Form 990-T	l 6	Exempt Orga	nization Rus	sine	es Inco	nme T			OMB No 1545-0047		
Form 330-1	•	a (a	nd proxy tax und	er se	ection 603	3(e))	ial	$\frac{1}{2}$	2010		
	For ca	lendar year 2019 or other tax y	· · · — — —		, and e			_	2019		
Department of the Treasury Internal Revenue Service	•	Go to www Do not enter SSN number		be ma	ide public if y	our organiz			Open to Public Inspection for 50 1(c)(3) Organizations Only		
A Check box if address changed	Name of organization (Check box if name changed and see instructions)							(Emp	oyer identification number loyees' trust, see uctions)		
B Exempt under section	Print		ER FOUNDATI			ILDRE	<u> </u>		3-1820170 lated business activity code		
X 501(C)3) 408(e) 220(e)	Туре	I Number, street, and room or suite no. If a P.U. box, see instructions.						instructions)			
408A 530(a) 529(a)		City or town, state or pro	vince, country, and ZIP of Y 10021	r foreig	n postal code			900	00099		
C Book value of all assets at end of year		F Group exemption num		>							
238,246,2				oratio	n 50	1(c) trust	<u>`</u>	a) trust	Other trust		
H Enter the number of the		ITION'S UNFEIRED TRACES OF EEE STATEMENT		<u> </u>			the only (or first) u				
		ce at the end of the previo		arte I ar			complete Parts I-V		•		
business, then complete	-	•	us semence, complete Pa	iris i ai	iu ii, complete	a Schedule	s IVI TOT EACH AUGILIO	illal liaut	e ui		
		oration a subsidiary in an	affiliated group or a pare	nt-subs	idiary controll	ed aroun?		☐ Y€	es X No		
•		tifying number of the pare		11 5055	indiary controll	ca groop			110		
J The books are in care of		THE FOUNDATI				Teleph	one number 🕨	(212	744-0190		
Part I Unrelated	Trac	de or Business Inc	come		(A) Inc	ome	(B) Expense	28	(C) Net		
1a Gross receipts or sale	s										
b Less returns and allow	vances		c Balance	1c							
2 Cost of goods sold (S	chedule	A, line 7)	•	2							
3 Gross profit. Subtract	line 2 fi	rom line 1c		3							
4a Capital gain net incom	ne (attac	h Schedule D)		4a	53	,892.			53,892.		
b Net gain (loss) (Form	4797, F	art II, line 17) (attach Forr	n 4797)	4b							
c Capital loss deduction	for true	sts		4c							
5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	92	,654.	STMT	18	92,654.		
6 Rent income (Schedu	le C)			6		í I					
7 Unrelated debt-financ	ed incoi	me (Schedule E)		7	1	il					
		and rents from a controlled	-	8	,		<u> </u>		i		
9 Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9	1				1.		
10 Exploited exempt active	vity inco	me (Schedule I)	4	10		1					
11 Advertising income (S	Scheduk	: J)		11	/ '	k t					
12 Other income (See ins	struction	ıs; attach schedule)		12		n I			·		
13 Total. Combine lines				13/		,546.			146,546.		
Part II Deductio (Deductions	ns No must t	ot Taken Elsewhe be directly connected w	re (See instructions for ith the unrelated bust	or limit ness in	ations on dencome)	ductions)			<u> </u>		
14 Compensation of off	icers, di	rectors, and trustees (Sch	edule K)			j j		14	:		
15 Salaries and wages			STOR	N/E	n			15	<u> </u>		
16 Repairs and mainten	апсе		RECE	IVL	الإيراب	H !		16			
17 Bad debts				a 10	20 101	8 1		17	ļ <u>.</u> .		
18 Interest (attach sche	dule) (s	ee instructions)	SEP 1	8 Yu	^Δ υ 🕉	' n •		18	· · · · · · · · · · · · · · · · · · ·		
19 Taxes and licenses			<u> @</u>		The Property lies	" 		19			
20 Depreciation (attach	Form 4	562) n Schedule A and elsewhe	OGDE	N.	UT	20			,		
21 Less depreciation cla	umed o	n Schedule A and elsewhe	re on leturn UGD			21a		21b			
E Dopiotion		/			,	ጎ / ፎ ነ		22			
23 Contributions to defe		prépensation plans			1			23			
24 Employee benefit pro					 			24			
25 Excess exempt expe	/				ļ	R 13		25			
26 Excess readership of					11	55 (N LÚ (N	•	26	<u> </u>		
27 Other deductions (at						⅓ { ¼ ♂		27	0."		
28 Total deductions. A			and a second second		•			28			
,		ncome before net operatin loss arising in tax years be				i i		29	146,546.		
(see instructions)		.		- •		•		30	0.		
	axable II	ncome. Subtract line 30 fro	om line 29			P	- <u></u> -	31	146,546.		
923701 01-27-20 LHA FO						ř.			Form 990-T (2019)		
				28		1			910		
10909 758227	7 41	200	2019.04020	THI	E HECKS	CHER	FOUNDATI	ON I	FO 412001		

Form 990-T (019) THE HECKSCHER FOUNDATION FOR CHILDREN		13-182	20170 Page 2
Part III	Total Unrelated Business Taxable Income			
32 /Tot	al of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32 3	146,546.
33 [/] Am	ounts paid for disallowed fringes	•	33	
34 Cha	ritable contributions (see instructions for limitation rules)		34	0.
35 Tot	al unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines	32 and 33	35	146,546.
36 Dec	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	r 220		1,465.
	al of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7		145,081.
	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	Q ¹	38	1,000.
	elated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	0,		
	If the smaller of zero or line 37	- (1	39 1	144,081.
	Tax Computation	<u>`</u>	, , ,	,
	anizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1	1461	30,257.
	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1	 	30,23,1
71	Tax rate schedule or Schedule D (Form 1041)	_	41	
42 Pro	xy tax. See instructions		42	
	rnative minimum tax (trusts only)		43	
	,		44	· · · · · · · · · · · · · · · · · · ·
	on Noncompliant Facility Income. See instructions 1. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	٦	45	30,257.
	Tax and Payments	∤	1 45. 1	30,237.
			. '. 	
-	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)		1	
	er credits (see instructions) 46b		- -	
	eral business credit. Attach Form 3800		4.1	
	dit for prior year minimum tax (attach Form 8801 or 8827)		 	
	al credits. Add lines 46a through 46d		46e	30 257
	tract line 46e from line 45		47	30,257.
	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	48	30 257
	al tax. Add lines 47 and 48 (see instructions)	4	49	30,257.
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	F.C.0	50	0.
•	₩ 1 	<u>,560.</u>	4	
	9 estimated tax payments 51b		4 1	
c Tax	deposited with Form 8868 51c		1 1	
d For	rign organizations; Tax paid or withheld at source (see instructions)		1	
	kup withholding (see instructions) 51e		1	
	tit for small employer health insurance premiums (attach Form 8941) 51f		1	
g Oth	er credits, adjustments, and payments: Form 2439			
<u></u>	Form 4136		↓	
	al payments. Add lines 51a through 51g	m	52	3,560.
53 Esti	mated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	<i>,</i> \$	53	965.
54 Tax	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 19	9 >	54	27,662.
	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
56 Ent	r the amount of line 55 you want: Credited to 2020 estimated tax		56	
Part VI	Statements Regarding Certain Activities and Other Information (see instruction	s)		
	ny time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
ove	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
Fin(EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
here	• >			_ <u> </u>
58 Dur	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?		X
If "Y	es," see instructions for other forms the organization may have to file.			
59 Ente	r the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
-	Under penalties of perjury, I deorge that have examined this return, including accompanying schedules and statements, and to the best correct, and complete, Declaration of which preparer to the return is based on all information of which preparer has any knowledge	t of my kno	wledge and belief,	it is true,
Sign		М	ay the IRS discuss	this return with
Here	1 1 1 1 1 1 1 1 1 1		e preparer shown I	
	Signature of officer Date Title	ın	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	(f PTIN	
Paid	salf-	employed		
Prepare	DANTEL BRECHAUAN DANUEL Breshanan	•	P0145	2200
Use On	I Funda nama 🔈 MCCCDATH S. COMDANY 1.1.D	's EIN 🕨	13-55	59072
USE OF	150 BROADWAY, SUITE 1212			
		ne no. 2	212-571-	2300
923711 01-2		•		990-T (2019)
				· · · · · · · · · · · · · · · · · · ·

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	1			
1 Inventory at beginning of year	1	_	6 Inventory at end of year	ar '		6	
2 Purchases	2		7 Cost of goods sold. S		line 6		
3 Cost of labor	3		from line 5. Enter here	and in t	Part I,		
4a Additional section 263A costs			line 2		•	7	
(attach schedule)	4a		8 Do the rules of section	with respect to	•	Yes No	
b Other costs (attach schedule)	4b		property produced or	•	•		
5 Total. Add lines 1 through 4b	5		the organization?		- тол тооштоу аррту по		1 1
Schedule C - Rent Income		Property an		Leas	ed With Real Pro	perty)	
(see instructions)	(* . •		- · · · · · · · · · · · · · · · · · · ·	1		p = ,	
Description of property		_		1			
(1)				1 1 1			
<u>(1)</u> (2)				111			
				113			
(3)				1:			
(4)	2 Rent receive	ed or accrued			1		
(a) From personal property (if the per			and personal property (if the percent		3(a) Deductions directly		
rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal property exceeds 50% or if at is based on profit or income)	f	columns 2(a) an	nd 2(b) (attach sche	dule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns		ter			(b) Total deductions. Enter here and on page 1.		_
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)				
			2. Gross income from		Deductions directly control debt-finance		cable
1. Description of debt-fit	nanced property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
To be samplion of debt-in	maniced property		financed property		(attach schedule)	(attach	schedule)
(1)	<u>.</u>			ļ			
(2)							
(3)				<u> </u>			
(4)				<u> </u>			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5	,	7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1)			%				
(2)	i		%			ĺ	
(3)			%				
(4)		-	%				
	•				nter here and on page 1, Part I, line 7, column (A)		nd on page 1, 7, column (B)
Totals			_		0		0.
Total dividends-received deductions in	ichided in column	8			<u>_</u>	 	0.
10151 GIAIGEIIGS IECEIAEG GEGROCHOHS III	ioloucu iii colullili						- 000 T (0010)

Schedule F - Interest,	Annuitie	es, Roya	ities, a	_	s From Controlled O			zatio	ns (see ins	struction	ns)
1. Name of controlled organiza	ation	2. Emj identifi num	cation	3. Net uni	related income e instructions)	4. Tota	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	roiling	6. Deductions directly connected with income in column 5
(1)							<u> </u>				
(2)							ı				
(3)				1			≨ 1				
(4)							<u> </u>				
Nonexempt Controlled Organ	ızatıons						,Ľ				
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payi made	ments	10. Part of column the controll		nization's		eductions directly connected th income in column 10
	 			 		+					
(2)	 						<u>'</u> ,				
(3)				<u> </u>			19				
(4)							(6)				
							Add colur Enter here and		1, Part I,	l .	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals							# :		0.		0.
Schedule G - Investme (see inst	ent Incol ructions)	me of a	Section	n 501(c)(7), (9), or	(17) Or	- 1				
1. Desc	cription of inco	me			2 Amount of	ıncome	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides schedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)							†				
(2)							} _i , ι				
(3)							V I				
(4)					<u> </u>		*.1				
					Enter here and a Part I, line 9, co		* 1				Enter here and on page 1, Part I, line 9, coliumn (R)
Totals		_				0.					0.
Schedule I - Exploited (see instri	_	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			_
Description of exploited activity	unrelated incom	iross business e from business	directly of uni	penses connected oduction related is income	4 Net incom from unrelated business (co minus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						i	tı.				
(2)							¥ .				
(3)							.# 1				
(4)		e and on , Part I, col (A)	page 1	re and on 1, Part I, , col (B)			1 1				Enter here and on page 1, Part II, line 25
Totals -		0.		0.							0.
Schedule J - Advertisi							er i				
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis	4				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulat income	tion	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)]
(2)					_						(
(3)					_		*]
(4)							,1 1				
Totals (carry to Part II, line (5))	•		<u> </u>	0			ι _i •				0.
-							le ·				Form 990-T (2019)

923731 01-27-20

Form 990-I (2019) THE HECKSCHER FOUNDATION FOR CHILDREN ' 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	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	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)		ł t		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.		-1		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	<u> 17</u>
		BUSINESS ACTIVIT	ΓY			

DEBT FINANCED INVESTMENTS THROUGH LP

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROI	M PARTNERSHIPS		STA	TEMENT	18
DESCRIPTION						T INCOM	
SRA PRIVATE EQUIT (LOSS) SRA PRIVATE EQUIT INCOME (LOSS) SRA PRIVATE EQUIT (LOSS)	Y PORTFOLIO III	- ORDINAL	RY BUSINESS			105,6 -11,9 -1,0	969.
TOTAL INCLUDED ON	FORM 990-T, PA	GE 1, LIN	5			92,6	554.
FORM 990-T	INTERE	ST AND PE	NALTIES		STA	TEMENT	19
TAX FROM FORM 99 UNDERPAYMENT PI LATE PAYMENT PI LATE PAYMENT PI	ENALTY NTEREST					1	597. 965. 123. 267.
TOTAL AMOUNT DUE			-	,		28,0)52.
FORM 990-T	LA	TE PAYMENT	INTEREST		STA	TEMENT	20
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTERE	EST
TAX DUE DATE FILED	07/15/20 09/09/20	26,697	26,697. 26,820.	.0300	56	1	L23.
	T INTEREST						23.

FORM 990-T		LATE PA	YMENT PENALT	Υ'	STA	TEMENT 2
DESCRIPTIO	N	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	_	07/15/20 09/09/20	26,697.	26,697. 26,697.	2	267
TOTAL LATE	PAYMENT PENALTY	Y				267
				· · · · · · · · · · · · · · · · · · ·	 = :	
FORM 990-T	ı	NET OPERATI	NG LOSS DEDU	CTION	STA	TEMENT 2
	LOSS SUSTAINEI	LC PREVI	OSS COUSLY	CTION LOSS REMAINING	AVA	TEMENT 2
FORM 990-T TAX YEAR 12/31/17		LC PREVI D APF	OSS COUSLY	LOSS	AVA	ILABLE

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

THE HECKSCHER FOUN	DATION FOR CH	ILDREN		13-	1820170
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax yea	r?		Yes X No
If "Yes," attach Form 8949 and see its instru	.,	, ,		•	
Part I Short-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(9) Adjustments to gar or loss from Form(s) 894	n 19.	(ħ) Gain or (loss) Subtract column (s) 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	1				
1b Totals for all transactions reported on	1				
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	k				
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combin-	e lines 1a through 6 in column	h		7	
Part II Long-Term Capital Gai	ns and Losses (See II	nstructions.)			
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) 894	19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	, (sales price)	(or other basis)	Part II, line 2, column (g	3)	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					50.00
Form(s) 8949 with Box F checked					53,892.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		•	13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	53,892.
Part III Summary of Parts I and			.		,
16 Enter excess of net short-term capital gain (lir				16	50.000
17 Net capital gain. Enter excess of net long-term			'	17	53,892.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 53,892					

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

LHA

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.

THE HECKSCHER FOUNDATION FOR CHILDREN

13-1820170

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 w	hether 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 age 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 Adjustment, if any, to gain or (h) loss. If you enter an amount in column (g), enter a code in column (f). See instructions. Proceeds Date sold or Cost or other Gain or (loss). Description of property Date acquired Subtract column (e) (sales price) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) in Code(s) with column (g) the instructions adjustment SRA PRIVATE EQUITY 36,495. PORTFOLIO II SRA PRIVATE EQUITY PORTFOLIO III 17,397. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

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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53,892.

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)