	000 T	ìr		tended to A					2803004
Form	990-T			anization Bu (and proxy tax un				ا ہے	
	-	For ca		x year beginning OCT 1, 2		, and ending SEF	30, 2019	01	2018
	tment of the Treasury			ww irs gov/Form990T for				_	Open to Public Inspection for
	al Revanue Service			ibers on this form as it ma			zation is a 501(c)(3)		501(c)(3) Organizations Only loyer identification number
A-	Check box if address changed		Name of organization	(L Check box if name	changed	and see instructions.)		Emp	oloyees' trust, see uctions)
-	xempt under section	Print	The Denver Art	Museum Foundation	•			1	4-2496760
X	501(c () 3)	10		oom or suite no. If a P.O. b		structions		E Unre	lated business activity code
Ë	408(e) 220(e)	Type	100 W. 14th Ave		ox, 300 III	structions.		(See	instructions)
Ē	408A 530(a)		City or town, state or i	province, country, and ZIP	or foreign	n postal code		i i	
]529(a)		Denver, CO 802	204		<u> </u>		5230	00
C Bo	ok value of all assets and of year	_		ımber (See instructions.)	•				
				type 🕨 🗓 501(c) co	- 		401(a		Other trust
		•	tion's unrelated trades		1		the only (or first) ur		
				ted partnerships	D. 1. 1		complete Parts I-V.		
	scribe the first in the bi siness, then complete I			vious sentence, complete f	Parts I an	a II, complete a Schedul	e IVI for each addition	iai trad	e or
				an affiliated group or a par	ent-suhsi	diany controlled group?		Y	es X No
			tifying number of the pa		ont oabor	diary controlled group			
				AM Dep. Dir. & CF	0	Teleph	one number 🕨 7	20-91	.3-0022
Pa	rt I = Unrelated	Trac	de or Business I	ncome		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sale	S					Commenda.	136	3236774374
b	Less returns and allov	vances		c Balance	1c				
2	Cost of goods sold (S		•	M	2		CANCEL CONTRACTOR		
3	Gross profit. Subtract			1.1	3	10.024	ANAPPENDENDERS		
	Capital gain net incom		n Schedule 0) art II, line 17) (attach Fo	orm 4707)	4a 4b	19,834.	THE THE SECOND		19,834.
	Capital loss deduction			Jilli 47 37 j	4c		智 科斯特爾西亞		<u> </u>
5	•		ship or an S corporation	(attach statement)	5	-171,787.	Stmt 1		-171,787,
6	Rent income (Schedul			(,	6		1,17	, <u>, , , , , , , , , , , , , , , , , , </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
7	Unrelated debt-finance	ed incor	ne (Schedule E)		7	•			
8	Interest, annuities, roy	alties, a	nd rents from a controll	ed organization (Schedule F	8				
9) organization (Schedule 6	· —				
10	Exploited exempt activ	•	` '		10	<u>-</u>			
11	Advertising income (S		•		11		2000 1880 2000 2000 1880 2000	N. 65. 195.	<u> </u>
12 13	Other income (See ins Total. Combine lines				12	-151,953.	AND STANKE STROKE	180%	-151,953.
_				ere (See instructions			<u> </u>		131,333.
تــــــــــــــــــــــــــــــــــــــ				ust be directly connect					
14	Compensation of offi	cers, dı	ectors, and trustees (S	CTEQUEIK)	ಹ\		-	14	
15	Salaries and wages		1 5	APR 27 2020 OGDEN, UT	185.08 186.08			15	
16	Repairs and maintena		· 1.5	NDR 27 2020	原/			16	
17	Bad debts		ee instructions)	Ar w	- 1			17	
18	Interest (attach sched	dule) (se	ee instructions)	ODEN U				18	
19	Taxes and licenses	(Coo		060		See Statemen	. 2	19	
20 21	Depreciation (attach i			on rules) See Stater	ment 4		C 2	20	0.
2 i 22			i Schedule A and elsewl	nere on return		21 22a		22b	
23	Depletion	iinica oi	Concodic A and ciscon	ici c on iciani		228		23	
24	Contributions to defe	rred cor	npensation plans					24	
25	Employee benefit pro		,				•	25	
26	Excess exempt exper	ises (Sc	hedule I)					26	
27	Excess readership co	sts (Scl	nedule J)					27	
28	Other deductions (att		•			See Statemen		28	2,500.
29	Total deductions Ad		-				18	29	. 2,500.
30				ting loss deduction. Subtra				30 31	-154,453。
								. 41	してからも コペンドバイストライト マンスタブスポート
31 32	•		oss arising in tax years icome. Subtract line 31		ary 1, 20	io (see instructions)	31	32	-154,453.

0

Part I	II Total Unrelated Business Tax	cable Income				
33	Total of unrelated business taxable income comp	puted from all unrelated trades or businesse	s (see instructions)		33	-154,453.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax ye	ars beginning before January 1, 2018 (see i	nstructions) Sti	mt S	35	0.
. 36	Total of unrelated business taxable income before	re specific deduction. Subtract line 35 from t	he sum of			
	lines 33 and 34			0 ~	36	-154,453.
37	Specific deduction (Generally \$1,000, but see lin-	e 37 instructions for exceptions)		3 %	3 7	1,000.
38	Unrelated business taxable income Subtract II		line 36,		l l	
	enter the smaller of zero or line 36			39	38	-154,453.
Part I	V Tax Computation				<u> </u>	
39	Organizations Taxable as Corporations Multipl	ly line 38 by 21% (0.21)		>	39	0.
40	Trusts Taxable at Trust Rates. See instructions	for tax computation. Income tax on the amo	unt on line 38 from			
	Tax rate schedule or Schedule D (I			•	40	
41	Proxy tax. See instructions			•	41	
42	Alternative minimum tax (trusts only)			-	42	
43	Tax on Noncompliant Facility Income See instr	ructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, v	whichever applies			44	0.
Part \	Tax and Payments		•			·
45a	Foreign tax credit (corporations attach Form 111	8; trusts attach Form 1116)	45a			
b	Other credits (see instructions)		45b		1	
C	General business credit. Attach Form 3800		45¢		1	
d	Credit for prior year minimum tax (attach Form 8	801 or 8827)	450		1 :	
е	Total credits Add lines 45a through 45d		• • • • • • • • • • • • • • • • • • • •		45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255	🗌 Form 8611 🔲 Form 8697 🔲 Form	n 8866 🔲 Other	(attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A c	or Form 965-B, Part II, column (k), line-2	.		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		50a	2,600.		
b	2018 estimated tax payments	•	50b]	
C	Tax deposited with Form 8868		50c] , • .	
d	Foreign organizations: Tax paid or withheld at soil	urce (see instructions)	5Öd] .	
е	Backup withholding (see instructions)		50e] '	
f	Credit for small employer health insurance premi	ums (attach Form 8941)	5Öf]	
g	Other credits, adjustments, and payments:	Form 2439			1 .1	
		Other Total	► 50g			
51	Total payments. Add lines 50a through 50g		•		5/1	2,600.
52	Estimated tax penalty (see instructions). Check if				52	
	Tax due. If line 51 is less than the total of lines 48			_e ►	53	
54 ح	Overpayment If line 51 is larger than the total of			5 5▶	54	2,600.
	Enter the amount of line 54 you want: Credited to			funded 🕨	55	0.
Part V		· · · · · · · · · · · · · · · · · · ·				
	At any time during the 2018 calendar year, did the	-		•		Yes No
	over a financial account (bank, securities, or othe					
	FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accounts If "Yes," enter the name of	the foreign country			أحسد أحدثا
	here >		·			X
	During the tax year, did the organization receive a		or transferor to, a fo	reign trust?		X
	If "Yes," see instructions for other forms the organ					1
58	Enter the amount of tax-exempt interest received	<u> </u>				
Sign	Under penethes of perjury, I declare that I have examine correct, and complete Declaration of prepare soften	hed this return, including accompanying schedules a han taxpayer) is based on all information of which pr	ind statements, and to eparer has any knowled	the best of my know dge	wiedge and belief, it	is true,
Here		LI sololoman .		Ma	ay the IRS discuss t	his return with
	Signature of efficer	Date Chairman	/Treasurer		e preparer shown be	
			<u></u>			YesNo
	Print/Type preparer's name	Preparer's signature	Date	Check if	f PTIN	
Paid	Taurio Anderse-	hauri Anderson	3 3 3 3 4	self- employed	204444	. =
Prepa	Complete and the Street Administration of the Complete and the Complete		3.2.2020	Francis Pini B	P0141669	
Use O	nly Firm's name ► Kundinger, Corder		 	Firm's EIN		
	475 Lincoln St			Dhana = - 2:	02 524 5055	
	Firm's address Denver, CO 802	203		proone no. 30	03-534-5953	

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 year	ar		6
2 Purohases	2		7 Cost of goods sold. St	ubtract li	ine 6	, 1533 Santai
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 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	Leas	ed With Real Prop	perty)
1 Description of property						
(1)						
(2)					-	
(3)			· · · · · · · · · · · · · · · · · · ·			
(4)						
	2 Rent receiv	ed or accrued			2(a) Dadustions directly	connected with the income in
(a) From personal property (if the property is more than 50% but not more than 50%.	re than	of rent for	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		٥.	_	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated De	bt-Financed	l Income (see	instructions)		<u></u>	
			2 Gross income from or allocable to debt-		3 Deductions directly conn to debt-finance	ed property
1 Description of debt-f	inanced property		financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
(1)				 		
(2)						
(3)		<u> </u>				
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	edjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5	i	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<u> </u>	, <u>.</u>	%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0.	. o.
Total dividends-received deductions in	ncluded in column	n 8	- •	•		0.

		Exempt	Controlled C	rganızat	ions				·
1 Name of controlled organizate	identif		nrelated income ee instructions)		ital of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(4)				 		-			
(1)				 		 			-
(2)				1				- i -	
(3)				 		-			
(4) Nonexempt Controlled Organia				J		<u> </u>			
7 Taxable Income	8 Net unrelated incor (see instruction		al of specified pay made	ments	10 Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(1)					1				
(2)					1				
(3)						_			
(4)									
					Add colur Enter here and line 8,		a 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				<u> </u>			0.		0.
Schedule G - Investme (see instr		Section 501(c)(7), (9), or	(17) O	1			_	,
1. Descr	iption of income		2. Amount of	Income	3 Deduction directly connect (attach scheduler)	ected	4 Set- (attach s	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)		···							
(3)					L				
(4)									_
Totals		,	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (8)
Schedule I - Exploited (see instru		y Income, Oth	er Than Ad	dvertis	ing Income	•			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrelal business inco	that ted	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			 						
(2)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		Hi Kan					Enter here and on page 1, Part II, line 26
Totals	0.	0	. 建设建筑等等	() 清楚	er manager and a	NE ?!	astracti	THE PARTY.	0.
Schedule J - Advertisir Part I: Income From F			nsolidated	l Basis	}				
1 Name of periodical	2 Gross advertising income	3 Direct advertising cost	or (loss) (c s col 3) If a g cols 5 ti	rough 7	te income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			学级分类		*				
(2)			100000	STATE BE	ž		_		
(3)					d				
(4)				种规则	Į.				是经过种类的自
Totals (carry to Part II, line (5))	>	0.	0.						0. Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	ACMININATIONAL PROPERTY.	经产品的	THE PROPERTY OF	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.	是不然,被助列出的	是同时生产的国际	是理學的學術學	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 a	and on page 1, Part II, line 14			0.

Form 990-T (2018)

Form 990-T Income	(Loss) from Partnerships	Statement	1
Description		Net Income or (Loss	_
Remington Investment Strategie (loss) MHR Limited Partnerships - Ord King Street Capital, LP - Ordi Greenhill Capital Partners II (loss) Clayton Dubilier Rice X Highfields Capital Fund IV - O (loss) Clayton Dubilier Rice X Waterw Income (loss) Tiger Global Private Investmen Business Income (lo	dinary Business Income (loss) nary Business Income (loss) LP - Ordinary Business Income ordinary Business Income orks B - Ordinary Business	24,	865.
			- •
Total Included on Form 990-T,	Page 1, line 5	-171,	787.
Total Included on Form 990-T, Form 990-T	Page 1, line 5 Contributions	Statement	
Form 990-T			
Form 990-T Description/Kind of Property	Contributions	Statement	2
Form 990-T Description/Kind of Property Denver Art Museum	Contributions Method Used to Determine FMV N/A	Statement	2
Form 990-T Description/Kind of Property Denver Art Museum Total to Form 990-T, Page 1, 1	Contributions Method Used to Determine FMV N/A	Statement Amount 6,140,	2453.
Form 990-T Description/Kind of Property Denver Art Museum Total to Form 990-T, Page 1, 1 Form 990-T	Contributions Method Used to Determine FMV N/A ine 20	Statement Amount 6,140, 6,140,	2453.
	Contributions Method Used to Determine FMV N/A ine 20	Statement Amount 6,140, 6,140, Statement Amount 1,	2

Form 990-T	Contributions Summary		Statement	4
Qualified Contributi	ions Subject to 100% Limit			
Carryover of Prior Y For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017	Years Unused Contributions 5,251,328 5,540,841 5,756,640 5,889,351 6,025,741			
Total Carryover Total Current Year 1	10% Contributions	28,463,901 6,140,453		
Total Contributions Taxable Income Limit		34,604,354		
Excess 10% Contribut Excess 100% Contribut Total Excess Contrib	ıtions	34,604,354 0 34,604,354		
Allowable Contributi	ions Deduction			0
Total Contribution D	Deduction			0

Form 990-T	Net	Statement	5		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
09/30/07	69,688.	69,688.	0.		0.
09/30/08	55,828.	55,828.	0.		0.
09/30/09	75,113.	75,113.	0.		0.
09/30/11	36,243.	36,243.	0.		0.
09/30/12	56,551.	56,551.	0.		0.
09/30/15	31,835.	31,835.	0.		0.
09/30/18	235,931.	0.	235,931.	235,93	1.
NOL Carryo	ver Available This	Year	235,931.	235,93	1.

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

2018

Name

Employer identification number

The Denver Art Museum Foundation 74-2496760 Short-Term Capital Gains and Losses (See instructions) -Part L See instructions for how to figure the amounts (**0**) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars (sales price) 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 48,043. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 4,848. See Statement 6 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 43,195. Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below (d) (e) Cost (or other basis) (9) Adjustments to gain or loss from Form(s) 8949, (h) Gain or (loss) Subtract This form may be easier to complete if you round off cents to whole dollars. column (e) from column (d) and combine the result with column (g) (sales price) Part II, line 2, 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 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 -23,361.

Part III Summary of Parts I and II

11 Enter gain from Form 4797, line 7 or 9

14 Capital gain distributions

- 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)
- 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.
 Note: If losses exceed gains, see Capital losses in the instructions.

17 18 19,834.

11

12

13

14

15

16

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

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

Schedule D (Form 1120) 2018

-23,361,

19,834.

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

2018

Attachment

Name(s) shown on return

Social security number or taxpayer identification no.

The Denver Art Museum Foundation 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 statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions 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 (b) (c) (h) 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) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment Remington Investment Strategies 48,043.

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

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018) Attachment Sequence No 12A Social security number or Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 taxpayer identification no. 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 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 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 (a) (d) (e) (h) loss If you enter an amount Proceeds Description of property Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) see Column (e) ır combine the result Amount of adjustment Code(s) the instructions with column (g) Remington Investment Strategies <24,078.> Tiger Global PIP X LP 979. Tiger Global PIP X-AIV LP <285.> Clayton Dubilier Rice X

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2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract			, .		
negative amounts) Enter each t					,	ĺ	
Schedule D, line 8b (if Box D ab					, <i>(</i>),		
above is checked), or line 10 (if			·		, ,		<23 361 5

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

Schedule D	C	Statement	t 6		
•	Loss Year	Original Loss Sustained	Loss Previously Applied	Loss Remaining	
	2013 2014 2015				
	2016 2017	4,848		4,8	48
Capital Loss	Carryover to	Current Taxable Yea:	c ·	4,8	48