 ii					33	1,000.
34 Unrelated busines		income Subtract line 33			han line 32, enter the sm	aller of zero or 🗻		
line 32		5222301,000		J	,	30	34	-235,931.
	For Pane	rwork Reduction Act Notic	e see instructions		•			Form 990-T (2017)

Part I	II Tax Computation						
35	Organizations Taxable as Corporations See ins	tructions for tax computation.					
•	Controlled group members (sections 1561 and 1	563) check here 🕨 🔲 See instructions	and:				
а	Enter your share of the \$50,000, \$25,000, and \$9				1 1		
	(1) \$ (2) \$	(3) \$	1				
b	Enter organization's share of (1) Additional 5%		i				
_	(2) Additional 3% tax (not more than \$100,000)	\$					
c	Income tax on the amount on line 34	<u> </u>		•	35c		Ο.
36	Trusts Taxable at Trust Rates See instructions	for tax computation. Income tax on the amou	int on line 34 from:	-			
•	Tax rate schedule or Schedule D (F	•		•	36		
37	Proxy tax See instructions	S 1311)		•	37		
38	Alternative minimum tax			_	38		
39	Tax on Non-Compliant Facility Income See Inst	ructions			39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, v				40		0.
	V Tax and Payments	инопочог арриос			1 40 1		
	Foreign tax credit (corporations attach Form 111)	8: trusts attach Form 1116)	41a	_			
	Other credits (see instructions)	5, 11 doto diagon 1 01111 1 1 1 1 0)	41b	-	1		
	General business credit. Attach Form 3800		41c		1		
	Credit for prior year minimum tax (attach Form 8	801 or 8827)	41d		1		
	Total credits Add lines 41a through 41d	0010100021)	1 410]		41e		
42	Subtract line 41e from line 40				42		0.
43		Form 8611 Form 8697 Form	8866 Other	(attach schedule)	43		
	Total tax Add lines 42 and 43		OGGO CITICA	attach scheddie)	44		0.
44	Payments A 2016 overpayment credited to 201	7	1450		 17 		
	2017 estimated tax payments	50	2 456	2,600	╡		
	· •		45c		┧		
	Tax deposited with Form 8868	uras (ass matrustians)	45d		1		
	Foreign organizations: Tax paid or withheld at so	arce (see instructions)		-	-		
	Backup withholding (see instructions)	uma (Attach Form 9041)	45e		⊣		
	Credit for small employer health insurance premi	•	451		1		
9		Form 2439					
		Other Total	► 46g	61	 	2	600.
46	Total payments. Add lines 45a through 45g	5 2000		2	1 46		000.
47	Estimated tax penalty (see instructions). Check if				3. 1/2		
48	Tax due. If line 46 is less than the total of lines 44			7	## **		600.
49	Overpayment If line 46 is larger than the total of		2 600 00	fundad Z	71 49 17-60		0.
750°	Enter the amount of line 49 you want: Credited to / Statements Regarding Certai			funded strong)			
Part \	At any time during the 2017 calendar year, did th					Yes	No
51	over a financial account (bank, securities, or other	-				100	-10
	FinCEN Form 114, Report of Foreign Bank and Fin						•
	, ,	lancial Accounts. If 123, enter the name of	ne foreign country			 	X
50	here During the tax year, did the organization receive a	distribution from or was it the granter of a	r transferor to a for	reign truct?		\vdash	x
52			i transicior to, a ioi	eigh hust			
53	If YES, see instructions for other forms the organ Enter the amount of tax-exempt interest received						
			nd statements, and to	the best of my kno	owledge and belief, it is	s true.	
Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer before t	had taxpayer) is based on all information of which pr	eparer has any knowled	dge			
Here		T 13/19/2019 A Chairman	/Treasurer	•	May the IRS discuss the		with
	Signature of officer	Date Title	/ireasurer		he preparer shown belonstructions)?	es E	□ No
			Data T			<u></u>	J 140
	Print/Type preparer's name	Preparer's signature	Date		If PTIN		
Paid		Drusi Induran	2.12.19	self- employed		,	
Prepa	rer Laurie Anderson	7 WCCCC 71		Francis City	P01416697		
Use C	Only Firm's name Kundinger, Corder			Firm's EIN	·		
	475 Lincoln St			Phone se	003 534 5053		
	Firm's address Denver, CO 80	203		Priorie no.	03-534-5953	00 T	(00:-:
					Form 9	9U- I (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold Si	ubtract l	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			fine 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Prop	oerty)
1 Description of property						
(1)						
(2)						
(3)	-					
(4)	-					
		ed or accrued			3/3) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age		d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	l Income (see	instructions)			
			2. Gross income from		3 Deductions directly conn to debt-finance	ed property
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)					-	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6 Column 4 divided by column 5	reportable (column (column 6 x tota		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	1		
(2)			%			
(3)		_	%			
(4)		-	%			
			<u></u>		nter here and on page 1, Part I, line 7 column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	1	0	. 0.
Total dividends-received deductions in	cluded in columr	18			•	0.

				Exempt	Controlled O	rganizati	ons				-
1. Name of controlled organiz	zation	2 Em Identifi num	cation		related income a instructions)		tal of specified ments made 5 Part of column included in the coorganization's group organization.		ed in the contr	rolling	6 Deductions directly connected with income in column 5
(1)								├			
(2)				<u> </u>			·····	 	•		
(3)	Ť										
(4)											
Nonexempt Controlled Organ	nizations										
7 Taxable Income		related incon e instructions		9. Total	of specified payi made	ments	10. Part of colu in the controll gross	mn 9 tha ing organ s income	nization's		ductions directly connected income in column 10
(1)	1			f				_			-
(2)					-						
(3)											
(4)											
Totals						•		on page	1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Schedule G - Investm	ent Incom	ne of a	Section	501(c)	(7), (9), or	(17) Or	ganizatior	1			
	scription of incom	ne			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4 Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							taracii sener				1 (66) 6 pias 66) 4)
(2)			· · ·				· ·				
(3)						-					
(4)		~	_								
Totals					Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited	Exempt A	Activity	Incom	e, Othe	r Than Ad		ng Income				
(see inst	ructions)				,						·
1 Description of exploited activity	2 Gro unrelated b income trade or bu	usiness from	directly of with pro of unr	penses connected oduction related s income	4 Net incom from unrelated business (co minus colum gain compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity is is not unrelat business inco	that ted	6 Expl attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-							
(2)											
(3)											
(4)	Enter here page 1, F line 10, co	Part I,		re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	<u>•</u>]	0.		0.	<u> </u>						0
Schedule J - Advertis											
Part I Income From	Periodica	als Rep	orted o	n a Con	isolidated	Basis					
1. Name of periodical		2 Gross advertising income		3 Direct artising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, comput	5 Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								1			
(2)					_]						٠
(3)					_]						
(4)]			
Totals (carry to Part II, line (5))	•		0.		0.			_			0.000 T 100.00

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.	Ó.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, tine 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 (2017)

Form 990-T	Contributions	Statement	1	
Description/Kind of Property	Method Used to Determine FMV	Amount		
Denver Art Museum	N/A	6,025,	741.	
Total to Form 990-T, Page 1, 1	ine 20	6,025,	741.	

Form 990-T	Other Deductions	Statement 2
Description		Amount
Tax preparation fees Tax preparation fees		1,000. 1,500.
Total to Form 990-T, Page 1, 1:	ine 28	2,500.

Form 990-T	Co	ntributions Summary		Statement	3
Qualified (Contributions Subj	ect to 100% Limit			
Carryover	of Prior Years Unu	sed Contributions			
For Tax	Year 2012	4,857,724			
For Tax '	Year 2013	5,251,328			
For Tax	Year 2014	5,540,841			
For Tax	Year 2015	5,756,640			
For Tax	Year 2016	5,889,351			
Total Carry	vover		27,295,884		
	ent Year 10% Contr	ributions	6,025,741		
	ributions Availabl		33,321,625		
Taxable In	come Limitation as	s Adjusted	0		
Excess 10%	Contributions		33,321,625		
	& Contributions		0		
Total Exce	ss Contributions		33,321,625		
Allowable	Contributions Dedu	uction			(
Total Cont	ribution Deduction	1			(

Form 990-T Income (Loss)	from Partners	State	ment 4	
Partnership Name	Gross Income	Deductions		Income (Loss)
Remington Investment Strategies	58,651.	263,314.	<u> </u>	-204,663.
MHR Limited Partnerships	-32,280.	0.		-32,280.
King Street Capital, LP	-43.	0.		-43.
Palo-Alto Healthcare Fund LP	-6.	0.		-6.
Greenhill Capital Partners II LP	5,379.	175.		5,204.
Tiger Global Private Investment				
Partners VII LP	216.	0.		216.
Highfields Capital Fund IV	-197.	0.		-197.
Coatue Private Fund II LP	-1,662.	0.		-1,662.
Total to Form 990-T, Page 1, line 5	30,058.	263,489.		-233,431.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www.irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

4-2496760 The Denver Art Museum Foundation Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I See instructions for how to figure the amounts (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 ombine the result with column (g) to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 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 -2.625 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 -2,625. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (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 ombine the result with column (g) to enter on the lines below This form may be easier to complete if you round off cents to 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, leave this line blank and go to 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 -2,223. 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 14 Capital gain distributions 15 -2,223, 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 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation 0. 18 has qualified timber gain, also complete Part IV

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

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

Schedule D (Form 1120) 2017

JWA

IPartilVa Alternative Tax for Corporations with Qualified T	imber Gain. Complete Pa	art IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	ons.
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) ap	propriate 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) ap	propriate 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	<u>.</u>	30
		Schedule D (Form 1120) 2017

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

OMB No 1545-0074

2017

Attachment Sequence No 12A

Name(s) shown on return

The Denver Art Museum Foundation

Social security number or taxpayer identification no.

74-2496760

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
statemént	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

broker and may even tell you will							
Part I Short-Term. Tran Note: You may aggregat codes are required. Ente	te all short term transa	ctions reported on	Form(s) 1099-B sho	owing basis was report	ted to the If	RS and for which no	adjustments or
You must check Box A, B, or C below the state of the stat	ow. Check only one b	Ox. If more than one t	pox applies for your shi	ort-term transactions, con	plete a sepai	rate Form 8949, page 1,	
(A) Short-term transactions	reported on Form(s) 1099-B showii	ng basis was repo	orted to the IRS (se	e Note ab	ove)	
(B) Short-term transactions	reported on Form(s) 1099-B showii	ng basis wasn't r	eported to the IRS			
X (C) Short-term transactions	s not reported to yo	u on Form 1099-	В				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	column (f). See instructions. Subtract column		Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Remington Investment							
Strategies							<3,214.
Palo Alto Healthcare Fund	<u>a</u>						
LP							589.
		1					Ţ-·
]
						[
	1						
2 Totals. Add the amounts in a	columns (d), (e), (g)	and (h) (subtract					
negative amounts) Enter ead							
Schedule D, line 1b (if Box A	above is checked)	line 2 (if Box B		1			}
above is checked), or line 3							<2,625.

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

Attachment Sequence No 12A Form 8949 (2017) Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 Social security number or taxpayer identification no. 74-2496760 The Denver Art Museum Foundation Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are 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 Adjustment, if any, to gain or (c) (d) (e) (a) (b) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (a) see Column (e) ın combine the result Amount of adjustment Code(s) with column (g) the instructions Remington Investment Strategies <3,635.> Palo Alto Healthcare Fund 3,797. Tiger Global PIP VII, L.P. 222 Coatue Private Fund II LP <2.607.> 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

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

<2,223.>

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