		EXTEN	DED TO AU	GUS	г 16, 2021		۷ ر	300200
Form 990-T		Exempt Organiz			ss Income	e Tax Returr	1	OMB No 1545-0047
	For ca	lendar year 2019 or other tax year beg	oct 1,	20	19 , and ending		<u>b</u>	2019
Department of the Treasury Internal Revenue Service	•	• Do not enter SSN numbers or			ons and the latest in ide public if your org		.	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name o	hange	d and see instructions	.)	(Em	ployer identification number ployees' trust, see ructions)
B Exempt under section	Print	ANC_HEALTHCAR	E, INC.				5	8-1450888
X 501(c)3)	or Type	Number, street, and room or s						elated business activity code instructions)
408(e) 220(e)	, ,,,,,	425 W NEW ENG					┦	
408A 530(a) 529(a)		City or town, state or province WINTER PARK,	•	r foreig	n postal code		90	1101
C Book value of all assets at end of year		F Group exemption number (<u> </u>				
		G Check organization type		poration) trust	Other trust
		tion's unrelated trades or busin ALIFIED INVESTI		<u>፲</u>		ribe the only (or first) ur		
_		ce at the end of the previous se				one, complete Parts I-V.		
business, then complete			menoe, complete i a	11.5 T UII	a ii, compicte a conc	duic ivi for cach addition	ai tiau	u 01
		oration a subsidiary in an affilia	ted group or a parer	nt-subs	idiary controlled grou	p? ▶ [Y	es X No
		ifying number of the parent cor				,		
		NC HEALTHCARE le or Business Incom				ephone number > 8		
		e or Business incom	<u>e </u>	г	(A) Income	(B) Expenses		(C) Net
 1 a Gross receipts or sale b Less returns and allow 			Balance -	۱.,				
2 Cost of goods sold (S			Dalalice	1c 2				
3 Gross profit. Subtract		•		3				'
4 a Capital gain net incom				4a	126,350	Dar Park		126,350.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 479	7)	4b				
c Capital loss deduction	for trus	ts		4c				
•		hip or an S corporation (attach	statement)	5	1,064,49	L. STMT	L	-1,064,491.
6 Rent income (Schedul		(C-b-d-d- C)		6				
 7 Unrelated debt-finance 8 Interest, annuities, roy 		ie (Schedule E) id rents from a controlled organ	ration (Shadula 5)	7 8				
		n 501(c)(7), (9), or (17) organi		9				
10 Exploited exempt activ			(00000.0 0,	10				
11 Advertising income (S	chedule	J)		11				
12 Other income (See ins	truction	s, attach schedule)		12				
13 Total, Combine lines				13	-938,141	<u> </u>		-938,141.
Part II Deduction	ns No must b	t Taken Elsewhere (See directly connected with the	See instructions fo e unrelated busin	r limita essupa	itions on deduction	ıs)		
		ectors, and trustees (Schedule			_ 1		T 44	
15 Salaries and wages	cci 3, uii	ectors, and trustees (Schedule)	V ILOUI	V			15	
16 Repairs and maintena	апсе/	5	1 1 0	202	, 1 61		16	
17 Bad debts		2	AUG 1 9	202	IWI		17	
18 Interest (attach schet	fule) (se	e instructions)	**************************************		——JŒEE ST	ATEMENT 2	18	28,748.
19 Taxes and licenses			OGDE	V , L	JT		19	240.
20 Depreciation (attach l					20			
· /	imed on	Schedule A and elsewhere on r	eturn		21a		21b	<u> </u>
DepletionContributions to defe	rred con	neneation plane					22	<u> </u>
24 Employee benefit pro		iponsation plans					24	
25 Excess exempt expen		nedule I)					25	
26 Excess readership co		·					26	
27 Other deductions (att	ach sch	edule)			SEE ST.	ATEMENT 3	27	77,638.
28 / Total deductions. Ac		•					28	106,626.
/		come before net operating loss					29	-1,044,767.
1	erating lo	iss arising in tax years beginnin	g on or after Januar	y 1, 20	18			,
(see instructions)31 Unrelated business ta	yahla in	come. Subtract line 30 from line	29				<u>30</u> 31	0. -1,044,767.
		ork Reduction Act Notice, see					<u> </u>	Form 990-T (2019)



	1		_				
		ANC HEALTHCARE, INC				58-	1450888 Page 2
Part	_	Total Unrelated Business Taxa				- /-	1 044 565
		of unrelated business taxable income computer	d from all unrelated trades or businesses	s (see instructions)	1		1,044,767.
33		nts paid for disallowed fringes				33	
34	Charita	able contributions (see instructions for limitati	on rules)		S	34	0.
35		unrelated business taxable income before pre-2			of lines 32 and 33	/	1,044,767.
36		tion for net operating loss arising in tax years		•	_	36	4 044 565
37		of unrelated business taxable income before sp		ne 35			1,044,767.
38		ic deduction (Generally \$1,000, but see line 38	· · · · · · · · · · · · · · · · · · ·		8	188	1,000.
39		ited business taxable income. Subtract line 3	38 from line 37. If line 38 is greater than	line 37,	٠,١		1 044 565
Down		he smaller of zero or line 37				39 -	1,044,767.
		Tax Computation	·			T . T	
40	_	izations Taxable as Corporations. Multiply lin	· · · ·		•	40	0.
41		Taxable at Trust Rates. See instructions for t	•	unt on line 39 from:	_		
		ax rate schedule or Schedule D (Forn	n 1041)		.	41	
	•	tax. See instructions				42	
		ative minimum tax (trusts only)				43	
		Noncompliant Facility Income. See instructi				44	
45 Part		Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	never applies			45	0.
	_		water afficial forms 44400	T 40. T			
	_	n tax credit (corporations attach Form 1118, tri	usts attach Form 1116)	46a		-	
		credits (see instructions)	.\	46b		-	
		Il business credit. Attach Form 3800	or 9927)	46c		1	
		for prior year minimum tax (attach Form 8801 redits. Add lines 46a through 46d	OT 8827) WAY 114	46d	.	460	
		ct line 46e from line 45	Mo			46e	0.
		axes. Check if from. Form 4255	Form 8611 Form 8697 Fo	rm 8866 🔲 Othe	er (attach schedule)	48	
		ax. Add lines 47 and 48 (see instructions)	701111 00 11 1 01111 00 97 1 0	1111 0000 [] Ottile	or (attach schedule)	49	0.
		et 965 tax liability paid from Form 965-A or Fo	orm 065-B. Part II. column (k) line 3			50	0.
		nts A 2018 overpayment credited to 2019	0	Q 51a	25,883.	\rightarrow	<u>.</u>
	-	stimated tax payments	V	51b	23,003	1	
		posited with Form 8868		51c		⊣	
		organizations. Tax paid or withheld at source	(see instructions)	51d		† ∣	
	-	withholding (see instructions)	(See mandenona)	51e		┥ ╽	
		for small employer health insurance premiums	(attach Form 8941)	51f		∃	
		· · · · · · · · · · · · · · · · · · ·	orm 2439	\ \frac{\fir}{\fin}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fir}}}}}}}}{\frac}\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{		7	
• í	_		ther Total	▶ 51g			
52		ayments. Add lines 51a through 51g		<u> </u>		62	25,883.
		ted tax penalty (see instructions). Check if Forr	m 2220 is attached			53	
		e. If line 52 is less than the total of lines 49, 50			•	54	
		vment. If line 52 is larger than the total of line			10	55	25,883.
5611	Enter th	ne amount of line 55 you want: Credited to 202	20 estimated tax	25,883. F	Refunded >	56	0.
Part		Statements Regarding Certain			ructions)		
57	At any i	time during the 2019 calendar year, did the org	ganization have an interest in or a signati	re or other authorit	y		Yes No
(over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	tion may have to file			
ļ	FınCEN	Form 114, Report of Foreign Bank and Finance	ial Accounts If "Yes," enter the name of t	the foreign country			
I	here	>					X
58	During	the tax year, did the organization receive a dist	tribution from, or was it the grantor of, o	r transferor to, a for	eign trust?		<u> </u>
ı	if "Yes,"	see instructions for other forms the organizat	on may have to file.				
59 E	Enter th	ne amount of tax-exempt interest received or a	ccrued during the tax year 🕨 💲				
	Ur	nder penalties of perjury. I declare that I have examined prect, acts complete. Declaration of preparer (other than	this return, including accompanying schedules a	and statements, and to the	he best of my knowle	dge and belie	of, it is true,
Sign] ",	Maria de Buildard Setta arreir or brebarar (orrier trian)	Alk las	eparar nas any knowled	_	lay the IBS di	scuss this return with
Here		MALLIN	MUIA CFO			-	nown below (see
		Signature of officer	Date Title		ın	structions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
Paid			Mr. Digitally signed by	0/43/0004	self- employed		
Prepa	arer	MICHELE N MELCHIOR		8/13/2021		P0(0488037
Use (Firm's name ► GRANT THORNT			Fırm's EİN ▶	36-	-6055558
	,		GE PARK DRIVE, SUI	TE 500			
		Firm's address CHARLOTTE,	NC 28203	· <u> </u>	Phone no. 7		32-3500
923711 0	1-27-20					F	orm 990-T (2019)

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory valuation 🕨 N/A	1		
1 Inventory at beginning of year	1 Inventory at beginning of year 1 6 Inventory at end of year					6
2 Purchases	2	2 7 Cost of goods sold. Sut				
3 Cost of labor	3	3 from line 5. Enter here a				
4 a Additional section 263A costs	1 1		line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply	to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	eased With Real	Proper	ty)
						-
1. Description of property						
(1)						
(2)						
(3)			-			
_(4)						
	,	ed or accrued		3/a\Deductions	directly co	nnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge cotumn	is 2(a) and 2	2(b) (attach schedule)
(1)				Í		
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		(b) Total deduction Enter here and on part I, line 6, column	age 1.	. 0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)			
			2 Gross income from	to det	ot-financed	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					\rightarrow	
(2)						
(3)	-		1			7
(4)			1			· · ·
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property ischedule)	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)	L		%			
(4)			%			
				Enter here and on page Part I, line 7, column (A		Enter here and on page 1, Part I, line 7, column (B)
Totals			_	,	0.	0.
Totals Total dividends-received deductions in	actuded in column	Ω				0.

Form 990-T (2019)

4 Advertising gain or (loss) (col 2 minus 3. Direct 6. Readership 1. Name of periodical advertising col 3) If a gain, compute cols 5 through 7 advertising costs income casts column 5, but not more income than column 4) (1) (2) (3) (4) 0. 0 0. Totals (carry to Part II, line (5))

Form **990-T** (2019)

923731 01-27-20

Form 990-T (2019) ANC HEALTHCARE, INC. 58-14508

[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	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)	Ì						
(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 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)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT PARTNERSHIE	PINCOME	-1,064,491
TOTAL INCLUDED ON FORM	1 990-T, PAGE 1, LINE 5	-1,064,491
FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
DISALLOWED BUSINESS IN INTEREST EXPENSE FROM		-16,437. 45,185.
TOTAL TO FORM 990-T, P	AGE 1, LINE 18	28,748.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		47,000. 30,638.
FOTAL TO FORM 990-T, P	AGE 1, LINE 27	77,638.

ANC HealthCare, Inc

EIN: 58-1450888

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 9/30/2020

FORM 990-T PART III, LINE 36
DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING BEFORE 1/1/2018

Year	NOL Generated	NOL Utilized PY	NOL Utilized CY	NOL Carryforward				
12/31/2014	141,006	141,006						
12/31/2016	1,158,560	264,139	_	894,421				
12/31/2017	1,504,680	_	_	1,504,680				
Totals	2,804,246	405,145	-	2,399,101				
	Current Year UBI Income (Loss) before NOL Current Year NOL Utilized							
TOTAL CARRYOVE	R TO 2021			2,399,101				

ANC HealthCare, Inc

EIN: 58-1450888

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 9/30/2020

ACTIVITY: QUALIFIED INVESTMENT ACTIVITIES

SILO SCH M #:

FORM 990-T PART III, LINE 30

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

Year	NOL Generated	NOL Utilized PY	NOL Utilized CY	NOL Carryforward	
9/30/2019	-	-	-		
9/30/2020	1,044,767	-	-	1,044,767	
Totals	1,044,767	-	-	1,044,767	
TOTAL CARRYOV	ER TO 2021			1,044,767	

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

ANC HEALTHCARE, IN	ic.			58-	-1450888
Did the corporation dispose of any investme		ity fund during the tax y			Yes X No
If "Yes," attach Form 8949 and see its instri					, <u></u>
Part I Short-Term Capital Ga			. ga 0, 1000		
See instructions for how to figure the amounts		-			<u></u>
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract 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					
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					
Form(s) 8949 with Box C checked	2,011.				2,011.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	tation)			6	(
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in column	h		7	2,011.
Part II Long-Term Capital Ga	ins and Losses (See in	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(a) Adjustments to gain		(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894t Part II, line 2, column (g	9,)	column (e) from column (d) and combine the result with column (g)
			+		<u> </u>
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	i				
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	1				
Form(s) 8949 with Box F checked	38,480.				38,480.
11 Enter gain from Form 4797, line 7 or 9			ļ	11	85,859.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combin		h		15	124,339.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capital	loss (line 15)		16	2,011.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	e 7)	17	124,339.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the proj	per line on other returns	Į	18	126,350.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.	.	S	chedule D (Form 1120) 2019

Department of the Treasu 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

Name(s) shown on return

Social security number or taxpayer identification no.

ANC HEALTHCARE, INC. 58-1450888 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 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (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 Adjustment, if any, to gain or (b) (d) (h) (c) (e) loss. If you enter an amount in column (g), enter a code in Proceeds Cost or other Description of property Date acquired Date sold or Gain or (loss). (sales price) (Example 100 sh XYZ Co) basis See the Subtract column (e) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment (f) combine the result see Column (e) In Code(s) with column (g) the instructions SHORT-TERM CAPITAL GAIN FROM LP'S 2,011. 2,011.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

2,011.

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

2,011.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include 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)

Social security number or taxpayer identification no.

ANC	HEAL	THCA	RE,	INC
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58-1450888

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 I ong-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 Eample 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If y	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LONG	TERM CAPITAL					<u> </u>	adjustment	1.07
GAIN	FROM LP'S	<u> </u>		38,480.		1		38,480.
			 -		··	1		00,1001
	· · · · · · · · · · · · · · · · · · ·				-			
	-·· <u>.</u>		-				-	
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				•••				
								-
2 Total	s. Add the amounts in colum	nns (d) (e) (n) an	nd (h) (subtract					
	tive amounts) Enter each tot	=						
_	dule D, line 8b (if Box D abo		, i	İ		1		
	e is checked), or line 10 (if B	• •	•	38,480.			}	38,480.
	very shocked Boy D should be							

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)