	Form	990-T	E	empt Organization and proxy tax)				etu	rn	OMB No	1545-0047	
	, , , , , , , , , , , , , , , , , , ,		For cale	ndar year 2019 or other tax year begin			• • •	,:	20	20	19	
	Depart	tment of the Treasury		► Go to www irs gov/Form990	T for II	nstructions and the I	atest information	۱.				
	Interna	al Revenue Service	▶ Do	not enter SSN numbers on this form	as it ma	y be made public if you	r organization is a	501(c)(3)	COpen to Publi 50 501(c)(3) Org.	c Inspection for x enizations Only &	
	A [Check box if address changed		Name of organization (Check b	ox if nar	ne changed and see instr	uctions)			oyer identificat oyees' trust, see in		
	B Exe	empt under section		CUMMING FOUNDATION								
	Х	501(C)03)	Print	Number, street, and room or suite no	lf a P O	box, see instructions			87-0	440091		
		408(e) 220(e)	or						E Unrel	lated business	activity code	
		408A 530(a)	Туре	P.O. BOX 4902					(See in	nstructions)		
ii		529(a)		City or town, state or province, country	y, and Z	IP or foreign postal code						
/	C Boo	ok value of all assets		JACKSON, WY 83001					5230	00	`	
	at e	end of year	F Gro	oup exemption number (See instruct	ions)	<u> </u>					-	
	2	29,576,493.		eck organization type X 501			01(c) trust		401(a)	trust	Other trus	
				anization's unrelated trades or busine			 -	scribe		(or first) unre		
		ade or business her	_			-	one, complete P		•			
				e end of the previous sentence, co	mplete	Parts I and II, complet	e a Schedule M f	or ea	ch additio	nal .		
		ade or business, the		·								
				corporation a subsidiary in an affil	ıated gı	roup or a parent-subsid	lary controlled gr	oup?		▶□	Yes X N	
	If	"Yes," enter the na	ame and	identifying number of the parent co	rporation	on >						
	J Th	ne books are in care	e of ▶C	ATHY HANDLEY		Tele	phone number	3 0	7-734	-0708		
	Par	t I Unrelated	Trade	or Business Income		(A) Income	(B) E	xper	ises	(C) Net	
	1a	Gross receipts or s	sales									
	b	Less returns and allowa	nces	c Balance ▶	1c							
	2	Cost of goods sol	d (Sched	lule A, line 7)	2		Transfer taken	ánd And				
	3	Gross profit Sub	tract line	2 from line 1c	3	-	Transfer and the state of the s			23	_	
	4a			attach Schedule D)	4a	2,41	9. 类数数数数		969 * \$40 \$55 \$ * * \$ \$ * \$0 \$0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	79	2,419	
	b			Part II, line 17) (attach Form 4797)	4b		8334384	#				
	С		uction for trusts				\$ 7.787 \$ 1.55 to \$ \$\frac{1}{2} \text{\$ \frac{1}{2} \$ \frac	(A)	Y. N. Harris St. Co. N. L. Park Britania	N N		
	5			r an S corporation (attach statement)	5	-32,94	3. WATCH	I: 2			-32,943	
	6							remains.			ALCO DE LA COLONIA DE LA COLON	
	7			come (Schedule E)	7				製造の	EIVED		
	8			ents from a controlled organization (Schedule F	8			ا ھے	STATE OF A		181	
	9			11(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$				NOV	7 2020	191	
	10			ncome (Schedule I)	10			8	1404	7029	그怒!	
	11		-	dule J)	11			Ι,	OGE	EN IIT	-=	
	12			ctions, attach schedule)	12		082011	2. 12	*,1,1 * *,1,4 % 1			
	13					-30,52	4.	3111.			-30,524	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be												
	14	_		he unrelated business incom directors, and trustees (Schedule K)	<u>-</u>					<u> </u>		
	15	•		unectors, and trustees (Schedule K)								
•	16				•		•			-	_	
	17 40			(accompany)								
	18 40			(see instructions)								
	19 20	Danssand licenses	s	4500	• • • •			• •	19			
	20	Depreciation (atta	ch Form	4562)		20						
	24			on Schedule A and elsewhere on re						· -		
,	21	D =1 = 4: =										
,	22			anananahan alas -	deferred compensation plans							
,	22 23	Contributions to d	leferred			programs						
,	22 23 24	Contributions to d Employee benefit	leferred program	s						1	<u>'</u>	
,	22 23 24 25	Contributions to d Employee benefit Excess exempt ex	leferred program penses (s					25			
,	22 23 24 25 26	Contributions to d Employee benefit Excess exempt ex Excess readership	leferred program penses (costs (S	s	• • • •				<u>25</u>			
,	22 23 24 25 26 27	Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions	leferred program penses (costs (S (attach s	Schedule I)					25 26 27		·	
	22 23 24 25 26 27	Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions	program penses (costs (S (attach s	Schedule I)					25 26 27 28			
	22 23 24 25 26 27 28 29	Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated busines	program penses (costs (S (attach s Add line	Schedule I)	loss	deduction Subtract		 ine 1	25 26 27 28		-30,524	
	22 23 24 25 26 27	Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated busines Deduction for net	program penses (costs (S (attach s Add line ss taxab	Schedule I)	loss on o	deduction Subtract	line 28 from li		25 26 27 28 3 29 30	79)		

JSA 9x2740 1 000 80011I 6227

V 19-7.5F

Par	t III	Total Unrelated Business Taxable Income	_	
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see		
		ions)	32	-30,524.
33		s paid for disallowed fringes	33	
		•		
34		ble contributions (see instructions for limitation rules)	34	
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		20 524
		the sum of lines 32 and 33	35	-30 , 524.
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instruc	ions)'	36	
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-30,524.
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37.		·
00		·	39	-30,524.
Da		e smaller of zero or line 37	39	30,324.
		Tax Computation		-
40	Organi	rations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41	Trusts		rica Eran	
	the am	ount on line 39 from Tax rate schedule or Schedule D (Form 1041) ▶	41	
42	Proxy t	ax. See instructions	42	
43	Alterna	rive minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See instructions		
45				
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par		Tax and Payments	r°ara, ,	
	-	tax credit (corporations attach Form 1118, trusts attach Form 1116)	CANAL T	
		(======================================	X x X X X X X	
С	Genera	business credit Attach Form 3800 (see instructions)		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		
е		edits. Add lines 46a through 46d	l l	
47		t line 46e from line 45	47	
48		ces Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
-				0.
49		x. Add lines 47 and 48 (see instructions)	49	<u> </u>
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 * / 3 %	
þ	2019 e	stimated tax payments	- () () () () () () () () () (
C	Tax dep	osited with Form 8868		
d	Foreign	organizations Tax paid or withheld at source (see instructions) 51d	žiži, kir Žiži ili	
		withholding (see instructions)	\$x\$4\$\f\ \$7\.}C	
f		or small employer health insurance premiums (attach Form 8941)		
			ĸĔĸĔĸĬĸĬĸ ĽĸĬĸĬĸĬĸĬĸ	
g				
		orm 4136 Other Total ▶ [51g]	A STATE OF THE STA	0 070
52	-	ayments Add lines 51a through 51g	52	9,279.
53		ed tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax du	. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶	55	9,279.
56	Enter th	e amount of line 55 you want Credited to 2020 estimated tax > 9,279. Refunded	56	
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	;)	
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•	5100 2000
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	•	
	here ▶		loreign country	X
				$\frac{x}{x}$
58	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trust?	Brrans Created
	If "Yes,"	see instructions for other forms the organization may have to file		
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	l tri	ider penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the be e, correct, and complete Declaration of preparer (bither than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge	and belief, it is
Sigr	า 🛮 🛣		the IRS discuss	this roturn
Her		/ ^7/1//A \$\dagger \land \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	the preparer st	
				es X No
	L	Print/Type preparer's name	PTIN	
Paid			<u>'</u> " "\",	80332
1 1 1 1 1 1 1	arer	L . DONOM & VAINA II A TTD	. ^ / / - /	FFAC
·	arer Onlv	Firm's name ► ERNST & YOUNG U.S. LLP Firm's I		
·	Only		no 602-322-	

Form 990-T (2019)							Page 3			
Schedule A - Cost of G	oods Sold. E	nter method	d of inventory valua	ation	<u> </u>					
1 Inventory at beginning of	year . 1		6 Inve	entory	at end of yea	ar	6			
2 Purchases	2			7 Cost of goods sold. Subtract line						
3 Cost of labor			6 fi	rom lii	ne 5 Enter	here and in Part				
4a Additional section 263A	costs		I, lir	ne 2 .			7			
(attach schedule)	4a					section 263A (
b Other costs (attach sched						or acquired fo				
5 Total. Add lines 1 through	· · ·					<u></u>				
Schedule C - Rent Incom	e (From Real F	roperty a	nd Personal Pro	perty	Leased V	Vith Real Prope	erty)			
(see instructions)						-				
Description of property										
(1)										
(2)										
(3)			·							
(4)										
	2 Rent rece	ved or accru	ed							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real an percentage of rent 50% or if the rent in the following state of the foll				property	y exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income Add totals of there and on page 1, Part I, line	, ,	. ,				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,			
Schedule E - Unrelated D			e instructions)			, ,				
			2 Gross income from	m or	3 [nnected with or allocable to			
1 Description of de	ebt-financed property		allocable to debt-fina				(b) Other deductions			
			· property		(a) Straight line depreciation (attach schedule)		(attach schedule)			
(1)										
(2)										
(3)										
(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			income reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%			<u>-</u>			
Totals				•	Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Total dividends-received deduc				!		▶				

Form **990-T** (2019)

Schedule F – Interest, Ann	ando, moyando			ontrolled Or			Lucion	10 (50	C motrada	0113)		
Name of controlled organization	2 Employer identification numb	JCI	3. Net unrelated (loss) (see instr		1		fied	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income	
(1)												
(2)				_								
(3)												
(4)												
Nonexempt Controlled Organia	zations	•										
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific payments made		Inc	luded ii	n the co	9 that is ntrolling s income		Deductions directly nected with income in column 10	
(1)												
(2)												
(3)												
(4)												
Totals	· · · · · · · · · · · · · · · · · · ·			(0) (47	▶	En Pa	ter here irt I, line	e 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Schedule G-Investment Ir	come of a Sec	ction 501(C)(/),			nızatı	on (s	ee ins	tructions)		E Total dadustions	
1 Description of income	2 Amount of income				at-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)					
(1)									•			
(2)			-									
(3)												
(4)	Enter here and	1	. 40°× 31 ×	cananalis tablis		. * (*) d *	KIN N SCHOOL	x x . x . x . x . x . x . x . x . x	x. x x' x x x x x x x x	t was delaif a		
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	olumn (A)	ner Th	nan Adverti	sing In	icome	(see	ınstru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or urrelated country		ses v	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		come that ated	6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)				-								
(3)				-							_	
(4)												
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,					**************************************			Enter here and on page 1, Part II, line 25	
Schedule J-Advertising In Part I Income From Peri			onsol	idated Per	ie							
Part I Income From Peri		eu on a C	UNSU	uateu bas	15						T	
1 Name of periodical	1 Name of periodical I advertising I		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		s) (col il 3) If npute	5 Circulation income,		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					2255	_						
(2)	 					_						
(3)						_					1224 2021	
(4)												
Totals (carry to Part II, line (5))												
											Form 990-T (2019)	

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

Part II ² Income From Per 2 through 7 on a			rate Basis (For	each periodica	I listed in Part II	, fill in columns
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 ▶						
	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) ▶				CANAGE AND		
Schedule K - Compensatio	n of Officers, D	Pirectors, and T	rustees (see instr			
1 Name	2	Title	3 Percent of time devoted to business	4 Compensation unrelated		
(1)				%		
(2)				%	L	
(3)				%		
(4)	·			0/		

Form **990-T** (2019)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

UNRELATED BUSINESS INCOME FROM PASS-THROUGH ENTITIES

ATTACHMENT 2

RA CAPITAL CENTERBRIDGE STRATEGIC AIV V RCG KENNEDY HOUSE, LLC -32,869.

-44.

-30.

`INCOME (LOSS) FROM PARTNERSHIPS

-32,943.

SCHEDULE D (Form 1120)

Department of the Treasury

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

Internal Revenue Service Employer identification number CUMMING FOUNDATION 87-0440091 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Part I Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) 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 2,741. 2,741. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 2,741. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales price) (or other basis) whole dollars the result with column (g)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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 322. -322. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 -322. Summary of Parts I and II Part III Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 2,419. 16 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 2,419. Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

Form 8.949

Sales and Other Dispositions of Capital Assets

► Go to www.irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

2019

Department of the Treasury Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b. 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

Name(s) shown on return

CUMMING FOUNDATION

Social security number or taxpayer identification number

87-0440091

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

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 of X (C) Short-term transactions of X				wasn't reporte	ed to the IRS		
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a if you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e	
(Example 100 sh XYZ Co)	le 100 sh XYZ Co) (Mo . day. vr.) dis	disposed of (Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CENTERBRIDGE STRATEGIC AIV V STCG	VAR	VAR	44				44
RA CAPITAL STCG	VAR	VAR	2,697				2,697
	•						
	-						
	-		_				
			<u> </u>				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C above is checked).	2,741				2,741		

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 Paperwork Reduction Act Notice, see your tax return instructions.

JSA
9X2615 2 000

Form 8949 (2019)

Part II

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number CUMMING FOUNDATION 87-0440091 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

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)

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see

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) 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	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) an	
(Example 100 sh XYZ Co)	(Mo , day, yr)		(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
RA CAPITAL LTCG	VAR	VAR		322			-322
							-
					-	· ·	
							
						-	
-							
							· · · · · · · · · · · · · · · · · · ·
<u> </u>							
							<u></u> .
2 Totals Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box	here and inclu s checked), line	de on your 9 (if Box E		322		,	-322

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

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