* *	PUBLIC	DISCLOSURE	COPY	* *
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Form	990-T					
			(and proxy tax under section 6033(e))		0004	
		For ca	endar year 2021 or other tax year beginning, and ending		2021	
	tment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	;).	Open to Public Inspection for 501(c)(3) Organizations Only	
Α	Check box if address changed.Name of organization ( YOUNG WOMENS CHRISTIAN ASSOCIATION				oyer identification number	
B E	xempt under section	Print	OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY		91-0482890	
X	] 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1118 FIFTH AVENUE		p exemption number instructions)	
	408A530(a)City or town, state or province, country, and ZIP or foreign postal code529(a)529ASEATTLE, WA 98101				Check box if	
	( )	СВо	ok value of all assets at end of year > 203,733,291.	-	an amended return.	
G	Check organization					
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439			
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		►	
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No	
	The books are in ca			206-53	31-3477	
_			d Business Taxable Income			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see			
				1	230.	
2	<b>D</b>			2		
3	Add lines 1 and 2			3	230.	
4	Charitable contrib		see instructions for limitation rules) STMT 1 STMT 2	4	0.	
5			taxable income before net operating losses. Subtract line 4 from line 3	5	230.	
6	Deduction for net	operati	ng loss. See instructions	6		
7		•	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro	m line 5	5	7	230.	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.	
9			duction. See instructions			
10	Total deductions			10	1,000.	
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
	enter zero		- -	11	0.	
Pa	rt II   Tax Com	putat	on			
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.	
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from	ו:	Tax rate schedule or   Schedule D (Form 1041)	2		
3	Proxy tax. See ins	structio	ns	▶ 3		
4	Other tax amounts	s. See i	nstructions	4		
5	Alternative minimu	um tax (	trusts only)	5		
6			cility income. See instructions			
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.	
ΙНΔ	For Daperwork	Paduct	ion Act Notice, see instructions		Form <b>990-T</b> (2021)	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-1** (2021)

	90-T (2021)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 🕨 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 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			
	here			x
2	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.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions			
	Business Activity Code Available post-2017 NOL c	arryover		
	901101 \$	15,355.		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			x
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here	Signature of officer	Date	CHIEF F	INANCIAL OFF		the p	the IRS discuss this return w reparer shown below (see uctions)? X Yes	rith No	
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid					self- employ	ed			
Preparer	SARA ELIZABETH H. JONES	SARA ELIZABETH H	I. JONES	11/11/22			P00235495		
Use Only	Firm's name CLARK NUBER, PS			Firm's EIN ► 91-1194016					
000 0111	10900 NE 4TH STREET, SUITE 1400								
	Firm's address 🕨 BELLEVUE, WA 98004				Phone no. 425-454-4919				

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

### Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

A	A Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY		B Employer identification number 91-0482890			
c	Unrelated business activity code (see instructions) <b>9</b> 01101	<b>D</b> Sequence:	1	of	1	

E Describe the unrelated trade or business **INVESTMENT** ACTIVITIES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	843.		843.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	2,567.		2,567.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	3,410.		3,410.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions SEE STATEMENT 4	5	10.
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion		
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 5	14	2,250.
15	Total deductions. Add lines 1 through 14		2,260.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	1,150.
17	Deduction for net operating loss. See instructions STATEMENT 6	17	920.
18	Unrelated business taxable income. Subtract line 17 from line 16		230.
		<u> </u>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	951,605.
TOTAL TO FORM 990-T, PART I, L	INE 4	951,605.

FORM 990-T CONTR	RIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJECT QUALIFIED CONTRIBUTIONS SUBJECT				
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020	CONTRIBUTIONS 75,879 566,392 816,053			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBU	TIONS	1,458,324 951,605		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS AD	JUSTED	2,409,929 0	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		2,409,929 0 2,409,929		
ALLOWABLE CONTRIBUTIONS DEDUCTI			_	0
TOTAL CONTRIBUTION DEDUCTION				0

	ule A (Form 990-T) 2021					Page
Part	Enter medie	d of inventory valuat			I I	
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4 5	
5	Other costs (attach statement)				6	
6 7	Total. Add lines 1 through 5				7	
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter he				8	
9	Do the rules of section 263A (with respect to property pro-					Yes
Part					tv)	
1	Description of property (property street address, city, sta					
	А []					
	c 🗌					
	D					
		А	В	С		D
2	Rent received or accrued					
a	From personal property (if the percentage of					
u	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
-	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)					
5 Part	Total deductions. Add line 4 columns A through D. Enter           V         Unrelated Debt-Financed Income (see		line 6, column (B)			
1	Description of debt-financed property (street address, cit		heck if a dual-use. See	instructions.		
	A 🗌					
	В					
	c 🗌					
	D []		I			
	_	Α	В	С		D
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
a	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
5	to debt-financed property (attach statement)					
5	financed property (attach statement)					
6	Divide line 4 by line 5		%		%	
7	Gross income reportable. Multiply line 2 by line 6	/0	/0		70	
8	Total gross income (add line 7, columns A through D). E	Inter here and on Pa	rt I, line 7, column (A)		▶	
-					r	
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A throu	ugh D. Enter here and	d on Part I, line 7. colur	nn (B)		
11	Total dividends-received deductions included in line 1				►	

organization identification income (loss) payments made that is included in the controlling organiza-	Page 3
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made       5. Part of column 4 that is included in the controlling organization income       6. Deduction income         (1)       (2)       (2)       (3)       (4)       (5)       (7)       (7)       (7)       (7)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (2	
(1)       (2)       (3)       (4)       (4)       (4)       (5)       (7)       (7)       Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deduction connect income in connect inconnect income in connect income in connect	ctions directly ected with in column 5
(2)     (3)     (4)       (4)     Nonexempt Controlled Organizations       7. Taxable Income     8. Net unrelated income (loss) (see instructions)     9. Total of specified payments made     10. Part of column 9 that is included in the controlling organization's gross income     11. Deduction connect income in control	
(4)     Nonexempt Controlled Organizations       7. Taxable Income     8. Net unrelated income (loss) (see instructions)     9. Total of specified payments made     10. Part of column 9 that is included in the controlling organization's gross income     11. Deduction connect income in connect       (1)     11. Deduction     11. Deduction	
Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deduction connect income in connect         (1)	
7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the connect income (loss) gross income       11. Deduction (loss) connect income (loss) (see instructions)         (1)       10. Part of column 9 that is included in the connect income (loss) gross income       11. Deduction (loss) (see instructions)	
income (loss) (see instructions)     payments made     that is included in the controlling organization's gross income     connect income in c       (1)	
(1)	ed with
(3)	
(4)	
Add columns 5 and 10.     Add columns       Enter here and on Part I, line 8, column (A)     Enter here ar       Totals     0.	nd on Part I,
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)	
1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (attach statement)       5. Tot and (attach statement)	tal deductions I set-asides cols 3 and 4)
(2)	
column 2. Enter column 4. Ente	d amounts in umn 5. Enter and on Part I, 9, column (B) 0
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	
1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,	
line 10, column (B)3	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	
lines 5 through 7	
5 Gross income from activity that is not unrelated business income 5	
6 Expenses attributable to income entered on line 5	
<ul> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> <li>4. Enter here and on Part II, line 12</li></ul>	

Schedule A (Form 990-T) 2021

Sched Part	IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	n two or more periodicals on a	consolidated basi	e	
•		g two of more periodicals of a		5.	
	A				
	B				
	C				
	D				
Enter a	amounts for each periodical listed above in the o	corresponding column.	1		
		Α	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		•	Ο.
	6	, , , ,			
4	Advertising gain (loss). Subtract line 3 from line	e			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
-					
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gro	eater of the line 8a, columns to	tal or zero here ar	nd on	
	Part II, line 13           X         Compensation of Officers, Direction			🕨	0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>					
Total	. Enter here and on Part II, line 1				0.
Part		a ipatruationa)			
i ui t					

1

FORM 990-T (A) INC	OME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
BUSINESS INCOME (L	ES FUND I LP - 1205 - ORDINARY	
COLUMBIA PACIFIC ALTERNATIV RENTAL REAL ESTATE INCO COLUMBIA PACIFIC ALTERNATIV	ES FUND I LP - 1205 - NET ES FUND I LP - 1205 - INTEREST	563
	ES FUND I LP - 1205 - DIVIDEND	-2
INCOME COLUMBIA PACIFIC ALTERNATIV INCOME (LOSS)	ES FUND I LP - 1205 - OTHER	-8
COLUMBIA PACIFIC ALTERNATIV BUSINESS INCOME (L	ES FUND I LP - 1204 - ORDINARY	417
COLUMBIA PACIFIC ALTERNATIV RENTAL REAL ESTATE INCO COLUMBIA PACIFIC ALTERNATIV	ES FUND I LP - 1204 - NET ES FUND I LP - 1204 - INTEREST	1,455
	ES FUND I LP - 1204 - DIVIDEND	-5
INCOME COLUMBIA PACIFIC ALTERNATIV INCOME (LOSS)	ES FUND I LP - 1204 - OTHER	-21
TOTAL INCLUDED ON SCHEDULE	A, PART I, LINE 5	2,567
FORM 990-T (A)	INTEREST PAID	STATEMENT 4
DESCRIPTION		AMOUNT
INTEREST - INVESTMENT		10
TOTAL TO SCHEDULE A, PART I	I, LINE 5	10
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		2,250
TOTAL TO SCHEDULE A, PART I	I, LINE 14	2,250

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FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 6
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
15,355.	920.	14,435.
990-T SCH A	POST-2017 NET OPERATING LOSS DE	DUCTION STATEMENT 7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	1,984.	0.	1,984.	1,984.
12/31/20	13,256.	Ο.	13,256.	13,256.
12/31/21	115.	٥.	115.	115.
NOL CARRYO	VER AVAILABLE THIS	YEAR	15,355.	15,355.

I

## **Capital Gains and Losses**

OMB No. 1545-0123

(Form 1120) Department of the Treasury	1120-ND, 112	Form 1120, 1120-C, 112 0-PC, 1120-POL, 1120-R	EIT, 1120-RIC, 1120-SF	F, or certain Forms 990	-, -Т.	2021
Internal Revenue Service Go to www.irs.gov/Form1120 for instructions and the latest information.						
Name	Empl	oyer identification number				
	CHRISTIAN ASSOC NG COUNTY-SNOHO				01	0402000
				_		0482890
Did the corporation dispos						Yes X No
If "Yes," attach Form 8949		ns and Losses - Ass				
Part I Short-Tell See instructions for how to fi	· · · · · · · · · · · · · · · · · · ·	15 dilu L05585 - A55	ets neiù Olle Teal			(h) Cain ar (lass)
to enter on the lines below.	gure the amounts	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to co round off cents to whole dolla		(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
1a Totals for all short-term t reported on Form 1099-E was reported to the IRS a have no adjustments (see However, if you choose t transactions on Form 89- blank and go to line 1b	B for which basis and for which you e instructions). o report all these					
1b Totals for all transactions	reported on					
Form(s) 8949 with <b>Box A</b>	checked					
2 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box B</b>	checked					
3 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box C</b>						21.
4 Short-term capital gain fr	om installment sales t	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain o	r (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carry	over (attach computat	tion)			6	()
		lines 1a through 6 in column			7	21.
	· · ·	is and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to fi to enter on the lines below.	gure the amounts	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This form may be easier to co round off cents to whole dolla	mplete if you Irs.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term tr on Form 1099-B for whic reported to the IRS and f no adjustments (see instr if you choose to report al on Form 8949, leave this line 8b	h basis was or which you have ructions). However, I these transactions					
8b Totals for all transactions	reported on					
Form(s) 8949 with <b>Box D</b>	checked					
9 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box E</b>	checked					
10 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box F</b>	checked					735.
11 Enter gain from Form 47	97, line 7 or 9				11	87.
12 Long-term capital gain fr	om installment sales f	from Form 6252, line 26 or 37	7		12	
		exchanges from Form 8824			13	
14 Capital gain distributions		-			14	
15 Net long-term capital gai		lines 8a through 14 in colum			15	822.
	/ of Parts I and					
16 Enter excess of net short	-term capital gain (line	e 7) over net long-term capita	l loss (line 15)		16	21.
		capital gain (line 15) over net			17	822.
		120, page 1, line 8, or the app			18	843.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Form	8949	
Departm	ent 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

12A

Name(s) shown on return

#### YOUNG WOMENS CHRISTIAN ASSOCIATION

Social security number or taxpayer identification no. 91-0482890

Sequence No

OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If ye in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)	
COLUMBIA PACIFIC								
ALTERNATIVES FUND I LP							6.	С
COLUMBIA PACIFIC								
ALTERNATIVES FUND I LP							15.	С
2 Totals. Add the amounts in colu negative amounts). Enter each to	otal here and inclu	ude on your						
Schedule D, line 1b (if Box A ab above is checked), or line 3 (if F							21.	

**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 an YOUNG WOMENS CHRISTI	taxpayer ide	Social security number or taxpayer identification no. 91-0482890						
OF SEATTLE-KING COUN Before you check Box D, E, or F bel statement will have the same inform			Form(s) 1099-B	or substitute statem	ent(s) from yo			
broker and may even tell you which	box to check.							
Part II Long-Term. Transact see page 1.	ions involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instructions	). For short-term t	ransactions,	
<b>Note:</b> You may aggregate a codes are required. Enter th								
You must check Box D, E, or F below. If you have more long-term transactions than will							each applicable box.	
(D) Long-term transactions re					-			
(E) Long-term transactions re		·		•		- /		
(F) Long-term transactions no				i.				
I       (a)       (b)       (c)       (d)       (e)       Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (g), enter a								
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)	
COLUMBIA PACIFIC								
ALTERNATIVES FUND I LP							205.	С
COLUMBIA PACIFIC								
ALTERNATIVES FUND I LP							530.	С
<b>2 Totals.</b> Add the amounts in colu		nd (h) (subtract						
negative amounts). Enter each to								
Schedule D, line 8b (if Box D ab								
above is checked), or line 10 (if							735.	
Note: If you checked Box D above	but the basis repo	orted to the IRS v	was incorrect, en	ter in column (e) the	basis as rep	orted to the IRS	, and enter an	

Attachment Sequence No. 12A

Page **2** 

Form 8949 (2021)

)7

Department of the Treasury Internal Revenue Service

# Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184	ł
2021	

Attachment Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return	Identifying number
YOUNG WOMENS CHRISTIAN ASSOCIATION	
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	91-0482890
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
COL	UMBIA PACIFIC ALTERNATIVES							
FUN	D I LP							24.
COL	UMBIA PACIFIC ALTERNATIVES							
FUN	D I LP							63.
3	Gain, if any, from Form 4684, line 39	•		•	•		3	
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the						7	87.
-	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,	Report the gain o	r (loss) following	the instructions for			-	
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain ar r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or I	ess, enter -0 If li	ne 9 is zero, ent	er the gain from lir	ne 7 on line 12 belo	w. If		
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	and enter the gain	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed v	vith your return.	See instructions				9	87.
Pa	art II Ordinary Gains and I	OSSES (see in	etructions)					
			structions					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclue	de property held 1	year or less):			
11							11	( )
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin						14	
15	Ordinary gain from installment sales f						15	
16	Ordinary gain or (loss) from like-kind e						16	
17	· · · · · · · · · · ·						17	
18	For all except individual returns, ente							
	a and b below. For individual returns,	complete lines a	and b below.					
а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column (	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (	Form 1040), line	16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructio	ons		·	18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4	-					18b	

91-0482890

Page	2

<b>(a)</b> Description of section 1245, 1250, 1252, 1254, c	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						
Α							
В							
c							
D							
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D		
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
${\bf a}$ Additional depreciation after 1975. See instructions $\hfill \ldots$	26a						
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only) g Add lines 26b, 26e, and 26f	26f 26q						
<ul> <li>If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.</li> <li>a Soil, water, and land clearing expenses</li></ul>	27a						
<b>b</b> Line 27a multiplied by applicable percentage	27a 27b						
c Enter the smaller of line 24 or 27b	270 27c						
If section 1254 property:	210						
<ul> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b						
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						

# 30 Total gains for all properties. Add property columns A through D, line 24 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 31 33 Total gains for all properties. Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 34 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 31 35 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4797, line 6 32

## Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				F 1707 (0004)

# **Capital Gains and Losses**

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service	1120-ND, 112	o Form 1120, 1120-C, 112 20-PC, 1120-POL, 1120-R Go to www.irs.gov/Form112	EIT, 1120-RIC, 1120-SI	F, or certain Forms 990	-, -Т.	2021
Name					Empl	oyer identification number
YOUNG WOMENS C	CHRISTIAN ASSO	CIATION				
OF SEATTLE-KIN	IG COUNTY-SNOH	OMISH COUNTY			91-	0482890
Did the corporation dispos	e of any investmer	nt(s) in a qualified opportur	ity fund during the tax ye	ear?		🕨 🕨 Yes 🗶 No
If "Yes," attach Form 8949			,	•		
Part I Short-Ter	m Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to fig to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to co round off cents to whole dolla		(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term to reported on Form 1099-B was reported to the IRS a have no adjustments (see However, if you choose to transactions on Form 894 blank and go to line 1b	for which basis nd for which you instructions). preport all these					
<b>1b</b> Totals for all transactions						
Form(s) 8949 with Box A						
2 Totals for all transactions	·					
Form(s) 8949 with <b>Box B</b>						
<b>3</b> Totals for all transactions	·					
Form(s) 8949 with <b>Box C</b>		(	7			21.
		from Form 6252, line 26 or 3			4	
		d exchanges from Form 8824			5	
6 Unused capital loss carry	· ·				6	()
7 Net short-term capital gai	n or (loss). Combine m Capital Gai	e lines 1a through 6 in column ns and Losses - Ass	n ets Held More Tha	n One Vear	7	21.
See instructions for how to fi	-					(h) Gain or (loss)
to enter on the lines below. This form may be easier to co	mplete if vou	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the
round off cents to whole dolla						result with column (g)
8a Totals for all long-term tra on Form 1099-B for which reported to the IRS and for no adjustments (see instr if you choose to report all on Form 8949, leave this line 8b	h basis was or which you have uctions). However, these transactions					
8b Totals for all transactions	reported on					
Form(s) 8949 with <b>Box D</b>	checked					
9 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box E</b>	checked					
10 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box F</b>	checked					735.
11 Enter gain from Form 479	97, line 7 or 9				11	87.
12 Long-term capital gain fr	om installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or	(loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions					14	
		lines 8a through 14 in colum	nh		15	822.
	of Parts I and					1
		ne 7) over net long-term capita			16	21.
		i capital gain (line 15) over net			17	822.
18 Add lines 16 and 17. Ente	er here and on Form	1120, page 1, line 8, or the ap	plicable line on other return	s	18	843.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Form	8949	
Departm	ent of the Treasury	

Internal Revenue Service Name(s) shown on return

## 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
2021
<b>Ζυζ</b> Ι
Attachment

Sequence No. 12A

Social security number or taxpayer identification no.

YOUNG WOMENS CHRISTIAN ASSOCIATION

91 - 0482890

OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column	<b>it, if any, to gain or</b> ou enter an amount (g), enter a code in ). <b>See instructions</b> .	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	<b>(f)</b> Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
COLUMBIA PACIFIC							
ALTERNATIVES FUND I LP							6.
COLUMBIA PACIFIC							
ALTERNATIVES FUND I LP							15.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked) or line 3 (if B	tal here and incluove is checked),	ude on your line 2 (if Box B					21.

**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.

For	m 8949 (2021)				Attachm	nent Sequer	nce No. 12A	Page <b>2</b>	
Na	ne(s) shown on return. Name and YOUNG WOMENS CHRISTIA			o. not required if s			Social secur	ity number or ntification no.	
	OF SEATTLE-KING COUNT	Y-SNOHOMISH	COUNTY				91-04	182890	
bro	ore you check Box D, E, or F belo tement will have the same informa ker and may even tell you which b art II Long-Term. Transaction see page 1.	oox to check.							
	Note: You may aggregate all								
	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 rep	oorted on Form(s	) 1099-B showin	g basis was report	ted to the IRS (see	Note abov	/e)		
	(E) Long-term transactions rep	orted on Form(s)	1099-B showing	g basis <b>wasn't</b> re	ported to the IRS				
X	(F) Long-term transactions not	reported to you	on Form 1099-E	8		_			
1	<b>(a)</b> Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</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 <i>Column (e)</i> in the instructions	loss. If you in column (	, if any, to gain or a 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)	
	LUMBIA PACIFIC								
	TERNATIVES FUND I LP							205.	
CO	JUMBIA PACIFIC								
	TERNATIVES FUND I LP							530.	
_									
_									

**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 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

735.

)7

Department of the Treasury Internal Revenue Service

# Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184	ł
2021	

Attachment Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return	Identifying number
YOUNG WOMENS CHRISTIAN ASSOCIATION	
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	91-0482890
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) Part I

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
COL	UMBIA PACIFIC ALTERNATIVES							
FUN	D I LP							24.
COL	UMBIA PACIFIC ALTERNATIVES							
FUN	D I LP							63.
3	Gain, if any, from Form 4684, line 39	•		•	•		3	
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the						7	87.
-	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,	Report the gain o	r (loss) following	the instructions for			-	
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier yea	ine 7 is a gain ar r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or I	ess, enter -0 If li	ne 9 is zero, ent	er the gain from lir	ne 7 on line 12 belo	w. If		
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	and enter the gain	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed v	vith your return.	See instructions				9	87.
Pa	art II Ordinary Gains and I	OSSES (see in	etructions)					
			structions					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclue	de property held 1	year or less):			
11							11	( )
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin						14	
15	Ordinary gain from installment sales f						15	
16	Ordinary gain or (loss) from like-kind e						16	
17							17	
18	For all except individual returns, ente							
	a and b below. For individual returns,	complete lines a	and b below.					
а	If the loss on line 11 includes a loss fi	rom Form 4684,	line 35, column (	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (	Form 1040), line	16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo	rm 4797, line 18	a." See instructio	ons		·	18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4	-					18b	

91-0482890

Page	2

<b>(a)</b> Description of section 1245, 1250, 1252, 1254, c	<b>(b)</b> Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α					
В					
c					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20				
Cost or other basis plus expense of sale	21				
2 Depreciation (or depletion) allowed or allowable	22				
Adjusted basis. Subtract line 22 from line 21	23				
Total gain. Subtract line 23 from line 20	24				
5 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b				
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
${\bf a}$ Additional depreciation after 1975. See instructions $\hfill \ldots$	26a				
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only) g Add lines 26b, 26e, and 26f	26f 26q				
<ul> <li>If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.</li> <li>a Soil, water, and land clearing expenses</li></ul>	27a				
<b>b</b> Line 27a multiplied by applicable percentage	27a 27b				
c Enter the smaller of line 24 or 27b	270 27c				
If section 1254 property:	210				
<ul> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a				
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b				
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a				
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b				

# 30 Total gains for all properties. Add property columns A through D, line 24 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 31 33 Total gains for all properties. Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 34 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion 31 35 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4797, line 6 32

## Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				F 1707 (0004)