		DÕO T	ŀ	Exempt Organization Busin				n		OMB No. 1545-068	7
	Form •	5 3 ∩-1		(and proxy tax under	sect	ion 6033(e))				മ∧4•	
		,	For cale	ndar year 2018 or other tax year beginning	,	2018, and ending	, 20			2018	
	Departme	ent of the Treasury		► Go to www.irs.gov/Form990T for instru					-	An Dublin to	
	Internal F	Rovenuo Servico	▶ Do	not onter SSN numbers on this form as it may be	mado	public if your organ	izotion is a 50°	1 (c)(3).	501(to Public Inspections c)(3) Organizations	on tor Only
	A D a	heck box if ddress changed		Name of organization (anged a	nd see instructions.)				identification nun	
		ot under section	Duine	GRAHAM FOUNDATION FOR ADVANCED S	STUDII	ES IN THE FINE A	RTS	(Emp	loyees	s' trust, see instructi	ions)
	☑ 50	1(C)(1)3)	Print	Number, street, and room or suite no. If a P.O. box	, see in:	structions.			36	6-2356089	
	□ 40	8(e) 🔲 220(e)	Туре	4 WEST BURTON PLACE						business activity c	ode
	□ 40	8A 🗍 530(a)		City or town, state or province, country, and ZIP or	foreign	postal code		(366	แรกก	ictions.)	
	52	9(a)		CHICAGO, IL 60610-1416						523000	
	C Book at end	yalue of all assets		oup exemption number (See instructions.		. <u>.</u>					
		41,558,486		neck organization type 🕨 📝 501(c) corp							
				organization's unrelated trades or busines						or first) unrelate	
				PARTNERSHIP INVESTMENTS							
			-	at the end of the previous sentence, com	nplete	Parts I and II, o	omplete a S	chedul	е М	for each addit	iona
\supset				omplete Parts III-V.							
₹		•		e corporation a subsidiary in an affiliated grou	•	•	controlled g	roup? .)	► ∐ Yes 🗹	No
•				and identifying number of the parent corp	oratio						
- 4				SARAH HERDA			hone numbe		- 1	(312) 787-4071	
				le or Business Income	T	(A) Income	(B) E)	(penses		(C) Net	
とてい	1a	Gross receipts							i		
3	ь	Less returns and			1c	0					
	2	_		Schedule A, line 7)	3	0			-	0	
	3	•		t line 2 from line 1c \ .\ \	4a	780	-			780	
:	4a	, ,		me (attach Schedule D)	4b	0				780	
3	b	Capital loss de	•	•	4c	0				o	
)	С 5	•		tnership or an S corporation (attach statement)	5	(11,045)				(11,045)	
	6			le C)	6	(11,010)		0		0	
	7			ced income (Schedule E)	7	0		0		0	
	8			, and rents from a controlled organization (Schedule F)	ļ	0		0		o	
	9		*	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		ol	
	10			tivity income (Schedule I)	10	0		0		0	
	11	•	-	Schedule J)	11	0		0		0	
	12	_	-	tructions; attach schedule)	12	0			+	0	
	13			3 through 12	13	(10,265)		0		(10,265)	
	Part			Taken Elsewhere (See instructions for			tions.) (Exc	ept for	con		
				be directly connected with the unrelate				_			
	14			cers, directors, and trustees (Schedule K)		RECEIV	/FD· ·		14	0	
	15	Salaries and v	vages	ance				l . [15	0	
	16	Repairs and n	nainten	ance	436		(Na) · (8	[. L	16	0	
	17	Bad debts			14	CDEC 0 4.2	ي . الوالا	ŀL	17	0	
	18	Interest (attac	h sched	dule) (see instructions)	E E		SE	l· L	18	0	
	19	Taxes and lice	enses .			OGDEN	111	l' ⊢	19	0	
	20			ons (See instructions for limitation rules) .				} .	20	0	
	21			Form 4562)			0	<u> </u>			
	22			imed on Schedule A and elsewhere on re			0		22b	0	
	23								23	0	
	24			rred compensation plans					24	0	
	25			ograms					25	0	
	26			nses (Schedule I)					26	0	
	27		-	osts (Schedule J)					27	0 5 610	
	28		-	tach schedule)					28	5,610	
	29			dd lines 14 through 28					29	5,610	
	30			exable income before net operating loss de				-	30	(15,875)	
	31		•	ating loss arising in tax years beginning on o					31	(45.075)	
	32 For Do			axable income. Subtract line 31 from line	ას .			• •	32	(15,875) Form 990-T	(DO40)
	ror Pa	perwork Reduc	uon Act	Notice, see instructions.		Cat. No. 11291J		61	4	rom JJU~ i ((2018)

LOUIS ARO						Page Z
Part I	To	tal Unrelated Business Taxable Income				
		unrelated business taxable income computed from all unrelated trade	s or husinesses (see	7 7		T
		ons)			(4E 07E)	J
				33	(15,875)	4
		s paid for disallowed fringes		34		
35	Deduction	on for net operating loss arising in tax years beginning before Ja	inuary 1, 2018 (see			
	instructi	ons)		35	O	ıl 💮
		unrelated business taxable income before specific deduction. Subtract				
						. i
		33 and 34		36	(15,875)	<u> </u>
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions	s) . <i>.</i>	37	0) {
		ed business taxable income. Subtract line 37 from line 36. If line 37 is				
		e smaller of zero or line 36		38	/4E 07E	,
			· , · , · , ·	30	(15,875)	ш
Part I		x Computation				.,
39	Organiz	cations Taxable as Corporations. Multiply line 38 by 21% (0.21)	🕨	39	0	1
40	Trusts	Taxable at Trust Rates. See instructions for tax computation	n. Income tax on	7		T
		unt on line 38 from: Tax rate schedule or Schedule D (Form 104		40		1
						+
		ax. See instructions		41		
42	Altemati	ive minimum tax (trusts only)		42		
43	Tax on	Noncompliant Facility Income. See instructions		43		T
		dd lines 41, 42, and 43 to line 39 or 40, whichever applies		44	Ċ	,
				1.77		
		x and Payments				
45a	Foreign 1	tax credit (corporations attach Form 1118; trusts attach Form 1116) .	45a	_		1
			45b	7 1		
		business credit. Attach Form 3800 (see instructions)	45c	7 1		
		· , , , , , , , , , , , , , , , , , , ,	45d			1
						1
e	Total ci	redits. Add lines 45a through 45d		45e		
46	Subtrac	t line 45e from line 44		46	(0
47	Other lay	es. Check If from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 0	Other (attach schedule)	47	(0
		ux. Add lines 46 and 47 (see Instructions)		48		0
48				<u> </u>	`	4
49		at 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		49		
50a	Paymen	its: A 2017 overpayment credited to 2018	50a 3,375	j*		1
b	2018 es	itimated tax payments	50b 0	7		1
C		posited with Form 8868	50c	7 1		1
đ		organizations: Tax paid or withheld at source (see instructions) .	50d	i		1
е	Backup	withholding (see instructions)	50e			1
ſ	Credit fo	or small employer health insurance premiums (attach Form 8941) .	50f	1 1		
g	Other c	or small employer health insurance premiums (attach Form 8941) . redits, adjustments, and payments:		7 1		
9		Atos Other O Tetal N	50g 0	1 1		
						_1
51		ayments. Add lines 50a through 50g		51	3,37	51
52	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	▶[52		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov		-		0
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter arr		54	3,37	5
				1		. 1
55		amount of line 54 you want: Credited to 2019 estimated tax ► 3,37		55	·	0
Part '	VI SI	atements Regarding Certain Activities and Other Information	n (see Instructions)			
56	At any t	time during the 2018 calendar year, did the organization have an interes	at in or a signature or	other at	uthority Yes	s No
•-	over a	inancial account (bank, securities, or other) in a foreign country? If "Ye	s." the organization r	nav have	e to file	
	FIDCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e	nter the name of the	foreign	country	
		The state of the s	inci wie name or are	ioreign i	~~	╼┝╾╤┵
	here >					1
57	During ti	he tax year, did the organization receive a distribution from, or was it the granto	r of, or transferor to, a f	oreign tn	ust?	1
	-	see instructions for other forms the organization may have to file.		•	-	1: 1
58		ne amount of tax-exempt interest received or accrued during the tax yes	er ▶ S		اه	1
-30		penalties of perjury, I declare that I have examined this return, including accompanying schedules		heat of mi		nelief it is
CI		perantes of perjury, it declars that it have examined this return, including accompanying schedules priect, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	ch preparer has any knowled	96. F	onreage and t	~
Sign	۔ اا			May t	he IRS discuss th	
Here		11/15/15 EXECUTIVE	DIRECTOR		he preparer show	
		de of officies Date Title			structions)? []Ye	™ UNO
	ΙΥ	Print/type preparer's name Preparer's signature	Date		T PTIN	
Paid				Check L	J #	07400
Prep	arer	DANIELLE TEWES Sayor Ku	11/13/2019	sell-emplo	· · · · · · · · · · · · · · · · · · ·	27423
-		Firm's name ► CROWE LLP		Firm's EIN	▶ 35.0921	680
Use (Citiy	Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 606	06-1224	Phone no.	(312) 899	-7000

r t

1 inventory at beginning of year 2 Purchases	Schedule A-Cost of Goods	Sold. Ente	er method of in	ventory v	aluation >					.90 0
2 Purchases 3 0 0 7 Cost of goods sold. Subtract 4 Additional section 263A costs (attach schedule) 4 0 0 1 Fortal schedule) 4 0 0 0 1 Fortal schedule) 5 0 0 1 Fortal schedule) 5 Total. Add inest through 40 5 0 0 1 Fortal schedule) 5 Total. Add inest through 40 5 0 0 1 Fortal schedule) 5 Total. Add inest through 40 5 0 0 1 Fortal schedule) 5 Total schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1)				1		t end of	vear	6	0	
3 0 0 line 6 from line 5. Enter here and (attach schedule) 4a 0 0 8 Do the rules of section 263A (with respect to 1 Ves No. 1 Part I, line 2			0	7						
(attach schedule)	3 Cost of labor	. 3	0						İ	
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 0 l to the organization? 7 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 in more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property in more than 10% but not more than 50%) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	4a Additional section 263A	costs			in Part I, lir	ne 2 .		7	o	
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(3) (4) Total (C) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	(1)									
Total Tot	(2)						,			
Total 0 Total 1 Total	(3)		-							
(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 Schedule E—Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 1. Description of debt-financed property 2. Gross Income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (a) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (b) Column 2 × column 6) (c) (a) (a) (a) (attach schedule) (c) (a) (attach schedule) (c) (attach schedule) (d) (attach schedule) (e) (attach schedule) (f) (attach sche	(4)							· · · · · · · · · · · · · · · · · · ·		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	Total	0 1	Total			0 (b) T	stal doductions			
here and on page 1, Part I, line 6, column (A) Schedule E—Unrelated Debt-Financed Income (see instructions) 2. Gross Income from or allocable to debt-financed property 1. Description of debt-financed property 2. Gross Income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (a) Straight line depreciation (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) 7. Gross income reportable (column 6 × total of column 6	(c) Total income. Add totals of colum	nns 2(a) and	2(b). Enter					1,		
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1. Description of debt-financed property 2. Grass income mon or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (column 6 × total of columns (column 6 × total of columns 3(a) and 3(b)) (column 2 × column 6) (d) Straight line depreciation (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (column 6 × total of columns 3(a) and 3(b)) (column 2 × column 6) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (d) Straight line depreciation (attach schedule)	Schedule E—Unrelated Debt	t-Finance	d Income (see	instruction	s)					
(1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (1) (2) (3) (4) 7. Gross income reportable (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (10) (9) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18	1. Description of debt-fit	nanced proper	ty	allocable to	debt-financed		debt-financ	ced property		
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(3) (4) 4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (A).										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 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) (7. Gross income reportable (column 6 × total of columns 3(a) and 3(b)) (8) (8) (8) (9) (1) (9) (1) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (9) (9) (9			-							
acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (7) (8) (8) (8) (8) (8						ĺ				
(2)	Amount of average acquisition debt on or allocable to debt-financed	of or al debt-finan	locable to ced property	4 0	livided			(column 6 x tot	al of colur	
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).	(1)				%					
(3)					%					
Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).					%					
Part I, line 7, column (A). Part I, line 7, column (B).	(4)				%					
Totals					▶		0			0
Total dividends-received deductions included in column 8	Total dividends-received deduction	s included in	column 8				<u> Þ</u>	·		0

Schedule F-Interest, Annu	uities, Royalties,				janizations (se	e instruc	ctions)	
1 .		Exempt	Controllec	Organizations				
Name of controlled organization	2. Employer identification number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conne	eductions directly ected with Income in column 5
(1)	-				-			
(2)		<u> </u>						
(3)					-			
(4)							<u> </u>	-
Nonexempt Controlled Organiz	ations		_	· · · · · · · · · · · · · · · · · · ·	<u></u> -			
					10. Part of colum	n 9 that is	11.0	eductions directly
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	included in the corganization's gro	controlling	connec	cted with income in column 10
(1)								
(2)				_				
(3)								
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11. ere and on page 1, line 8, column (B).
Totals	<u></u>	<u></u> .	<u></u>	<u></u> 1	▶	(o	0
Schedule G-Investment I	ncome of a Sec	ion 501	(c)(7), (9),	or (17) Organi	zation (see inst	ructions	s)	
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched)		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and Part I, line 9,							re and on page 1, ne 9, column (B).
Totals	•		0					0
Schedule I—Exploited Exe	mpt Activity Inc	ome, Ot	ther Than	Advertising In	come (see inst	ructions	s)	
Description of exploited activity	2. Gross unrelated business inco from trade business	ome con	Expenses directly inected with oduction of unrelated ness 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	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)			-					
(3)								
(4)								
	Enter here and page 1, Part line 10, col. (il, pa	r here and on ge 1, Part I, 10, col. (B)					Enter here and on page 1, Part II, line 26.
Totals	. ▶	0	0	1				0
Schedule J-Advertising I								
Part I Income From P	eriodicals Repo	ted on a	a Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership ests	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				_[
(2)								
(3)						<u> </u>]
(4)						ļ		
Totals (carry to Part II, line (5))	. ▶	0	0	0		<u> </u>	F	orm 990-T (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If 7. Excess readership costs (column 6 minus column 5, but 2. Gross 3. Direct 5. Circulation 6. Readership advertising income 1. Name of penodical advertising costs income costs not more than column 4) a gain, compute cols. 5 through 7. <u>(1)</u> (2) (3) (4) 0 0 0 Totals from Part I . Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (B) page 1, Part I, line 11, col. (A). on page 1, Part II, line 27. Totals, Part II (lines 1-5) . 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)		96	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.	13-3597020	-132
(2) TIFF PRIVATE EQUITY PARTNERS 2007, LLC	20-5133649	-9,214
(3) TIFF PRIVATE EQUITY PARTNERS 2008, LLC	26-0724017	-1,699
	Total for Part I, Line 5	-11,045

Form 990T Part II, Line 20 Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	1	0			1	2020
2016	3	0			3	2021
2017	889,420	636			888,784	2022
2018	324,000	0			324,000	2023
Totals	1,213,424	636	0	0	1,212,788	

	000			00
Form	telena i	: Рэп	ına	'/×
	~~~			

Other Deductions

1 4	Description	Amount
AIM ACTIVITY		
(1) TIFF PRIVATE EQUITY PARTNERS 2007	7, LLC 20-5133649	1,209
(2) TIFF PRIVATE EQUITY PARTNERS 2008	3, LLC 26-0724017	2,831
(3) PROFESSIONAL SERVICES		1,570
	Tota	5,610
	Total for All Activities	5,610

Form 990T Part III. Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018
	bedeeden to not operating took anding in tax years beginning before tangeny in 2010

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2011	13,899		7,595		6,304	2031
2012	3,206		0		3,206	2032
2013	469		0		469	2033
2015	10,072		0		10,072	2035
2016	17,298		0		17,298	2036
2017	0		0		0	2037
2018	15,875		0		15,875	2038
Totals	60,819	0	7,595	0	53,224	

### **SCHEDULE D** (Form 1120)

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,

OMB No. 1545-0123

Department of the Treasure Internal Revenue Service

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. **Employer Identification number GRAHAM FOUNDATION FOR ADVANCED STUDIES IN THE FINE ARTS** 36-2356089 Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 0 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 0 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 0 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 5,698) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h (5,698)Part II Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (or other basis) (sales price) whole dollars column (g) 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 . 0 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 0 10 Totals for all transactions reported on Form(s) 8949 5,331 0 ٥ 5,331 with Box F checked 11 Enter gain from Form 4797, line 7 or 9. 11 1,147 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 (see instructions) . . . . . . 14 15 6,478 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 0 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

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

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

Cat. No. 11460M

Schedule D (Form 1120) 2018

780

780

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 .

17

18

# Schedule D 1120, Line 6 Details UNUSED CAPITAL LOSS CARRYOVER COMPUTATION

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Capital NOL Expires	
2015	658	0	658	0	2020	
2016	13	0	13	0	2021	
2017	5,027	0	5,027	0	2022	
	0					

**Sales and Other Dispositions of Capital Assets** 

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

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

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

Social security number or taxpayer identification number

broker and may even tell you which box to check.

GRAHAM FOUNDATION FOR ADVANCED STUDIES IN THE FINE ARTS 36-2356089 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions 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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), enter a code in column (f). (c) Date sold or (d) Cost or other basis. Gain or (loss) (a) See the separate instructions. See the Note below

	Description of property	Date acquired	late acquired	1	1-1-11-11-11-11-11-11-11-11-11-11-11-11			(0)
	Description of property (Example: 100 sh. XYZ Co.)	Oate acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sates price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
								, ,
		Į.						
							-	
ne Sc	tals. Add the amounts in column gative amounts). Enter each tot hedule D, line 1b (if Box A above ove is checked), or line 3 (if Box	al here and inc a is checked), lia	lude on your ne 2 (if Box B					

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 GRAHAM FOUNDATION FOR ADVANCED STUDIES IN THE FINE ARTS

Social security number or taxpayer identification number 36-2356089

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

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

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr)	disposed of (Mo., day, yr.)	disposed of (sales price) and see Column (e) (f) (f) (code(s) from instructions)		(g) Amount of adjustment		
LONG-TERM GAIN/LOSS FROM INVESTMENTS			5,331				5,331
	ı						
•							

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.

5.331

Form 8949 (2018)

5,331

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) ▶