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>	EXTENDED TO	YAM	15, 202	20	•		**			
Form 990-T	Exempt Organization Bu				Tax Returr	ı L	OMB No 1545-0687			
·	(and proxy tax un	der se	ection 6033	3(e))	1906	`	0040			
	For calendar year 2018 or other tax year beginning $\overline{\mathtt{JUL}}$ 1	, 20	18 , and end	ding JU	0030/201	<u>'9</u>	2018			
Department of the Treasury	► Go to www.irs.gov/Form990T for						Open to Public Inspection for			
Internal Revenue Service	Do not enter SSN numbers on this form as it ma				ration is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only			
'A Check box if address changed										
	THE COLDEN DEAGON GOLLEGE	TNI	· C			l	•			
B Exempt under section X 501(C) 103)	Print GOLDEY-BEACOM COLLEGE					1	1-0109178 ated business activity code			
408(e) 220(e)	Number, street, and room or suite no. If a P.O. by Type 4701 LIMESTONE ROAD	ux, see ii	iistructions.			(See I	nstructions)			
408A 530(a)	City or town, state or province, country, and ZIP	or foreig	in nostal code		<u> </u>					
529(a)	WILMINGTON, DE 19808	or rorong	in bostal coac			523	000			
C Book value of all assets	Croup avametras number (Con matruetiana)									
189,555,0	20 . G Check organization type ► X 501(c) co	rporatio	n 501	(c) trust	401(a)	trust	Other trust			
	organization's unrelated trades or businesses.	1		Describe	the only (or first) un	related				
	INVESTMENTS				complete Parts I-V.					
	ank space at the end of the previous sentence, complete F	Parts I ar	nd II, complete a	Schedule	e M for each addition	al trad	e or			
business, then complete						Tv	. 			
	the corporation a subsidiary in an affiliated group or a part nd identifying number of the parent corporation.	ent-subs	idiary controlled	group?	P L	Ye	es X No			
	KRISTINE SANTOMAURO	_		Telenh	one number 🕨 (302) 998-8814			
	d Trade or Business Income		(A) Inco		(B) Expenses		(C) Net			
1a Gross receipts or sale			·		THE WAS DESIGNATED	10.30	TORREST SECTION			
b Less returns and allow		1c			M. C. W. C.					
2 Cost of goods sold (S	chedule A, line 7)	2			子为为是 医人	No Ser	THE PROPERTY OF THE PARTY OF			
3 Gross profit. Subtract	line 2 from line 1c /V\	3			京 記事に なる	il iteri				
4a Capital gain net incon	e (attach Schedule D)	4a	9,	303.	The start with a		9,303.			
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b			三海軍 生分野					
c Capital loss deduction		4c		200	The Control of the Co		4 350			
	partnership or an S corporation (attach statement)	5	-1,	378.	7-50STMT-1	A COL	-1,378.			
6 Rent income (Schedu	•	7								
_	ed income (Schedule E)					-				
	alties, and rents from a controlled organization (Schedule F) a section 501(c)(7), (9), or (17) organization (Schedule G	-								
	rity income (Schedule I)	10					<u> </u>			
11 Advertising income (S	•	11			 -					
	tructions; attach schedule)	12			1. 5 King 中央公司	માં છે તે				
13 Total. Combine lines		13、	7,	925.			7,925.			
	ns Not Taken Elsewhere (See instructions									
	contributions, deductions must be directly connect	ed with	the unrelated	busines	s income)	1	,			
•	cers, directors, and trustees (Schedule K) REC	CEIL	/ED			14				
15 Salaries and wages	 			}		15	<u> </u>			
16 Repairs and mainten17 Bad debts		27	2020 [6]			16				
	JAN	# 1	200	•		18				
19 Taxes and licenses	· ` L					19				
	ons (See instructions for limitation rules)	DEN	, UT			20				
21 Depreciation (attach	, o			21						
22 Less depreciation cla	imed on Schedule A and elsewhere on return		2	22a		22b				
23 Depletion						23				
24 Contributions to defe	rred compensation plans					24				
25 Employee benefit pro	grams					25				
26 Excess exempt expe	•					26				
27 Excess readership of	·					27				
28 Other deductions (at	•					28 29	0.			
	dd lines 14 through 28 axable income before net operating loss deduction. Subtra	ot line ?	Q from line 12			30 30	7,925.			
	axable income before het operating loss beduction. Subtra erating loss arising in tax years beginning on or after Janu			tions)		31	WHEN THE WILL			
	eracing loss arising in tax years beginning on or after said exable income. Subtract line 31 from line 30	اع را تر س			31	32	7,925.			
	r Paperwork Reduction Act Notice, see instructions.		-			1	Form 990-T (2018)			

Date instructions)? X Yes Print/Type preparer's name Preparer's signature Check 1 JONATHAN D. MOLL, self- employed Paid 12/13/19 P01053700 Preparer Firm's name BELFINT, LYONS & SHUMAN 51-0232399 Firm's EIN **Use Only** 1011 CENTRE RD, STE Phone no. 302-225-0600Firm's address ► WILMINGTON, DE 19805

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
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)		
Description of property								
(1)	·		<u>-</u>					
(2)								
(3)			·					
(4)					 			
	2. Rent recelv	ed or accrued						
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (If the percent personal property exceeds 50% or If nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in I 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Del	ot-Finance	I Income (see	instructions)					
			2. Gross income from		Deductions directly connected to debt-finance	ected with or allocable d property		
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			 					
(2)			T	1				
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a 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)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			•		0.	0.		
Total dividends-received deductions in	cluded in column	ı 8	•		<u></u>	0.		
						 		

Schedule F - Interest,	Annuities, Roy	alties, ar		s From Controlled O			zatio	ns (see in:	struction	s)
1. Name of controlled organization	iden	Employer tification umber	3. Net uni	related income e instructions)	4. To	otal of specified yments made	includ	rt of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)									-	
(2)							_			
(3)			•••		<u> </u>					
(4)										
Nonexempt Controlled Organ	uzations						1			
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified pay made	ments	10. Part of column in the controll gross		nization's		ductions directly connected income in column 10
(1)	 					- -				
(1)	 					 				
(2)				-		 			ļ. —. — ·	
(3)	· · · - · · · · · · · · · · · · · · · ·								<u> </u>	
_(4)	1					Add colum Enter here and		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
¥-4-1-							,		ŀ	_
Totals			504 ()(<u> </u>			0.		0.
Schedule G - Investme (see inst	ent Income of a tructions)	Section	501(c)(7), (9), or 	(17) O	rganization)			
1. Des	cription of income			2. Amount of	income	3. Deduction directly connect (attach scheduction)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)			-							
(4)										
Totals			_	Enter here and Part I, line 9, co					rediction	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	~	ty Incom	e, Othe	r Than Ac						<u> </u>
(see instr	uctions)	т								
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly control with pro- of unre- business	onnected duction elated	4. Net Incom from unrelated business (co minus colum gain, comput through	trade or slumn 2 n 3) If a e cols 5	5. Gross Inco from activity is not unrelat business Inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 	1								
(2)	·									
(3)		<u> </u>		1						
(4)			*							
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I, col (B)	12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	44				Trans.	Enter here and on page 1, Part II, line 26
Totals	0	•	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 48 M	"II to Share "	421	A CAPTA	5 PM	<u> </u>
Schedule J - Advertis					D:-					
Part I	Periodicais Re	portea oi	n a Con	isolidated	Dasis	····				
1. Name of periodical	2. Gross advertising income		3. Direct	or (loss) (c	ain, compu	5. Circulat		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				Port 1	14 18 S	, in				हार कार कर के कि
(2)					740	§1				
(3)						· · · · · · · · · · · · · · · · · · ·				
(4)				7		\$ J				The same of the same
Totals (carry to Part II, line (5))	>	0.	0							0.
										E 990-T (2018)

Form 990-T (2018) GOLDEY-BEACOM COLLEGE, INC. 51-01091 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)							<u> </u>
(3)							
(4)						1	
Totals from Part I	▶	0.	0.	ALL PROPERTY OF	Pandal Sal	运性的数据	0.
7.1. 2.11/		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.	with the State A	ANGER PORTOR	法国外的 海路人 可知	U •
Schedule K - Compen	satio	n of Officers,	Directors, and	Trustees (see in	structions)		

1. Name	1. Name 2. Title		Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

• ...

FORM 990-T	INCOM	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT	
DESCRIPTION				NET INCOME OR (LOSS)	
BUSINESS INCO	 E REAL ESTATE MAN OME (APITAL VENTURE PA			-72	24
ORDINARY BUS				-21	L 0
ORDINARY BUSI COMMONFUND CA	INESS INCOME APITAL PRIVATE EÇ			-1,13	
	APITAL PRIVATE EÇ	UITY PARTNERS 27	-46 -		57
DIVIDEND INCO COMMONFUND CA ROYALTIES	OME APITAL PRIVATE EÇ	UITY PARTNERS 27	-46 -	•	3 4 7
	APITAL PRIVATE EÇ COME (L	UITY PARTNERS 27	-46 - OTHER		4
OMMONTERINID OF	APITAL PRIVATE EC	סססואודים מידווע מידווע			
INCOME (LOSS))	•	•	38	39
INCOME (LOSS) COMMONFUND CA ORDINARY BUSI) APITAL INTERNATIC INESS INCOME	NAL PARTNERS VII	26 -		
INCOME (LOSS) COMMONFUND CA DRDINARY BUSI COMMONFUND CA) APITAL INTERNATIC INESS INCOME APITAL INTERNATIC	NAL PARTNERS VII	26 -		94
INCOME (LOSS) COMMONFUND CA ORDINARY BUSI COMMONFUND CA INTEREST INCO) APITAL INTERNATIC INESS INCOME APITAL INTERNATIC	NAL PARTNERS VII	26 -		39 94 5 78
INCOME (LOSS) COMMONFUND CA ORDINARY BUSI COMMONFUND CA INTEREST INCO) APITAL INTERNATIONES INCOME APITAL INTERNATIONE OME ED ON FORM 990-T,	NAL PARTNERS VII	26 - 26 -	9	5
INCOME (LOSS) COMMONFUND CA DRDINARY BUSI COMMONFUND CA INTEREST INCO FOTAL INCLUDE) APITAL INTERNATIONESS INCOME APITAL INTERNATIONE ED ON FORM 990-T,	ONAL PARTNERS VII ONAL PARTNERS VII PAGE 1, LINE 5 OPERATING LOSS D LOSS PREVIOUSLY	26 - 26 - EDUCTION LOSS	-1,37 STATEMENT AVAILABLE	5 78
INCOME (LOSS) COMMONFUND CA DRDINARY BUSI COMMONFUND CA INTEREST INCO FOTAL INCLUDE) APITAL INTERNATIONES INCOME APITAL INTERNATIONE OME ED ON FORM 990-T,	ONAL PARTNERS VII ONAL PARTNERS VII PAGE 1, LINE 5 OPERATING LOSS D LOSS	26 - 26 - EDUCTION	-1,37 STATEMENT	5 78
INCOME (LOSS) COMMONFUND CA COMMONFUND CA INTEREST INCO FOTAL INCLUDE FORM 990-T	APITAL INTERNATIONES INCOME APITAL INTERNATIONE APITAL INTERNATIONE ED ON FORM 990-T, NET LOSS SUSTAINED 10,199.	ONAL PARTNERS VII ONAL PARTNERS VII PAGE 1, LINE 5 OPERATING LOSS D LOSS PREVIOUSLY APPLIED 7,290.	26 - 26 - EDUCTION LOSS REMAINING 2,909.	STATEMENT AVAILABLE THIS YEAR 2,909	78
INCOME (LOSS) COMMONFUND CA COMMONFUND CA COMMONFUND CA COTAL INCLUDE FORM 990-T FAX YEAR 106/30/11 106/30/13	APITAL INTERNATIONESS INCOME APITAL INTERNATIONE ED ON FORM 990-T, NET LOSS SUSTAINED 10,199. 31.	ONAL PARTNERS VII ONAL PARTNERS VII PAGE 1, LINE 5 OPERATING LOSS D LOSS PREVIOUSLY APPLIED 7,290. 0.	26 - 26 - EDUCTION LOSS REMAINING 2,909. 31.	STATEMENT AVAILABLE THIS YEAR 2,909	94 5 78
INCOME (LOSS) COMMONFUND CA DRDINARY BUSI COMMONFUND CA INTEREST INCO FOTAL INCLUDE	APITAL INTERNATIONES INCOME APITAL INTERNATIONE APITAL INTERNATIONE ED ON FORM 990-T, NET LOSS SUSTAINED 10,199.	ONAL PARTNERS VII ONAL PARTNERS VII PAGE 1, LINE 5 OPERATING LOSS D LOSS PREVIOUSLY APPLIED 7,290.	26 - 26 - EDUCTION LOSS REMAINING 2,909.	STATEMENT AVAILABLE THIS YEAR 2,909	94 5 78

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

GOLDEY-BEACOM COLLEGE, INC. **Part I** Short-Term Capital Gains and Losses (See instructions) 51-0109178

* artist onort-reim capital dal	113 dila 203303 (366	ilistructions)	 .		····
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	un 49.	(ħ) Gain or (loss) Subtract column (a) 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, line 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 adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				東京の	
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					65.
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	exchanges from Form 8824			5_	
6 Unused capital loss carryover (attach computa	tion)			6	()
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	ı h		7	65.
Part II: Long-Term Capital Gain	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to g or loss from Form(s) 89 Part II, line 2, column	ain 49,	(ħ) 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 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				はいる	
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			1		
Form(s) 8949 with Box F checked	<u> </u>			,	3,787.
11 Enter gain from Form 4797, line 7 or 9				11	5,451.
12 Long-term capital gain from installment sales				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	lines 8a through 14 in colum	ın h		15	9,238.
	i II				
Part III Summary of Parts I and				1 40	l 65.
Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lin		al loss (line 15)		16	
Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lin 17 Net capital gain. Enter excess of net long-term	e 7) over net long-term capit	, .	ine 7)	16	9,238.

JWA

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

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

51-0109178

GOLDEY-BEACOM COLLEGE, INC. 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

F	Part I Short-Term. Transact	ions involving capi	tal assets you held	1 year or less are ge	enerally short-term (se	e instructio	ns) For long-term	
_	transactions, see page 2 Note: You may aggregate a							adiustments or
	codes are required Enter thou must check Box A, B, or C below.	e totals directly on	Schedule D. line 1	a, you aren't required	d to report these tran	sactions on	Form 8949 (see inst	ructions)
ijχ	you have more short-term transactions than w	ill fit on this page for o	ne or more of the box	es, complete as many fo	orms with the same box	checked as yo	ou need	or each applicable dox
Ļ	(A) Short-term transactions re	•	•		•	e Note ab	ove)	
Ļ	(B) Short-term transactions re				ported to the IRS			
<u>_</u>	X (C) Short-term transactions no	ot reported to yo	u on Form 1099-	В	Ţ			
1	(a)	(b)	(c)	(d)	(e)	Adjustme: Inss. If vi	nt, if any, to gain or ou enter an amount	1 10.7
	Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(02.00 100)	Note below and	<u> </u>). See instructions.	from column (d) &
			(Mo , day, yr)		see Column (e) in	(f)	(g) Amount of	combine the result
_	······································				the instructions	Code(s)	adjustment	with column (g)
	OMMONFUND CAPITAL	4			<u> </u>			
	RIVATE EQUITY							
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2	Totals. Add the amounts in colur							
	negative amounts) Enter each to		-					
	Schedule D, line 1b (If Box A abo	•						65.
	above is checked), or line 3 (if B	ox C above is ch	ecked)		ļ.			۰ ده

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification no.

GOLDEY-BEACOM COLLEGE, INC.

51-0109178

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 transac	ctions reported on I	Form(s) 1099-B show	ving basis was report	ed to the IR	S and for which no a	djustments or
Ϋ́c	codes are required Enter ou must check Box D, E, or F below ou have more long-term transactions than	Check only one b	ox. If more than one b	ox applies for your long	g-term transactions, comp	olete a separa	te Form 8949, page 2, fo	ructions) or each applicable box
If y								
F	(D) Long-term transactions					e Note abo	ove)	
ř	(E) Long-term transactions				ported to the IHS			
<u>-</u> -	▲ (F) Long-term transactions is to be a considered as the constant of the		1	1	(2)	Adjustmer	nt, if any, to gain or	(1-)
١	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	ou enter an amount	(h) Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	in column	(g), enter a code in . See instructions.	Subtract column (e)
	(2/14/1/2007)	(, 62), ,. ,	(Mo., day, yr)		Note below and	(f)	(g)	from column (d) &
			, , ,,,		see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
$\overline{}$	OMMONFUND CAPITA	т -		<u> </u>	the instructions	` '	adjustment	
	RIVATE EQUITY	<u> </u>					-	
	ARTNE				-			3,787.
Ξ.	AKINE		-	 -	- .			3,707.
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2	Totals. Add the amounts in co	lumns (d), (e), (g), a	and (h) (subtract					
	negative amounts) Enter each							
	Schedule D, line 8b (if Box D a	bove is checked),	line 9 (If Box E					
	above is checked), or line 10 (i	f Box F above is c	hecked)					3,787.

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