					DED TO FEB			D - 4 i-		0.45.11		
	Form	∂ 80°1	t	Exempt Orgai	nization Bus nd proxy tax unde	ine	ssincome i a	ax Heturn 200	\¬⊦	OMB No 1545	-0047	
		3),"				201	0					
	•	7	Forca	alendar year 2019 or other tax yea					느	ZU I	13	
	Departr Internal	nent of the Treasury Revenue Service	▶	→ Go to www. Do not ente r SSN num bei			ns and the latest informa de public if your organiza			Open to Public Ins 501(c)(3) Organizat	spection for tions Only	
	A X	Check box if		Name of organization (•	D Emplo	oyer identification oyees' trust, see	nu mber	
		address changed		STATUE OF L		S I	SLAND			ctions)		
	B Exempt under section Print FOUNDATION , INC . X 501(2/3) or Number, street, and room or suite no. If a P.O. box, see instructions.									E Unrelated business activity code		
	X		Type				istructions.		(See in	istructions)	Vity bodo	
	\vdash	408(e)220(e) 408A530(a)	1/ BATTERT FLACE, NO. 232									
	\vdash	529(a)		NEW YORK, N	•	ioi eigi	i posiai code		523	0 0 0		
	C Bool	value of all assets		F Group exemption numb								
	ater	55,925,0	01.	G Check organization type		poration	501(c) trust	401(a)	trust	Oth	ner trust L	
				ition's unrelated trades or b		1		the only (or first) un	related			
				I FROM PARTNI				complete Parts I-V.				
				ce at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	altrade	or		
		ness, then complete								T.		
				oration a subsidary in an a		nt-subs	idiary controlled group?	▶ L	Ye:	s X No		
				tifying number of the parent JESSICA BARRI			Telepho	one numb er 2	12_	561 <u>- 450</u>	<u> </u>	
				de or Business Inc			(A) Income	(B) Expenses		(C) Ne		
		Gross receipts or sale					(1.1)	(-)				
		ess returns and allow			c Balance	1c					/	
	_	Cost of goods sold (S		A, line 7)	•	2						
		Gross profit. Subtract				3						
လ		Capital gain net incon	ne (attac	h Schedule D)		4a	7,852.		_4	7 <i>,</i>	852.	
S	, p i	Net gain (loss) (Form	47 97, F	Part II, line 17) (attach Form	4797)	4b			\longrightarrow			
CANNED	C (Capital loss deduction				4c	220	<u> г</u> тит 1			220.	
m	5			ship or an S corporation (at	tach statement)	5	-220.	STMT 1	<u> </u>		220.	
D		Rent income (Schedu	-	ma (Cabadula E)		7						
NO		Unrelated debt-financ		nd rents from a controlled o	rganization (Schedule E)	8		-				
ž				on 501(c)(7), (9), or (17) or								
-		Exploited exempt activ			g a	10						
1 2		Advertising income (S				11						
2021	12	Other income (See in:	struction	ns; attach schedule)		32						
==	13	Total. Combine lines	3 throu	gh 12		13	7,632.	_		<u>7,</u>	632.	
	Par			ot Taken Elsewher								
		'\' /				ess IIII			144			
	14	•	iœrs, di	rectors, and trustees (Sche	dule K)				15			
	15 16	Salaries and wages Repairs and mainten	iance	,	REC	CEI	√ED		16			
	17	Bad debts	шис						17			
	18	Interest (attach sche	dule) (se	ee instructions)	S348 WAF		2021		18			
	19	Taxes and licenses	, ,			(0 0	SS SS		19		250.	
	20	Depreciation (attach				. (. <u> </u>	I, UT 20					
	21	Less depreciation cla	amed or	n Schedule A and elsewhere	on return OG	DEI	2/2		21b			
	22	Depletion							22			
	23	Contributions to defe		Impensation plans					23			
	24	Employee benefit pro	-/						24	· · · · · · · · · · · · · · · · · · ·		
	25	Excess exempt exper							25			
	26 27	Excess readership co							26 27			
	27 28	Other deductions (at Total deductions. A							28	Ţ	250.	
	20 29			ncome before net operating	loss deduction. Subtract	t line 2	8 from line 13		29	7.	382.	
	30	/		loss arısıng in tax years beg					H			
		(see instructions)			,	, ., =0		$\widehat{\ell}$	30		<i>،له</i> و 0	
	<u>31/</u>	•	axable I	ncome. Subtract line 30 fro	m line 29			(\	31		382.	
	$\overline{}$			work Reduction Act Notice				7	√ <u> </u>	Form 990 -	T (2019)	

		NATUE OF LIBERTY ELLIS ISLAND FOUNDATION, INC.		13-31184	1 5 Page 2
				140 7	,382.
32/		elated business taxable income computed from all unrelated trades or businesses (see instructions)			, 302.
33		aid for disallowed fringes		1 1 1	0.
34		contributions (see instructions for limitation rules)		1 34	
35	Total unvel	sted business taxable income before pre-2018 NOLs and specific deduction. Subfact line 34 from the sum of lines 32	PVG 22		,382.
36	Deduction	for net operating loss arising in tax years beginning before Japuary 1, 2018 (see instructions)	7	38	300
37	Total of un	related business taxable income before specific deduction. Subtraction 36 from line 35	8		382.
38		duction (Generally \$1,000, but see line 38 instructions to experients)	3	38 1	<u>,000.</u>
39		business taxable income Subtract line 38 from line 37 11. The 38 is greater than line 37, maller of zero or line 37	N		,382.
Par		x Computation		1 38 1 0	, 302.
40	Organizat	ons Taxable as Corporations Multiply line 39 by 21% (0.21)	1 🕨	10 1	,340.
41		table at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:	1		
••		rate schedule or Schedule D (Form 1041)	_	1	
42		See instructions		131	
43	-	e minimum tax (trusts only)		13	
44		noompliant Facility Income See instructions		 	
45		1 lines 42, 43, and 44 to line 40 or 41, whichever applies	1	1771 1	,340.
		ax and Payments	 +	T-251	, , 40 .
				T T	
				1 1	
		dris (see instructions)		-i i	
		usiness credit. Attach Form 3800		4 1	
		prior year minimum tax (attach Form 8801 or 8827)		 	
		ditta Add lines 46a through 46d		48e	
47		hine 46e from line 45			,340.
48		es. Check if from. Form 4255 Form 8611 Norm 8697 Form 8866 Other (anach)	acheduje)	18	
49		, Add lines 47 and 48 (see instructions)	4		,340.
50		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51	Payment		304.	니	
	b 2019 est	imated tax payments		↓	
	c Tax depo	W	<u>,000</u> ,	니	
	d Foreign	organizations; Tax paid or withheld at source (see instructions) 51d		1 1	
	e Backup	withholding (see instructions)		_	
	1 Credit to	r small employer health insurance premiums (attach Form 8941)		」	
	g Other or	edris, adjustments, and payments: Form 2439		1 1	
	F0	rm 4136 Total ▶ 51g		_	
52	? Total pa	yments Add lines 51a through 51g		52 8	,304.
5	3 Estimat	rd tax penalty (see instructions). Check if Form 2220 is attached. 🕨 🔲		53	
5-	Tax due	If line 52 is tess than the total of lines 49, 50, and 53, enter amount owed	. •	<u>\$4</u>	
1 5	5 Overpay	rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10		,964.
ہے اا	Fnter th	e amount of line 55 you want: Credited to 2020 estimated tax > 6,964. Refunde	ed 🕨	56	0.
P	art VI	Statements Regarding Certain Activities and Other Information (see instruction	9)	1	
5	7 At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		ľ	
		Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country		i	
		>		Į.	_ x
5	B During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tro	ust?		$\frac{x}{x}$
		see instructions for other forms the organization may have to file.		t t	
5	9 Enter ti	e amough of tax-exempt interest received or accrued during the tax year		l	
	U	ider city as of persony. I declare that I have a summed this return including accompanying schedules and statements, and to the best	o' m) 1 no	end to It he led tind ectors	
Sig	gn "	meet of decreage Cociani on of proof to come then taipayer) is good or all information of which prepare has any anominous	1		
He	re	Mithe Whysel 12/13/202 PRESIDENT & CEO	1	Na, the AS discuss this	return eath
		Signature of officer Dale Title	1	LEDICE DES . X AG	
		Print/Type preparer's name Preparer's senature Date / Che	ck	42 10	8 No
_			employe	ł .	
	aid	LYNNE JOHNSON 7 4 3/2021 ""	Jpicyt	P00757	226
	reparer	701 110 110	m's EIN	A2-021	4335
U	se Only	4 TIMES SQUARE	1113 CITE	▶ 42-071	.325
		1	003 50	212-372-1	000
		Trum 3 depotes 2	une fig.		
9237	11 01 27 20			Form 95	90-T (2019)

STATUE OF LIBERTY ELLIS ISLAND Form 990-T (2019) FOUNDATION , INC .

13-3118415

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A		 		_ ` `				
1 Inventory at beginning of year	1		6	Inventory at end of year	er .		6					
2 Purchases	2			Cost of goods sold St	ubtract I	ine 6						
3 Cost of labor	of labor 3					from line 5. Enter here and in Part I,						
4a Additional section 263A costs		·		line 2	7							
(attach schedule)	4a	8	Do the rules of section	263A (with respect to		Yes No					
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to							
5 Total. Add lines 1 through 4b	5	•		the organization?	_							
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pen	sonal Property L	ease	d With Real Prop	erty)					
1 Description of property												
(1)												
(2)												
(3)								-				
(4)												
	2. Rent receiv	ed or accrued										
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec nd 2(b) (a	ted with the income in attach schedule)				
(1)												
(2)												
(3)												
(4)												
Total	0.	Total			0.							
(c) Total income Add totals of columns here and on page 1, Part I, Ime 6, column	n (A)	•			0.	(b) Total de ductions Enter here and on page 1, Part I, line 6, column (B)	>	0.				
Schedule E - Unrelated Det	ot-Financed	Income (see	e instru	ctions)								
			2	2. Gross income from		3 Deductions directly cont to debt-finance						
1 Description of debt-f	inan ced property			or allocable to debt- financed property	(a)	Straught line de preciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)			1	 .								
(2)	-											
(3)												
(4)												
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e a djusted basis alloc able to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))				
(1)				%								
(2)				%								
(3)				%								
(4)				%								
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, ine 7, column (B)				
Totals				•		0	.	0.				
Total dividends-received deductions	ncluded in columi	n 8				b	.	0.				

Form 990-T (2019)

Schedule F - Interest, A		-,yuii	,	-	Controlled O				1966 1118	tructions	
Name of controlled organization		2 Emp Identific numb	ation	3 Netunn	elated income instructions)	4 Tot	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5
(1)		_									
(2)											
(3)		_									
(4)			,								
Nonexempt Controlled Organiz	zations										
7. Taxable Income	7. Taxable income 8 Net ur (se			9 Total	of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		ization's	11 Deductions directly conni with income in column 10	
(1)						Ì					
(2)											· -
(3)									-		
(4)						Î			Ì		
							Add colum Enter here and line 8, c		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		ne of a S	ection	501(c)(7), (9), or (1	17) Org	anization				
(see instri	nption of Inco	me			2 Amount of	income	3. Deduction directly conne	cted	4 Set-a		5 Total deductions and set-asides
(4)				- · · ·	_		(attach sched	ule)	(dildo) 5	210,	(col 3 plus col 4)
(1)											
(2)						+					-
(3)											
(4)					Enter here and	22.222.1					Enter here and on page 1,
					Part I, ine 9, co						Part I, line 9, cotumn (B)
Totals				•		0.					0.
Schedule I - Exploited I (see instru	-	Activity	Income	, Other	Than Adv	ertisin	gIncome				
1 Description of exploited activity	2 G unrelated incom trade or b	e from	3 Exp directly or with pro of unit business	on nected sduction elated	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a ecols 5	5 Gross inco from activity t is not unrelat business noo	hat ed	6 Exp attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							-				
(1) (2) (3)											
(3)	-	İ									
(4)											
_	Enter her page 1 line 10,	,Parti, col(A)	Enter hen page 1, line 10,	,Partl, col(B)				-			Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisin	a lace-	0.		0.	_				_		0.
Part I Income From P			rted on		olidated	Basis					
1 Name of periodical		2. Gross advertising income		3. Direct rtising costs	4 Advert or (loss) (o col 3) If a ga cols 5 th	ol 2 minus un, compute	5 Circula income		6 Reade		7. Excless readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)		_	+		4						
(3)					4						
(4)							<u> </u>			ļ	
		_		-							_
Totals (carry to Part II, line (5))).	0	•		J			l	0 . Form 990-T (2019

STATUE OF LIBERTY ELLIS ISLAND

Form 990-T (2019) FOUNDATIO							-311841	5 Page 5
Part II Income From Perio columns 2 through 7 on a			a Separa	ate Basis (For ear	ch perio	dical listed in P	art II, fil in	
Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7		rculation 6	Readership costs	7 Exc ess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>				
(2)								
(3)								
(4)						1		
Totals from Part I	0.		0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, 1, col (B)				,	Enter here and on page 1, Part II, line 26
Totals, Part II (Imes 1-5)	0.		0.					0.
Schedule K - Compensation	of Officers, [Directo	ors, and	Trustees (see in	structio	ns)		
1 Name				2. Title 3. Pe time di bui				ensation attributable related business
(1)						Q	/6	
(2)						d	/o	
(3)						q	/6	
(4)						9	/6	

Form 990-T (2019)

0.

Total Enter here and on page 1, Part II, line 14

STATUE OF LIBERTY ELLIS ISLAND FOUNDATIO

FORM 990-T	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 1		
DESCRIPTION			NET OR	INCOME (LOSS)	
FORESTER OPPORTUNITIES, (LOSS)	LP - ORDINARY	BUSINESS INCOME		-220.	
TOTAL INCLUDED ON FORM 9	90-Т, PAGE 1,	LINE 5		-220.	

SCHEDULE D. (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0123
2019

Name

Employer identification number

STATUE OF LIBERTY 1 FOUNDATION, INC.	ELLIS ISLAND			1 2 _	3118415
Did the corporation dispose of any investmen	atte) in a gualified encortur	nty fund dunna the tay w		<u> </u>	Yes X No
If "Yes," attach Form 8949 and see its instruc					- 16 1 NO
Partil Short-Term Capital Gai			gan or loss		··
See instructions for how to figure the amounts			T		
to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, fine 2, column (g		combine the result with column (g)
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 adjust ments (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					1,932.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3°	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)			6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	<u>h</u>		7	1,932.
■Partill Long-Term Capital Gair	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(h) Gain or (bss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g		combine 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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					5,920.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 33	7		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	elines 8a through 14 in colum	n <u>h</u>		15	5,920.
Partilli Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	lloss (line 15)		16	1,932.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	short-term capital loss (lin	e 7)	17	5,920.

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

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

7,852.

LHA

Form **8949**

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
2019

Name (s) shown on return

STATUE OF LIBERTY ELLIS ISLAND

Social security number or taxpayer identification no.

13-3118415

TOURDALLON, IN	.					1 1 3	<u> </u>
Before you check Box A, B, or C belostatement will have the same information and make the same information and make the same information and make the same information.	ition as Form 10	you received any 99-B Either will:	/ Form(s) 1099-B o show whetheryou	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	bstitute SS by your
broker and may even tell you which be Part Short-Term. Transacti		al accote you hold	1 year or less are de	nerally short-term (see	netruction	e) For long term	
transactions, see page 2							
Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 1a	, you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions)_
You must check Box A, B, or C below. Of you have more short-term transactions than will	theck only one bo	ox. If more than one b	ox applies for your short	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	each applicable box
(A) Short-term transactions rep							
(B) Short-term transactions rep	orted on Form's) 1099-B showin	o basis wasn'tre	ported to the IRS		•	
X (C) Short-term transactions no	•	•	•				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)
, ,	, , , , ,	(Mo, day, yr)		Note below and	/f\	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
SHORT-TERM CAPITAL						adjustifierit	
GAIN FROM SCHEDULE							
K-1							1,932.
		-					
				1			
				Ì			
-							
		-					
				1			
				1			
				1			
						-	
							
	-						
				<u> </u>			
				-		*	

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.

1,932.

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)

Name (s) shown on return Name and SSN or tax payer identification no not required if shown on page 1

Social security number or taxpayer identification no.

FOUNDATION, INC.

STATUE OF LIBERTY ELLIS ISLAND

13-3118415 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).

The section of the sect You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions rep				ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-B	1				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If you no column (f	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of adustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LONG-TERM CAPITAL						adjustifient	
GAIN FROM SCHEDULE							, ,
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2 Totals. Add the amounts in colu	mns(d)(e)(d)a	nd (h) (subtract		† ·			·
negative amounts) Enter each to Schedule D, line 8b (if Box D ab above is checked), or line 10 (if l	otal here and incliove is checked),	ude on your line 9 (if Box E					5,920.

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.