SCANNED MAY 0 8 2021

FEMA DR-4558-CA

ь	Form	990-T	Ex	empt Organiza (and pro								turi	n	OMB N	lo 1545-0047
	, S	, , , , , , , , , , , , , , , , , , ,	For cale	ndar year 2019 or other tax yo	•					•	[-]	1 4	-	9	@10
	Donart	ستسر ment of the Treasury	l or carer	► Go to www irs gov/F								_ ,	-1	ک	913
		Revenue Service	▶Do	not enter SSN numbers on ti								i01(c)	(3)	Open to P 501(c)(3) (ublic Inspection for Organizations Only
	Α _	Check box if address changed		Name of organization (Check bo	ox if nar	ne chang	jed and	d see ins	structions	s)	1			cation number e instructions)
	ВЕхе	mpt under section	1	HELLMAN FOUNDA'	TION										
	X	501(C (x)3)	Print	Number, street, and room or	suite no 1	faPO	box, see	ınstru	ictions					583546	
		408(e) 220(e)	Type											ated busine structions)	ss activity code
		408A530(a)		555 CALIFORNIA							4905		(,	
		529(a)	1	City or town, state or province			ZIP or fore	eign po	ostal cod	е			5050	0.0	
		k value of all assets nd of year	-	SAN FRANCISCO,									5259	90	
	50	9 776 982	<u> </u>	up exemption number (See				n	1 1	501(c)	truet	Т	401(a)	truet	Other trust
				inization's unrelated trades of			•	''		301(0)		ribe		(or first) u	
		ide or business hei			J. 2000	0000	_		If on!	y one,			-		describe the
				end of the previous sente	ence, cor	nplete	Parts I	and II,		•	-				
	tra	de or business, th	en comple	ete Parts III-V											
	I Du	uring the tax year,	was the	corporation a subsidiary in	an affili	ated g	roup or a	a pare	ent-subs	sidiary c	ontrolled gro	υpγ.		▶ ∟	_ Yes LX No
				identifying number of the p		rporati	on 🕨					415	201	7545	
	_			RA MANAGEMENT LI	<u> </u>			/A\ 1		lephon	e number >			1	(C) No.
•				or Business Income				(A) II	ncome		(B) Ex	pens	es		(C) Net
_	па b	Gross receipts or			alance >	1c					1				
707	2			ule A, line 7)		2									
	3			2 from line 1c		3									
₽	4a			attach Schedule D)		4a		-	182,1	197.					182,197.
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4	797)	4b									
i V	c	Capital loss dedu	action for t	trusts		4c					<u> </u>	_		ļ <u></u>	
==	5			r an S corporation (attach statement					-46-2	218.	_ ATCH	.1			-46,218.
ľ	6	•	•					/							
:	7			come (Schedule E)		7 8	+		RF	CEI	VED	7			
;	8 9			ents from a controlled organization (S 1(c)(7), (9), or (17) organization (Si		<u> </u>		~		<u> </u>	W C L	ᆔ			
1	10			ncome (Schedule I)		10 /	′	<u>8</u>	חבר	` 2 8	2 020	%			
	11	•	•	dule J)		1,1		800 B		- 67 13		Š			
	12	Other income (Se	ee instruc	ctions, attach schedule)		/12						=	,		
_	13	Total Combine li	ines 3 thr	ough 12	<u>/</u>	13			105		<u>-1 </u>	┸			135,979.
h	Par			Taken Elsewhere (Se			ons for	r lımı	tations	s on d	eductions) (D	educt	ons mus	: be directly
IJ				he unrelated business									T		
	14	•		directors, and trustees (Sch											
	15 16			/ 											
	17														
	18			(see instructions)											
	19			/									1		
	20			4562)						ļ			_		
	21	· ·		I on Schedule A and elsewh									21b		
	22			<i>.</i> /											
	23			compensation plans										-	
	24		. /-	s											
	25 26		,	Schedule I)											
	27			schedule)											6,500.
	28	/		es 14 through 27											6,500.
	29	/		ole income before net o											129,479.
	30			ng loss arising in tax years									7 10		100 150
	31/			e income Subtract line 30	from line	29 .	<u> </u>	<u></u>	<u></u>		· · · · · · · ·	<u> </u>	1 31		129,479.
	ISA	•	uon ACI I	Notice, see instructions.									_	Fo	m 990-T (2019)
9X	2740 1 0	00 1859KO M20	00			V 1	9-7.	7 F			13760				
			-			_									

Form,	990-T (2019) HELEMAN FOUNDATION	01-1363346	Page 2
Par	t 🔢 📗 Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see	
	instructions)	1. 32	129,479.
33	Amounts paid for disallowed fringes	· · ·	
	Charitable contributions (see instructions for limitation rules)	<i>i</i> .	12,948.
34	1 0	1	12,7310.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract li	/	116 531
	34 from the sum of lines 32 and 33	つ. 35	116,531.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s	see	
	instructions)	∕1. \$6	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	116,531.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	() 	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3		115 531
-	enter the smaller of zero or line 37	\.\. 3 9	115,531.
\ Par	Tax Computation		
` 40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	. ▶ 40	24,262.
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax	on	
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	. ▶ 41	
42	Proxy tax See instructions		
43	Alternative minimum tax (trusts only).	. 48	
44	Tax on Noncompliant Facility Income See instructions	7 · 4#	24,262.
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	[45	24,202.
Par	Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
-	Total credits Add lines 46a through 46d	46/e	
47	Total creation And interest and integrit 400	- L	24,262.
47	Subtract line 46e from line 45		21/2021
48		1 L	24,262.
49	Total tax Add lines 47 and 48 (see instructions)		24,202.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51 a	Payments A 2018 overpayment credited to 2019	v	
	2019 estimated tax payments		
С	Tax deposited with Form 8868	00.	
d	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)	 	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 5ig	─ ,	70 000
52	Total payments Add lines 51a through 51g	52	70,000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	58	917.
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ▶ 54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	. ▶ 5 5	44,821.
56	Enter the amount of line 55 you want	1 ▶ 56	
	t VI Statements Regarding Certain Activities and Other Information (see instruc		
	At any time during the 2019 calendar year, did the organization have an interest in or a signature		Yes No
57			100 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign country	,,
	here >		X
58	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		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowledge	and belief, it is
Siar	true, correct, and complete. Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge		
Sigi	 	May the IRS discuss	
Her		with the preparer s	
	Signature of officer Date Title		es No
n	Print/Type preparer's name Praparer's signature Date	Check If PTIN	
Paid	DAVID II SACAKELOS	self-employed P000	082838
•	parer Firm's name ► SEILER LLP	Firm's EIN ▶ 94-162	24276
Use		Phone no 650-365-	4646
JSA			90-T (2019

ť									
41	HELLMA	N FOUNDAT	ION				61-1583546		
Form 990-T (2019)								Page 3	
Schedule A - Cost of Goods	Sold. En	iter method o	of inventory	valuation	<u> </u>				
1 Inventory at beginning of year .	1		6	Inventory	at end of yea	ar	6		
2 Purchases	2	-	7			ld Subtract line			
3 Cost of labor	3				_	here and in Part			
4a Additional section 263A costs				I, line 2			7		
(attach schedule)	4a		8			section 263A (v		Yes No	
b Other costs (attach schedule)	4b			property	produced	or acquired fo	r resale) apply		
5 Total Add lines 1 through 4b .							<u>.</u>		
Schedule C - Rent Income (From (see instructions)	m Real P	roperty and	l Personal	Property	Leased V	Vith Real Prope	erty)		
Description of property	-				_				
(1)	•								
(2)									
(3)					-				
(4)									
2	Rent receiv	ved or accrued							
for personal property is more than 10% but not perce			n real and pers e of rent for per the rent is base	sonal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)								. <u>. </u>	
Total		Total				/b) Total dad			
(c) Total income Add totals of column here and on page 1, Part I, line 6, column	. ,	•				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated Debt-F	inanced l	ncome (see	instructions)					
Description of debt-financed property			2 Gross incor			debt-finan	nnected with or allocab ced property		
т рессправот от авречиванска ргореку						nt line depreciation ch schedule)	(b) Other dedu (attach sched		
(1)	_								
(2)									
(3)								*********	
(4)									

here and on page 1, Part I, line	6, column (A) ▶		Part I, line 6, colu	ımn (B) 🕨		
Schedule E - Unrelated D	Debt-Financed Income (s	ee instructions)	<u> </u>	·		
4 December of de	Description of debt-financed property		Deductions directly connected with or allocable to debt-financed property			
1 Description of de			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)		DD DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD				
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 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)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals						
Total dividends-received deduc	tions included in column 8		<u> </u>			
				Form 990-T (2019		

Form ₁ 990-T (2019)	HELLMAN	FOUNDATI	ON						6	51-1	583546	Page 4
Schedule F - Interest, Ann	uities, Royalties	s, and Rent	ts Fr	om Contro	lled O	rganiz	ations ((see ı	nstructi	ons)		
Name of controlled organization	2 Employer identification numb	er 3 Ne	3 Net unrelated income (loss) (see instructions)		ganizations 4 Total of specified payments made		ed inclu	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)							-					
(2)							-				1-	
(3)	•											
(4)												
Nonexempt Controlled Organi	zations		•				_					
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		ıncl	Part of colouded in the nization's (e contro	gnillo		1 Deductions nnected with i column 1	ncome in
(1)							-					
(2)												
(3)							_					
(4)									_	<u> </u>		
					_	Ent	d columns er here and t I, line 8,	on pag	ge 1,	En	dd columns 6 iter here and oi art I, line 8, coli	n page 1,
Schedule G-Investment I		tion 501/c		(9) or (17) Orga	nizatio	n /see	inetrii	ctions\			
1 Description of income	2 Amount of		, <u>,,,,</u>	3 Deduction of the directly contact (attach sch	tions nected	III Zativ	4	4 Set asides			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)				(attaon oo	,	•				- 1	p	,
(2)												
(3)										ĺ		
(4)												
Enter here and on pag Part I, line 9, column Totals										Enter here an Part I, line 9,		
Schedule I-Exploited Exc	empt Activity In	come. Oth	er Th	an Advert	isina Ir	come	(see ins	structi	ons)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with of	4 Net incor from unrelat or business 2 minus col If a gain, c cols 5 thro	ne (loss) ed trade (column umn 3) ompute			able to	expo (column column more	ss exempt enses n 6 minus 5, but not e than mn 4)		
(1)												
(2)												
(3)												
(4)	Enter here and on page 1, Part I,	Enter here ar) k					•-		on p	nere and age 1,
Totals		line 10, col	(B)	<u></u>		<u> </u>				. ~	Part II.	, line 25
Schedule J-Advertising l				idated Ba			<u> </u>					
Part I Income From Per	logicals Report	ed on a Co	msoi	idated bas	515							
1 Name of periodical	2 Gross 1 Name of periodical advertising income 3 Direct advertising co		1 2 minus col 2\ If I		l	5 Circulation income		6 Readership costs		costs (minus co not m	s readership column 6 lumn 5, but ore than mn 4)	
(1)												
(2)				ļ								
(3)				<u> </u>								
(4)						_	_	\perp				1
Totals (carry to Part II, line (5)) ▶												

(1)

(3)

(4)

(2) ATCH 4

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

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)

2 through 7 on a i	ine-by-line basi	s <i>)</i>	-			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		,				
(3)						
(4)	. =					
Totals from Part I ▶					. 1	
	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 26
Totals, Part II (lines 1-5) ▶					,	<u> </u>
Schedule K - Compensation	n of Officers, D	irectors, and Ti	rustees (see instr	uctions)		
1. Name	2	Title	3 Percent of time devoted to business		4 Compensation attributable to unrelated business	

Form **990-T** (2019)

%

%

% %

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

H&F EXECUTIVES IX-A, LP - EIN 98-1462483 H&F PARTICIPANTS VII, LP - EIN 98-0611122 ALPINE INVESTORS IV, LP - EIN 27-0177257	-22,636. -781. -47,198.
AACP INVESTORS II, LP - EIN 26-1917043 AACP INVESTORS III, LP - EIN 45-2889182	7. 2,745.
ASIA ALTERNATIVES CAPITAL PARTNERS IV, LP EIN 90-1028577	-102.
CAPITAL DYNAMICS CHAMPION VENTURES II, LP	-379.
EIN 94-3345200 CAPITAL DYNAMICS CHAMPION VENTURES VI, LP EIN 26-1418666	2.
CENTERBRIDGE CREDIT PARTNERS, LP - EIN 77-0696942 CENTRAL VALLEY FUND II SBIC LP - EIN 45-0652524 HOUSATONIC EQUITY INVESTORS IV LP - EIN 26-0414752 HRJ CAPITAL VC VI (INTERNATIONAL), LP	13,043. 2,289. 1,516. 5.
EIN 26-1418691 H&F PARTICIPANTS VIII, LP - EIN 98-1188008 KHP FUND II, LP - EIN 27-1401132 SVERICA INTL INVEST FUND I-A LP - EIN 04-3565369 CAPITAL DYNAMICS REAL ESTATE III, LP	-115. 4,012. -354. -1,298.
EIN 20-5748590 TINICUM CAPITAL PARTNERS II, LP - EIN 20-1168858	3,026.
INCOME (LOSS) FROM PARTNERSHIPS	-46,218.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX RETURN PREPARATION FEES

6,500.

PART II - LINE 27 - OTHER DEDUCTIONS

6,500.

1859KO M200

ATTACHMENT 3

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD CHARITABLE CONTRIBUTION LIMITATION (10%)	135,979. 0. 6,500. * 10% 12,948.
CHARITABLE CONTRIBUTION	15,425,900.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	12,948.

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
PATRICIA HELLMAN GIBBS 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	BOARD CHAIR/DIRECTOR	0	0.
JUDITH HELLMAN 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	VICE PRESIDENT/DIRECTOR	0	0.
JOANNE HAGOPIAN 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	TREASURER/SECRETARY	0	0.
SUSAN HIRSCH 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	EXECUTIVE DIRECTOR	0	0.
MARCO W. HELLMAN 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	DIRECTOR	0	0.
FRANCES HELLMAN 555 CALIFORNIA STREET, SUITE 4905 SAN FRANCISCO, CA 94104	DIRECTOR	0	0.
TOTAL COMPENSATION			0.

SCHEDULE D (Form 1120)

Capital Gains and Losses

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

2019

OMB No 1545-0123

Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form1120 for instructions and the latest information Employer identification number HELLMAN FOUNDATION 61-1583546 XINO Yes Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . Long-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost 8949. Part II. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (g) the result with column (q) 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 182,197. 182,197. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 14 15 182,197. Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 182,197. Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 17

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

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

Schedule D (Form 1120) 2019

182,197.

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

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

HELLMAN FOUNDATION

Social security number or taxpayer identification number

61-1583546

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

Part II

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

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

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

- X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
CAPITAL GAINS FROM PARTNERSHIP	VARIOUS	VARIOUS	182,197				182,197
				_	-		
·							
							•
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Bo)	here and inclusion checked), line	ude on your 9 (if Box E	182,197				182,197

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

Form 8949 (2019)

JSA 9X2616 2 000