Form	990-T	Ex	empt Organization (and proxy ta	Bus x und	siness Income T der section 6033(e	®ÆRetur ∷))	'n _	OMB No 1545-0047
	1.	For cale	ndar year 2019 or other tax year begi		•	^	6 (	୭ଲ19
D	o .		Go to www.irs.gov/Form99		•	11/2	14	20 IJ
•	ent of the Treasury Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form				(3)	en to Public Inspection for 1(c)(3) Organizations Only
A	Check box if	- 50			me changed and see instructions			dentification number
^	address changed		Traine or organization ( onesic i	,	•		(Employees'	trust, see instructions )
			MUE CADLE ECUMPANTA	ONI.	Internal Revenu	e Service		
	pt under section	Deint	THE CARLE FOUNDATION  Number, street, and room or suite no	<u></u> _	Received US B	ank - USB	27 0672	A C E
X 5	01( C )( <b>0</b> 3 )	Print or	Number, street, and room or suite no	IfaPO	box, see instructions 803/	)	37-0673	
4	08(e) 220(e)	Туре			74	,	(See instructi	business activity code ons )
4	08A530(a)		611 W PARK		NOV 2	2020	(0.00	- · ·
5	29(a)		City or town, state or province, coun	try, and Z	ZIP or foreign postal code	_		
	value of all assets		URBANA, IL 61801		Ogden	.UT ,	52	
at en	d of year	F Gro	up exemption number (See instruc	ctions)	<b>&gt;</b>	<u>-                                    </u>		<del></del> -
26	557419618.	<u> </u>	eck organization type > X 50			trust	401(a) trust	Other trus
			inization's unrelated trades or busin					irst) unrelated
				103303				n one, describe the
	e or business her		e end of the previous sentence, co			•		in one, accorde the
	•			ompiete	e Parts I and II, complete a Sc	nequie ivi for eac	ii additional	
	e or business, the							Yes X N
	-		corporation a subsidiary in an aff			ontrolled group?		Yes A N
			identifying number of the parent c				7 202 22	1 1
J The	books are in care	e of ▶DE	ENNIS P. HESCH, EXEC	VP/C	FO Telephone	e number ▶ 21		·
Part	Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a /	ross receipts or :	sales			,			
	ess returns and allowa		c Balance	<b>▶</b> 1c				
2 (	Cost of goods sol	d (Sched	lule A, line 7)	2				
)	-		2 from line 1c					
4 - 6	•		attach Schedule D)	• 🗕	1,707,946.			1,707,946
					1			<del>/</del>
	•		Part II, line 17) (attach Form 4797)	· —				
; c (	•		trusts		153,921.	A M CII O	-/-	153,921
:			or an S corporation (attach statement)		153,921.	ATCH 2	/	133,923
6 F	Rent income (Sch	edule C)		. 6				
7 (	Inrelated debt-fir	nanced in	ncome (Schedule E)	. 7				
<b>3</b> 8 18	nterest, annuities, roya	alties, and re	ents from a controlled organization (Schedule	F) 8				
9 1	nvestment income of a	section 50	11(c)(7), (9), or (17) organization (Schedule C	G) <b>9</b>			-	
7 L 8 H 9 H	Exploited exempt	activity ii	ncome (Schedule I)	. 10				
) 11 A		•	dule J)	11		<del>-</del>		
12 (	Other income (Se	e instruc	ctions, attach schedule)	` ——				
	,		ough 12		1,861,867.			1,861,867
13	ptai. Combine in	nes 3 un	ough 12	<u>.                                    </u>				
- 0 F T 1			Takan Eleawhara (See inc	tructio	one for limitations on d	eductions ) /[	)eductions	
Part					ons for limitations on d	eductions ) ([	Deductions	
$\Box$	connecte	d with th	he unrelated business incor	me)				
14 /	connected Compensation of	d with the officers,	he unrelated business incordirectors, and trustees (Schedule H	me ) K),	<u>/</u>		14	
14 / C 15 S	connected Compensation of Salaries and wage	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule k	me ) K)	<u>/</u> 		14	
14 / C 15 S	connected Compensation of Salaries and wage	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule H	me ) K)	<u>/</u> 		14	
14 / C 15 S 16 F	connected Compensation of Salaries and wage Repairs and main	officers, es tenance	he unrelated business incordirectors, and trustees (Schedule k	me ) K)	<u>/</u> 		14	
14 / 0 15 S 16 F 17 E	connected Compensation of Salaries and wage Repairs and main Bad debts	officers, es etenance	he unrelated business incordirectors, and trustees (Schedule F	me ) K) 			14 15 16	must be directly
14 / C 15 S 16 F 17 E 18 I	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach s	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule k	me ) K)			14 15 16 17	must be directly
14 / C 15 S 16 F 17 E 18 I 19 T	connected Compensation of Salaries and wage Repairs and main Bad debts nterest (attach staxes and license	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule k	me )  K)			14 15 16 17	must be directly
14 / C 15 S 16 F 17 E 18 I 19 T	connected Compensation of Salaries and wage Repairs and main Bad debts	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Rose instructions)	me )  K)	20		14 15 16 17 18	must be directly
14 / C 15 S 16 F 17 E 18 I 19 T 20 E 21 L	connected Compensation of Salaries and wage Repairs and main Bad debts	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Figure 1) (see instructions).  1 4562).  1 on Schedule A and elsewhere on	me )  K)	20 21a		14	must be directly
14 / C 15 S 16 F 17 E 18 I 19 T 20 E 21 L 22 E 1	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach services and license Depreciation (attaces depreciation Coepletion	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Formatting Schedule Formatting Schedule A and elsewhere on	me )  K)	20 21a	, ,	14	must be directly
14 / C	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach staxes and licensed Depreciation (attaces depreciation Contributions to Contribution	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Formatting Schedule Formatting Schedule A and elsewhere on Compensation plans	me )  K)	20   21a		14	must be directly
14 / C	connected Compensation of Salaries and wage Repairs and main Sad debts Interest (attach staxes and license Depreciation (attaches depreciation Contributions to Comployee benefit	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule kinds)  (see instructions)  4562)  compensation plans	me )  K)	20 21a	, ,	14 15 16 17 18 19 21b 22 23	must be directly
14 / C	connected Compensation of Salaries and wage Repairs and main Sad debts	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Market (Schedule Market)).  (see instructions)  1 4562)  1 on Schedule A and elsewhere on compensation plans  5 Schedule I).	me )  K)	20   21a	, ,	14	must be directly
14 / C	Connected Compensation of Salaries and wage Repairs and main Sad debts Interest (attach saxes and license Depreciation (attaces depreciation Contributions to Contributions	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Marketors).  (see instructions).  1 4562).  1 on Schedule A and elsewhere on compensation plans.  Schedule I).	me )  K)	20 21a		14	must be directly
14 C 15 S 16 F 17 E 18 I 19 T 20 E 21 L 22 E 23 C 24 E 25 E 26 E 27 C 27	connected Compensation of Salaries and wage Repairs and main Bad debts	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Figure 1) and trustees (Schedule Figur	me )  K)	20 21a		14	must be directly
14 C 15 S 16 F 17 E 18 I 19 T 20 E 21 L 22 E 23 C 24 E 25 E 27 C 28 T 28 T 28	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach staxes and license Depreciation (attaces depreciation contributions to comployee benefit excess exempt excess readership Other deductions	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Figure 1).  (see instructions).  (see instructions).  (a 4562).  (a on Schedule A and elsewhere on compensation plans see Schedule I).  (schedule J).  (schedule J).  (schedule).	me )  K)	20 21a	, ,	14	433, 367
14 C 15 S 16 F 17 E 18 I 19 T 20 E 21 L 22 E 23 C 24 E 25 E 27 C 28 T 28 T 28	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach staxes and license Depreciation (attaces depreciation contributions to comployee benefit excess exempt excess readership Other deductions	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Marketors).  (see instructions).  1 4562).  1 on Schedule A and elsewhere on compensation plans.  Schedule I).	me )  K)	20 21a	, ,	14	433, 36 <sup>-2</sup>
14 C 15 S 16 F 17 E 18 U 19 C 12 C	connected Compensation of Salaries and wage Repairs and main Bad debts Interest (attach see Saxes and license Depreciation (attaches depreciation (attaches depreciation contributions to Comployee benefit excess exempted Excess readership Other deductions of the deductions of th	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Fig. 1).  (see instructions)	me )  K)	deduction S bract line	28 from line	14	must be directly
14 C 15 S 16 F 17 E 19 T 20 E 21 L 22 E 23 C 25 E 27 C 28 T 29 30 E 29 30 E 29 S 20 E	connected Compensation of Salaries and wage Repairs and main Bad debts	d with the officers, es	he unrelated business incordirectors, and trustees (Schedule Figure 1).  (see instructions).  (see instructions).  (a 4562).  (a on Schedule A and elsewhere on compensation plans see Schedule I).  (schedule J).  (schedule J).  (schedule).	me)  K)  return  g loss	deduction Subtract line or after January 1, 2018 (see	28 from line	14	433, 367

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PAGE 82

_	t III Total Unrelated Business Taxable Income				- age -
	<del></del>		$\neg$		
•	otal of unrelated business taxable income computed from all unrelated trades or businesses (			1 120	500
- 1	rinstructions)	. 1 3		1,428,	300
33	Amounts paid for disallowed fringes				050
34	Charitable contributions (see instructions for limitation rules) ATCH. 3		4	142,	850
35	Total unrelated business taxable income before pre-20/18 NOLs and specific deduction. Subtract I	ine			
	34 from the sum of lines 32 and 33	. ノ <u>3</u>	5	1,285,	650
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (	see			
	instructions)	. , 3	6		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	3	7	1,285,	650
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8	1,	000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line			_	
•	enter the smaller of zero or line 37	1111	9	1,284,	650
Pai	t IV  \ Tax Computation	- <del>1.0.</del>			
	<del></del>	. 1 4		269,	777
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		<del>-</del>		
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax	1-1			
	the amount on line 39 from Tax rate schedule or Schedule O (Form 1041).				
42	Proxy tax. See instructions	.▶ 4			
43	Alternative minimum tax (trusts only)	· ·   4	3		
44	Tax on Noncompliant Facility Income. See Instructions	4 است	4		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 4	5	269,	. 777
Pai	t V , į  Tax and Payments	- 1			
46 a	Foreign ax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		`	•	
b					
	General business credit Attach Form 3800 (see instructions)	T i	1		
	Credit for prior year minimum tax (attach Form 8881 or 8827)	-			
		4	 		
	Total credits. Add lines 46a through 46d			269,	777
47	Subtract line 46e from line 45	· · · ·			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu			269,	777
49	Total tax. Add lines 47 and 48 (see instructions)	.4		209,	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		0		
51 a	Payments A 2018 overpayment credited to 2019		ı		
b	2019 estimated tax payments				
С	Tax deposited with Form 8868	00.	ļ		
d	Foreign organizations Tax paid or withheld at source (see instructions)				
	· · · · · · · · · · · · · · · · · · ·	17.			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f				
	Other credits, adjustments, and payments Form 2439				
9	Form 4136 Other Total 51g	1	.		
50				1,224,	668
52	Total payments. Add lines 51a through 51g			1,221,	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	-			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			05.4	0.01
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		_	954,	,891
56	Enter the amount of line 55 you want  Credited to 2020 estimated tax ▶ 954,891. Refunded		6		
° Pa	t VI Statements Regarding Certain Activities and Other Information (see instru	ctions)	<u> </u>		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature	e or ot	her author	rity Yes	N C
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may ¹	have to	iile	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of			l l	
	here ▶CAYMAN ISLAND, IRELAND		Ū	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign	tniet?		X
50		Toreign	uusi	$\cdots$	+
	If "Yes," see instructions for other forms the organization may have to file				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$62.  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to	the bost	of my knowle	edne and h	elief
۵.	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge			yo anu b	undi, il
Sig		May t	the IRS dis	cuss this	retur
Her			the prepare	r shown	belov
	Signature of officer Date Title	(see ins	structions)?X	Yes	No
_	Print/Type preparer's name  Preparer's signature  I TENNITEER D. RHODERICK  Print/Type preparer's name  I TENNITEER D. RHODERICK  I TENNITEER D. RHODERICK  I TENNITEER D. RHODERICK	Check	ıf PT	N5	
Paid	penniter britisher	self-empl	oyed P	003957	35
	Darer Firm's name ► ERNST & YOUNG U.S. LLP		v▶ 34-6	556559	6
Use	Only Firm's address > 111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204	Phone no	317-68	1-700	ō
JSA	•			m 990-1	
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THE	LE	FOUNDATION	

Form 990-T (2019)			_							Page 3
Schedule A - Cost of Go	ods Sold. E	nter method	of inventor	y valuation (	<u> </u>					
1 Inventory at beginning of y	ear . 1	_	(	6 Inventory	at end of yea	ar	6			
2 Purchases	2		;	7 Cost of	goods so	ld. Subtract line	l			
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2.			. 7			
(attach schedule)	4a		1	B Do the	rules of	section 263A (v	with re	espect to	Yes	No
<b>b</b> Other costs (attach schedu			_	property	produced	or acquired fo	r resa	le) apply		
5 Total. Add lines 1 through	' · <del></del>			to the orga	anization?	<u> </u>		<u></u>	ļ	Х
Schedule C - Rent Income	(From Real F	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)			
(see instructions)	•									
1. Description of property										
(1)										
(2)	-			-						
(3)	<u> </u>									
(4)			-							
	2. Rent rece	ived or accrui	ed		_					
for personal property is more than 10% but not percen			age of rent for p	ersonal property personal property ased on profit or	exceeds		ductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			ome
(1)		<del> </del>								
(2)	-	<u> </u>								
(3)						<u> </u>				
(4)										
Total		Total								
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	, ,					(b) Total deducti Enter here and o Part I, line 6, colu	n page 1			
Schedule E - Unrelated De	ebt-Financed_	I <b>ncome</b> (se	e instruction	ns)						
1 Description of deb	ot-financed property			come from or debt-financed		Deductions directly co debt-finan ht line depreciation	ced prop			
			pro	perty		nch schedule)	'	(attach sche		
(1)				_		<u> </u>				
(2)				<u> </u>						
(3)				· · · · ·	,				_	
(4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	able to I property	4 d	olumn ivided slumn 5		income reportable n 2 x column 6)		Allocable ded umn 6 x total 3(a) and 3	of colun	
(1)				%						
(2)				%						
(3)				%						
(4)				%					_	
						re and on page 1, he 7, column (A)	Ente Par	er here and o t I, line 7, co	on page lumn (l	e 1, B)
Totals				•						
Total dividends-received deduct	ions included in o	olumn 8		<u> </u>	<u>.</u> .	<u>, , , , , , , , .</u>				

Form **990-T** (2019)

THE

1 Name of controlled organization		LXCII	pt Controlled C	rganizati	ons	_				
	2. Employer identification numb	CI	et unrelated income s) (see instructions)	1	of specified ints made	I iliciadea ili tile co		olling	6. Deductions directly connected with income in column 5	
(1)										
(2)				_			_			
(3)										
(4)			<u> </u>			_				
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated in (loss) (see instruction		9 Total of spec payments ma		include	t of column ed in the co ation's gross	ntrolling		Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)						olumns 5 a			dd columns 6 and 11	
Totals	ncome of a Sec	tion 501(	c)(7), (9), or ( <sup>,</sup>	▶ I7) Orga			tructions)	Pa	rt I, line 8, column (B)  5. Total deductions	
1. Description of income	2. Amount of	ıncome	directly o	onnected chedule)			t-asides schedule)		and set-asides (col : plus col 4)	
(1)										
(2)			_							
(3) (4)										
Totals ▶ Schedule I – Exploited Exc		olumn (A)	er Than Adve	tising Ir	ncome (s	ee instru	ctions)		Enter here and on page Part I, line 9, column (B	
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	with of d lf a gain, cols 5 to	compute	from ac	s income tivity that nrelated s income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)	<del></del>									
(4)	<del>                                     </del>		-							
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	irt I,					•	Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In Part I Income From Per	ncome (see instr		neolidated B	acie						
Faitt income Hom Fei		eu on a ot	JIISOIIdated B	a313		•				
1 Name of periodical	2 Gross advertising income	3 Directary advertising	gain or ( costs 2 minus	col 3) If compute		culation ome	6. Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
·					<del></del>					
(1)				ıww-amin						
(1) (2)				iwwa mmin						
(1) (2) (3)										
(1) (2) (3) (4)										

Page 5

37-0673

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col 2. Gross 6. Readership 3 Direct 5. Circulation minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs ıncome costs not more than ıncome a gain, compute column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) . . . . .

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

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

Form 990-T (2019)

### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning \_ , 2019, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number

THE CARLE FOUNDATION

Unrelated Business Activity Code (see instructions) ▶ 55

37-0673465

	Describe the unrelated trade or business ► MANAGEMENT	OF C	OMPANIES AND ENT	ERPRISES	
Pa	tI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	-			•,
b	Less returns and allowances c Balance ▶	1c			,
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		•	
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled		-		
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH. 4.	12	12,453,214.		12,453,214.
13	Total. Combine lines 3 through 12	13	12,453,214.		12,453,214.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

	,		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	l	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18_	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	12,926,138.
28	Total deductions. Add lines 14 through 27	28	12,926,138.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-472,924.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-472,924.

For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12...

Schedule M (Form 990-T) 2019 -

### **SCHEDULE M** (Form 990-T)

# Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning \_\_\_\_ , 2019, and ending \_

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	al Revenue Service Do not enter SSN numbers on this fo	rm as it ma	y be made public if your orga	nization is a 50	1(c)(3)	501(c)(3) Organizations Only
Name	e of the organization			1	Employer iden	tification number
THE	E CARLE FOUNDATION				37-06734	65
	Unrelated Business Activity Code (see instructions) ▶ 56		· · ·			
	Describe the unrelated trade or business ► ADMINISTE	RATIVE	AND SUPPORT AND	WASTEMGN	T AND RE	MEDIATION SER
Pai	t I Unrelated Trade or Business Income		(A) Income	(В) Ехр	enses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	ce ▶ 1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (atta	ich				
	statement)	5				
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)					
8	Interest, annuities, royalties, and rents from a controlled				-	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)					
11	Advertising income (Schedule J)					
12	Other income (See instructions, attach schedule) ATCH.	` -	655,695.			655,695.
13	Total. Combine lines 3 through 12		655,695.			655,695.
	rt II Deductions Not Taken Elsewhere (See Instru		r limitations on deductio	ns ) (Deduct	ions must b	e directly
	connected with the unrelated business income	∍)				
14	Compensation of officers, directors, and trustees (Schedu	le K)			14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere	on return	21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)			ATC	H.7. 27	710,854.
28	Total deductions. Add lines 14 through 27				28	710,854.
29	Unrelated business taxable income before net opera	iting loss	deduction Subtract line	28 from line	e 13 <b>29</b>	-55,159.
30	Deduction for net operating loss arising in tax ye					

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

-55**,**159.

30

### **SCHEDULE M** (Form 990-T)

# Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

\_ , 2019, and ending For calendar year 2019 or other tax year beginning \_

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name	of the organ	ızatıon
THE	CARLE	FOUNDATIO

Employer identification number 37-0673465

Unrelated Business Activity Code (see instructions) ▶ 90 Describe the unrelated trade or business ▶ INTEREST AND RENT FROM CONTROLLED ENTITIES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				1
3	Gross profit Subtract line 2 from line 1c	3		-		
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F) ATCH 8 .	8	3,367,961.	3,489,0	)33.	-121,072.
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		· · · · · · · · · · · · · · · · · · ·		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	3,367,961.	3,489,0	)33.	-121,072.
	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )				ı	e directly
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	•
16	Repairs and maintenance				16	
17	Bad debts				17	_
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)					
21	Less depreciation claimed on Schedule A and elsewhere on re		<del></del>		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	-121,072.
29	Unrelated business taxable income before net operating	-			29	121,072.
30	Deduction for net operating loss arising in tax years	_	•	•	30	
	instructions)					

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

# SCHEDULE M ·(Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury
Internal Payanua Canasa

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_\_, 2019, and ending \_\_\_\_\_

2019, and ending \_\_\_\_\_\_ , 20 \_\_\_

(B) Expenses

Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

(A) Income

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

Name (	or the organ	ization
THE	CARLE	FOUNDATION

Part I Unrelated Trade or Business Income

Employer identification number 37-0673465

Unrelated Business Activity Code (see instructions) ▶ 72

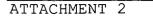
Describe the unrelated trade or business ▶ ACCOMODATION AND FOOD SERVICES

							l
1a	Gross receipts or sales						
b	Less returns and allowances c Bala	ınce ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	L	2				
3	Gross profit Subtract line 2 from line 1c	[	3				
4a	Capital gain net income (attach Schedule D)	L	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479)	7)	4b				
С	Capital loss deduction for trusts	L	4c				
5	Income (loss) from a partnership or an S corporation (at	tach					
	statement)	L	5				
6	Rent income (Schedule C)	[_	6				
7	Unrelated debt-financed income (Schedule E)	L	7	, <u></u>			
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	L	8				
9	Investment income of a section 501(c)(7), (9), or (17)	-					
	organization (Schedule G)	L	9				
10	Exploited exempt activity income (Schedule I)	L	10				
11	Advertising income (Schedule J)	· · · ⊢	11				
12	Other income (See instructions, attach schedule) ATCH	.9	12	491.			491.
13	Total. Combine lines 3 through 12	<u> </u>	13	491.			491.
F a	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business incompared to the connected with the conn		5 101			Т	
14	Compensation of officers, directors, and trustees (Sched	dule K).					
15	Salaries and wages						
16	Repairs and maintenance						
17	Bad debts						
18	Interest (attach schedule) (see instructions)					ľ	<u> </u>
19	Taxes and licenses			1 1		19	
20	Depreciation (attach Form 4562)				·		
21	Less depreciation claimed on Schedule A and elsewhere					21b	
22	Depletion						
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	_
26	Excess readership costs (Schedule J)					26	508.
27						) a-	
20	Other deductions (attach schedule)					1	
28	Total deductions. Add lines 14 through 27					28	508.
29 30		· · · · · · · · · · · · · · · · · · ·	 oss	deduction Subtract line	28 from line 13	1	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

-17.



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

ADAMS STREET 2008 DIRECT FUND LP	8,312.
ADAMS STREET PTP FUND - 2008 NON-US FUND LP	99.
ADAMS' STREET PTP FUND - 2008 US FUND LP	14,736.
ADAMS STREET 2009 DIRECT FUND LP	15,171.
ADAMS STREET PTP 2009 FUND NON-US EMER	1,144.
ADAMS STREET PTP FUND - 2009 NON-U.S.	-137.
ADAMS STREET PTP FUND - 2009 US FUND LP	42,429.
AETHER REAL ASSETS II, LP	-2,124.
PANTHEON GLOBAL SECONDARY FUND IV LP	-19,175.
PANTHEON USA FUND VII, LP	187,040.
PREMIER HEALTHCARE ALLIANCE	32,436.
SIGULAR GULF DISTRESSED OPP FUND IV	286.
PRIVATE ADVISORS COINVESTMENT FUND III, LP	10,795.
PRIVATE ADVISORS SMALL CO BUYOUT FUND V, LP	55 <b>,</b> 056 <b>.</b>
AETHER REAL ASSETS III, LP	-82,035.
INCOME (LOSS) FROM PARTNERSHIPS	153,921.

### ATTACHMENT 3

# FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

Line 32: TOTAL UNRELATED TRADE OR BUSINESS INCOME

1,428,500.

Line 34: CHARITABLE CONTRIBUTION LIMITATION (10%)

142,850.

THE CARLE' FOUNDATION

ATTACHMENT	4

SCHEDÙLE M - OTHER INCOME

INTERNAL MANAGEMENT FEE REVENUE.

12,453,214.

TOTAL

12,453,214.

33793U 3987

V 19-7.5F

ATTACHMENT 5

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

INTERNAL MANAGEMENT FEE EXPENSES

12,926,138.

PART II - LINE 27 - OTHER DEDUCTIONS

12,926,138.

OUTE	CADIES	FOUNDATION	
THE.	CARLE.	FUUNDATION	

ATTACHMENT	6	

SCHEDÙLE M - OTHER INCOME

INTERNAL SUPPORT SERVICES REVENUE

655,695.

TOTAL

655,695.

ATTA	CHMENT	7	

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

INTERNAL SUPPORT SERVICES EXPENSES

710,854.

PART II - LINE 27 - OTHER DEDUCTIONS

710,854.

# SCHEDULE M - SCHEDULE F INCOME FROM CONTROLLED ORGANIZATIONS

THE CARLE FOUNDATION

		EXEMI	T CONTROLLED	EXEMPT CONTROLLED ORGANIZATION			NONEXEMP	NONEXEMPT CONTROLLED ORGANIZATION	ORGANIZATION	•
				5					10	
				PART OF COLUMN	9				PART OF COLUMN	11
				(4) THAT	DEDUCTIONS				(9) THAT	DEDUCTIONS
			4	IS INCLUDED	DIRECTLY		80	.6	IS INCLUDED	DIRECTLY
	2		TOTAL OF	IN THE	CONNECTED		NET	TOTAL OF	IN THE	CONNECTED
1	EMPLOYER	е	SPECIFIED	CONTROLLING	WITH	7.	UNRELATED	SPECIFIED	CONTROLLING	. HIIM
NAME OF CONTROLLED	IDENTIFICATION	NET UNRELATED	PAYMENTS	ORGANIZATION'S	INCOME IN	TAXABLE	INCOME	PAYMENTS	ORGANIZATION'S	INCOME IN
ORGANIZATION	NUMBER	INCOME (LOSS)	= MADE	GROSS INCOME	COLUMN (5)	INCOME	(LOSS)	MADE	GROSS INCOME	COLUMN (10)
EVALIDATA, INC	46-2022658					0	0	3,384	3, 384	2,971
CARLE RISK MANAGEMENT COMPANY	37-1217973					-166,693	-166,693	00		. 0
CHAMPAIGN SURGICENTER LLC	20-1915925					-4,534,764	844,185	844,185	844,185	1,009,389
HEALTH ALLIANCE MEDICAL PLANS	37-1260731					274,498,755	24,498,755	2,479,976	2,479,976	2,441,223
THE CARLE FOUNDATION HOSPITAL	37-1119538	40,416	40.416	40.416	35,450					

COLUMN 6 &	COLUMN 11	3,489,033
COLUMN 5 &	COLUMN 10	3, 367, 961
		TOTALS

TOTAL OF

TOTAL OF

THE	CARLE	FOUNDATION

ATTACHMENT	9	

SCHEDULE M - OTHER INCOME

FOOD SERVICES - CATERING

491.

TOTAL

491.

THE CARLE FOUNDATION

ATTACHMENT	10

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

FOOD SERVICES - CATERING MISC EXPENSES

508.

PART II - LINE 27 - OTHER DEDUCTIONS

508.

### **SCHEDULE D** (Form 1120)

Name

Department of the Treasury

Internal Revenue Service

**Capital Gains and Losses** 

OMB No 1545-0123

► 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.

Employer identification number

THE	E CARLE FOUNDATION						465
Did th	ne corporation dispose of any investment(s) in a	▶	Yes	X No			
	s," attach Form 8949 and see its instructions fo	• • • • • • • • • • • • • • • • • • • •	•	=	s		
Part	Short-Term Capital Gains and Losses	(See instructions	)	T		·	
	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	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 8949, Part I, line 2,		Subtract column (e) from	
10	whole dollars	(sales price)	——————————————————————————————————————	column (g)		the result	with column (g)
14	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 b	Totals for all transactions reported on Form(s) 8949				-		
	with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949		···				
	with Box C checked	14,605.	752.				13,853
		***************************************					•
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 37	7		4		
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				6_	(	2
7	Net short-term capital gain or (loss) Combine lines 1	la through 6 in column h	<b>1</b>		7		13,853
Part					1		
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments or loss from Forr		(h) Gain or Subtract c	r (loss) column (e) from
	This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	8949, Part II, lin- column (g)	e 2,		) and combine 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.						
8 b	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			<u> </u>			
10	Totals for all transactions reported on Form(s) 8949		7				010 014
	with Box F checked	819,221.	7.	<u> </u>			819,214
11	Enter gain from Form 4797, line 7 or 9				11		874,879
12							
13							
					14		
14							1 604 000
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	<u> </u>	1,694,093
Par	Summary of Parts I and II			·	Т	1 ~	
16	Enter excess of net short-term capital gain (line 7) o	wer net long term capita	Lines (line 15)		4.6		13,853
16	Enter excess or net short-term capital gain (line 7) o	wer het long-term capita	1 1035 (11116-13)		16	<del>                                     </del>	1,694,093
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over ne	et short-term capital los	ss (line 7)	17		. , , , , , , ,
18	Add lines 16 and 17 Enter here and on Form 1120				18	† :	1,707,946
		· · ·				•	

V 19-7.5F

Note: If losses exceed gains, see Capital Losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

JSA 9E1801 1 000 33793U 3987

Schedule D (Form 1120) 2019

PAGE 101

8949 Form

# Sales an ther Dispositions of Cap Assets

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

20**19** 

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Social security number or taxpayer identification number

37-0673465

THE CARLE FOUNDATION

Refere you should Box A. B. or Challen, soo whether you received any Form(s) 1000 B or substitute statement(s).

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

Part I

**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.

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(Mo day vr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales pnce) (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 coo See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ADAMS STREET PARTNERSHIP FUND - 2				15			-15
AETHER REAL ASSETS III L P		_	69				69
PANTHEON USA FUND VII, L P			519				519
PANTHEON USA FUND VII, L P				737			-737
PRIVATE ADVISORS COINVESTMENT FUN			9,927				9,927
PRIVATE ADVISORS SMALL COMPANY BU			4,089				4,089
SIGULER GUFF DISTRESSED OPPORTUNI			1				1
	<del>-</del>						
				1			
2 Totals Add the amounts in columns negative amounts) Enter each total	here and inc	lude on your					
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).  Note: If you checked Box A above but the basis reported to the			14,605	752			13,853

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.

Form 8949 (2019)

Page 2

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

THE CARLE FOUNDATION

37-0673465

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.

- (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	Cost or other basis See the Note below and see Column (e)	Adjustment, if a lf you enter an a enter a cool See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
ADAMS STREET PARTNERSHIP FD- 2009			4,078				4,078
ADAMS STREET PARTNERSHIP FUND - 2			4,851				4,851
ADAMS STREET PARTNERSHIP FUND - 2			14,546				14,546
ADAMS STREET PARTNERSHIP FUND - 2			5,774				5,774.
ADAMS STREET PARTNERSHIP FUND - 2			5,911				5,911
AETHER REAL ASSETS II, L P				7			-7
AETHER REAL ASSETS III L P			13,910				13,910
PRIVATE ADVISORS COINVESTMENT FUN			600,349	_			600,349
PRIVATE ADVISORS SMALL COMPANY BU			169,453				169,453
AETHER REAL ASSETS III L P			349				349
							,
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 Box	here and inclusion here and inclusion here.	de on your 9 (if Box E	819, 221	7			819,214

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