NPR FOUNDATION 2019 FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN PUBLIC INSPECTION COPY FISCAL YEAR ENDED 09/30/2020

			** PUBLIC INS								
Form 990-T	E	Exempt C	Prganization B	usine	ess Incom	e Tax Retur	n	OMB No. 1545-0047			
			(and proxy tax u					2019			
	For cal		ther tax year beginning				<u>20</u> .	2019			
Department of the Treasury Internal Revenue Service			to www.irs.gov/Form990T f I numbers on this form as it				,	Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed		Name of organiza	ation (Check box if nar	ne change	d and see instruction	is.)	(Emp	loyer identification number ployees' trust, see uctions.)			
B Exempt under section	Print	NPR FOUL	NDATION				5	52-1795789			
X 501(c)(3)	or Type		and room or suite no. If a P.O					lated business activity code instructions.)			
408(e) 220(e)	Туре		RTH CAPITOL S								
408A 530(a) 529(a)		WASHING	te or province, country, and Z	2			523	523000			
C Book value of all assets at end of year	Book value of all assets at end of year and a set of the set of the set of year and th										
343,735,5	Book value of all assets at end of year 343,735,507. F Group exemption number (See instructions.) G Check organization type X 501(c) corporation 501(c) trust 401										
H Enter the number of the	•			1		cribe the only (or first) u					
			S IN PARTNERS			one, complete Parts I-V					
			e previous sentence, complet	e Parts I a	nd II, complete a Sch	redule M for each additio	nal trad	e or			
business, then complete			ry in an affiliated group or a p	orant out	idian (controlled are	oup?		es X No			
• • •			he parent corporation. 🕨	arent-sup	sidiary controlled gro	Jup ?	L Y				
				COWAN	I. TREASU	elephone number 🕨 💈	202-	513-2000			
Part I Unrelated					(A) Income	(B) Expense		(C) Net			
1a Gross receipts or sale	es										
b Less returns and allow			c Balance	► 1c							
2 Cost of goods sold (S	Schedule	A, line 7)		2							
3 Gross profit. Subtract											
4 a Capital gain net incom	ne (attac	h Schedule D)		4a	69,38	38.		69,388.			
			ach Form 4797)								
c Capital loss deduction	n for trus	sts		4c			-				
5 Income (loss) from a	partners	ship or an S corpo	ration (attach statement)		-765,63	38. STMT	1	-765,638.			
6 Rent income (Schedu	, .										
	•		ontrolled organization (Schedul								
			or (17) organization (Schedul								
11 Advertising income (S	Schedule) J)		11							
12 Unier income (See ins	2 throw	ah 19		12	-696,25	50		-696,250.			
Part II Deductio	ns No	t Taken Fls	ewhere (See instruction	13				0,250.			
			ected with the unrelated b			0113.)					
14 Compensation of off	icers, dir	rectors, and truste	es (Schedule K)		-		14	<u> </u>			
18 Interest (attach sche	dule) (se	ee instructions)					18				
							19	324.			
20 Depreciation (attach	Form 45	562)			20						
21 Less depreciation cla	aimed or	n Schedule A and e	elsewhere on return		21a		21b				
22 Depletion							22				
26 Excess readership co	osts (Scl	hedule J)					26	66 114			
27 Other deductions (at	27	66,114.									
		28 29	<u>66,438.</u> -762,688.								
			operating loss deduction. Sub years beginning on or after Ja				29	-702,000.			
30 Deduction for net op	rerauriy I	uss anisning in tax y	years beginning on or aller Ja	uiudiy 1, 2	010 P2 3332	יAጥEMENጥ ጓ	30	0.			
31 Unrelated business t	axahle ir	icome, Subtract li	ne 30 from line 29				31	-762,688.			
			ct Notice, see instructions.					Form 990-T (2019)			
				1							

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		NPR FOUNDATION	** PUBLIC INSPECTION COP	**		52	-1795789 Page 2
		Total Unrelated Business Taxal					
		f unrelated business taxable income computed					-762,688.
33	Amoun	ts paid for disallowed fringes	······	·		33	
34	Charita	ble contributions (see instructions for limitation	n rules) STMT 4	STMT 5		34	0.
		nrelated business taxable income before pre-20	•			35	-762,688.
		ion for net operating loss arising in tax years b					
		f unrelated business taxable income before spe		35			-762,688.
		c deduction (Generally \$1,000, but see line 38 i	. ,			38	
39		ted business taxable income. Subtract line 38	0	,			
_						39	-762,688.
		Tax Computation					
		zations Taxable as Corporations. Multiply line				40	0.
41		Taxable at Trust Rates. See instructions for ta					
		ax rate schedule or 🛛 Schedule D (Form				41	
		ax. See instructions				42	
43	Alterna	tive minimum tax (trusts only)				43	
44	Tax on	Noncompliant Facility Income. See instructio	ns				
45	Total. /	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45	0.
		Tax and Payments					
		tax credit (corporations attach Form 1118; tru					
		I business credit. Attach Form 3800					
		or prior year minimum tax (attach Form 8801 (
		redits. Add lines 46a through 46d				46e	0.
47	Subtrac	ct line 46e from line 45 axes. Check if from: Form 4255)	47	0.
)ther (attach schedule)	48	0.
		ax. Add lines 47 and 48 (see instructions)					0.
		et 965 tax liability paid from Form 965-A or For				50	0.
		nts: A 2018 overpayment credited to 2019				-	
		stimated tax payments				-	
C d	Foreign	posited with Form 8868 organizations: Tax paid or withheld at source	(coo instructions)	510		-	
		withholding (see instructions)				-	
		for small employer health insurance premiums				-	
		redits, adjustments, and payments:				-	
y			her Total	► 51g			
52		ayments. Add lines 51a through 51g		July		52	
		ted tax penalty (see instructions). Check if Forn				53	
54		e. If line 52 is less than the total of lines 49, 50			••••	54	
55		yment. If line 52 is larger than the total of lines			·····	55	
		ne amount of line 55 you want: Credited to 202			Refunded	56	
Part		Statements Regarding Certain	F	ation (see ir	· · · · ·		
57	At any t	time during the 2019 calendar year, did the org	janization have an interest in or a signatur	e or other auth	nority		Yes No
	over a f	financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to	o file		
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of th	e foreign coun	itry		
	here	▶					X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or t	transferor to, a	foreign trust?		Х
	lf "Yes,'	see instructions for other forms the organizat	ion may have to file.				
59		ne amount of tax-exempt interest received or a					
Cian.		nder penalties of perjury, I declare that I have examined prrect, and complete. Declaration of preparer (other than				owledge a	nd belief, it is true,
Sign Here		n. A A A A			Ν	May the IRS	S discuss this return with
TIELE		Signature of officer	Date TREAS	URER			er shown below (see
				Data			s)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check self- employed	if PTI	N
Paid			00397829				
	barer			2-0714325			
Use	Only	Firm's name ► RSM US LLP 2021 L STR	EET, NW		Firm's EIN 🕨	- 4	
		Firm's address WASHINGTON	-		Phone no.	202-	293-2200
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	_0		2				

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Page 3

Schedule A - Cost of Goods	Sold. Enter method of inv	ventory valuation 🕨 N/A					
1 Inventory at beginning of year	. 1	6 Inventory at end of yea	ır	6			
2 Purchases	2	7 Cost of goods sold. Su					
3 Cost of labor		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		Yes No			
b Other costs (attach schedule)		property produced or a	acquired for resale) apply to				
5 Total. Add lines 1 through 4b							
Schedule C - Rent Income (F		and Personal Property	Leased With Real Pro	perty)			
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received or accrued						
 (a) From personal property (if the percerection of the personal property is more the 10% but not more than 50%) 	nan `of rent	eal and personal property (if the percent; for personal property exceeds 50% or if e rent is based on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)							
(2)							
(3)							
(4)							
Total	0 . Total		0.				
(c) Total income. Add totals of columns 2(here and on page 1, Part I, line 6, column (a) and 2(b). Enter A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶ 0.			
Schedule E - Unrelated Debt		see instructions)		·			
		2. Gross income from	3. Deductions directly con to debt-finance				
1. Description of debt-final	nced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 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		•	0	. 0.			
Total dividends-received deductions incl	udad in column 0						
			·····				

Form 990-T (2019)

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Form 990-T (2019) NPR FO Schedule F - Interest, A	UNDATIC	N						79578		
Schedule F - Interest,	Annumes,	Royallies, a		Controlled O			ations (see	Instruction	IS)	
1. Name of controlled organizat	tion	2. Employer identification number	3. Net unr	elated income instructions)	4 . To	tal of specified ments made	5. Part of column included in the co organization's gro	ontrolling	6. Deductions directly connected with income in column 5	
(1)										
(1)										
(2) (3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrela	ted income (loss) structions)	9. Total	made in the control				column 9 that is included trolling organization's with gross income		
						gross	, meonie			
(1)										
(2)										
(3)										
(4)										
						Enter here and	nns 5 and 10. on page 1, Part I, column (A).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Tatala					•		0		0.	
Totals Schedule G - Investme				·····	····· ►			•	0.	
		or a Sectio	50 T(C)(<i>r</i>), (9), or	(17) 0	rganization				
(see instructions) 1. Description of income				2. Amount of income		ancerty connected (attach		et-asides h schedule)	 Total deductions and set-asides 	
(1)						(attach sched	ule) (attac	n schedule)	(col. 3 plus col. 4)	
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B).	
Totals			►		0.				0.	
Schedule I - Exploited	Exempt A			r Than Ad	lvertis	ing Income)			
(see instru						1				
1. Description of exploited activity	2. Gross unrelated busi income fro trade or busir	m directly with p	Expenses y connected production unrelated ess income	4. Net incom from unrelated business (co minus colum gain, compute through	l trade or lumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat attril	Expenses outable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
	Enter here an page 1, Par line 10, col.	tl, page	here and on e 1, Part I, I0, col. (B).						Enter here and on page 1, Part II, line 25.	
Totals 🕨		0.	0.						0.	

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form 990-T (2019)

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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.)

			Direct sing costs d. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.					leadership costs	7. Excess readers costs (column 6 mi column 5, but not n than column 4).	inus more
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.				•			0
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) 🕨	0.		0.							0
Schedule K - Compensation	n of Officers,	Direct	ors, and	d Trustees (see in	structio	ns)				
1. Name				2. Title		3. Percer time devot busines	ed to		pensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Fotal. Enter here and on page 1, Part II, li	ine 14					•				0

Form 990-T (2019)

NPR FOUNDATION

52-1795789

FORM 990-T INC	OME (LOSS) FROM P.	ARTNERSHIPS	STATEMENT 1			
DESCRIPTION			NET INCOME OR (LOSS)			
LOSS FROM INVESTMENT FUNDS (LOSS)	- ORDINARY BUSINE	SS INCOME	-765,638.			
TOTAL INCLUDED ON FORM 990-	T, PAGE 1, LINE 5		-765,638.			
FORM 990-T	OTHER DEDUCT	IONS	STATEMENT 2			
DESCRIPTION			AMOUNT			
TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES	2,980. 63,134.					
TOTAL TO FORM 990-T, PAGE 1	, LINE 27		66,114.			
FORM 990-T NE	T OPERATING LOSS	DEDUCTION	STATEMENT 3			
			ominini o			
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
TAX YEAR LOSS SUSTAINED 09/30/19 395,512.	PREVIOUSLY		AVAILABLE			
	PREVIOUSLY APPLIED 0.	REMAINING	AVAILABLE THIS YEAR			
09/30/19 395,512.	PREVIOUSLY APPLIED 0.	REMAINING 395,512. 395,512.	AVAILABLE THIS YEAR 395,512.			
09/30/19 395,512. NOL CARRYOVER AVAILABLE THI	PREVIOUSLY APPLIED 0. S YEAR CONTRIBUTION	REMAINING 395,512. 395,512.	AVAILABLE THIS YEAR 395,512. 395,512.			
09/30/19 395,512. NOL CARRYOVER AVAILABLE THI FORM 990-T	PREVIOUSLY APPLIED 0. S YEAR CONTRIBUTION	REMAINING 395,512. 395,512. S	AVAILABLE THIS YEAR 395,512. 395,512. STATEMENT 4			

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	5
	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	CONTRIBUTIONS 25,050,317 19,224,128 17,503,821 16,555,836 16,204,928			
TOTAL CARI TOTAL CURI	RYOVER RENT YEAR 10% CONTRIBU	94,539,030 17,326,366			
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	JUSTED	111,865,396 0		
	NTRIBUTIONS		111,865,396		
	0% CONTRIBUTIONS ESS CONTRIBUTIONS		0 111,865,396		
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON			0
TOTAL CON	TRIBUTION DEDUCTION				0

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

990-T

	JU-1 FAGE 1	-						990-1							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26				.000	ну	16			1.		-1.			0.	
	* TOTAL 990-T PG 1 DEPR						0.		1.		-1.	0.		٥.	0.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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 2 g

Employer identification number

NPR FOUNDATION

NPR FOUNDATION	52-1795789
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes X No

If "Yes," attach Form 8949 and see its instru Part I Short-Term Capital Ga			ır gain or loss.		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	(h) Gain or (loss). Subtract column (e) from column (d) and 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 					
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	20				20
Form(s) 8949 with Box C checked	20.				20.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach compute	,			6 7	20.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gai				/	20.
See instructions for how to figure the amounts		istructions.)	1		[
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	n 9, I)	(h) Gain or (loss). Subtract column (e) from column (d) and 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	45,699.				45,699.
	43,099.			11	43,055.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-king				13	
44. On start with altrauth satisfies				14	23,669.
15 Net long-term capital gain or (loss). Combine				15	69,368.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir		loss (line 15)		16	20.
17 Net capital gain. Enter excess of net long-term				17	69,368.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns					69,388.
Note: If losses exceed gains, see Capital Los		•	······	18	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

921051 12-16-19

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Form	8949						
Department of the Treasury Internal Revenue Service							

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019 Attachment Sequence No. 12A

						taxpayer i	Social security number or taxpayer identification no. $52-1795789$		
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10	you received an 99-B. Either will	y Form(s) 1099-B show whether you	or substitute state Ir basis (usually you	ment(s) fron ur cost) was				
Part I Short-Term. Transact transactions, see page 2.		tal assets you held	1 year or less are ge	nerally short-term (se	e instruction	s). For long-term			
Note: You may aggregate a codes are required. Enter th	I short-term transa e totals directly on	ctions reported on Schedule D, line 1	Form(s) 1099-B show a; you aren't required	ving basis was report to report these tran	ted to the IRS sactions on F	S and for which no a Form 8949 (see inst	adjustments or ructions).		
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one b	ox. If more than one b	oox applies for your shor	t-term transactions, corr	plete a separat	e Form 8949, page 1, 1			
(A) Short-term transactions re									
(B) Short-term transactions re	ported on Form(s) 1099-B showir	ng basis wasn't re	ported to the IRS					
(C) Short-term transactions no	ot reported to yo	u on Form 1099-	В		-				
l (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	Date sold or lisposed of (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (, if any, to gain or I enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &		
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adiustment	combine the result with column (g)		
SHORT TERM CAPITAL	1		20.				20.		
2 Totals. Add the amounts in colu	$\frac{1}{2}$	nd (h) (subtract					<u> </u>		
negative amounts). Enter each to		. , .							
Schedule D, line 1b (if Box A abo									
above is checked), or line 3 (if B			20.				20.		
Note: If you checked Box A above b		, .	was incorrect, ent	er in column (e) th	e basis as r	eported to the IF	S, and enter an		
adjustment in column (g) to correct									

Form 8949 (2019)				Attachn	nent Sequen	ice No. 12A	Page 2
lame(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1					Social secur taxpayer ide	Social security number or taxpayer identification no.	
NPR FOUNDATION							795789
Before you check Box D, E, or F below statement will have the same inform broker and may even tell you which	box to check.		-			•	
Part II Long-Term. Transaction	ons involving capita	al assets you held i	more than 1 year are	generally long-term	(see instructio	ns). For short-term	transactions,
Note: You may aggregate al							
codes are required. Enter the You must check Box D, E, or F below.	Check only one bo	ox. If more than one b	ox applies for your long	term transactions, com	olete a separate	Form 8949, page 2, fo	r each applicable box.
If you have more long-term transactions than wi					-		
(D) Long-term transactions rep (E) Long-term transactions rep	-				e Note abov	e)	
(F) Long-term transactions no		•	-				
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
LONG TERM CAPITAL			45,699.		С		45,699.
					↓ ↓		
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		,					
Schedule D, line 8b (if Box D abo			15 600				15 600
above is checked), or line 10 (if E			45,699.				45,699.
Note: If you checked Box D above adjustment in column (g) to correct							

923012 12-11-19

Form 8949 (2019)

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