

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

2017

Department of the Treasury Internal Revenue Service

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).

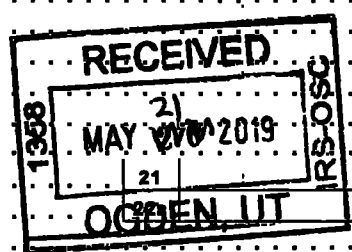
Open to Public Inspection for 501(c)(3) Organizations Only.

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form section H: Describe the organization's primary unrelated business activity. INVESTMENTS IN LIMITED PARTNERSHIPS. I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? J: The books are in care of WESLEYAN UNIVERSITY. Telephone number 860-685-2000.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income of a section 501(c)(7), (8), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total Combine lines 3 through 12.

Table with 4 columns: Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.), (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income.



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Part III Tax Computation

Table with 2 columns: Description and Line Number. Rows include 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, and 40 Total.

Part IV Tax and Payments

Table with 2 columns: Description and Line Number. Rows include 41 Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45 Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, and 50 Enter the amount of line 49.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here: Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below?'.

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and Check if self-employed. Rows include SHY JOSEPH, KPMG LLP, 60 SOUTH STREET, BOSTON, MA 02111, and PTIN P01085371.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.                                 | 7   |    |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |     |    |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | Total   |   |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . .

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property  | 2 Gross income from or allocable to debt-financed property                           | 3 Deductions directly connected with or allocable to debt-financed property |   |   |
|--|--|---|---|---|
|  |  | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)          |   |
| (1) ATTACHMENT 4   |  |   |   |   |
| (2)  |  |   |   |   |
| (3)  |  |   |   |   |
| (4)  |  |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5  | 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)  |  | %   |   |   |
| Totals . . . . .   |  |   | 38,213.   | 254,305.  |
| Total dividends-received deductions included in column 8 . . . . .                               |  |   |   |   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|------------------|--|------------------------------------|---|---|
| (1)              |  |                                    |   |   |
| (2)              |  |                                    |   |   |
| (3)              |  |                                    |   |   |
| (4)              |  |                                    |   |   |

Add columns 5 and 10  
Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11  
Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1 Description of income                              | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|--|--------------------|---|--------------------------------|--|
| (1)  |                    |   |                                |  |
| (2)  |                    |   |                                |  |
| (3)  |                    |   |                                |  |
| (4)  |                    |   |                                |  |
| Enter here and on page 1, Part I, line 9, column (A) |                    |   |                                | Enter here and on page 1, Part I, line 9, column (B) |

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1 Description of exploited activity                | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--|--|--|--|--|-------------------------------------|--|
| (1)  |  |  |  |  |                                     |  |
| (2)  |  |  |  |  |                                     |  |
| (3)  |  |  |  |  |                                     |  |
| (4)  |  |  |  |  |                                     |  |
| Enter here and on page 1, Part I, line 10, col (A) |  | Enter here and on page 1, Part I, line 10, col (B)                         |  |  |                                     | Enter here and on page 1, Part II, line 26                                     |

Totals

**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)) |                            |                            |  |                      |                    |   |

**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)  |  |  |  |                      |                    |   |
| (2)  |  |  |  |                      |                    |   |
| (3)  |  |  |  |                      |                    |   |
| (4)  |  |  |  |                      |                    |   |
| <b>Totals from Part I</b> . . . . . ▶          | 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 27                                      |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |  |  |  |                      |                    |   |

**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)   |         | %                                     |   |
| (4)   |         | %                                     |   |
| <b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |         |                                       |   |

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

UBTI FROM PARTNERSHIPS

-1,435,303.

INCOME (LOSS) FROM PARTNERSHIPS

-1,435,303.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE UBTI  
UNDER IRC 512(A) (7)

22,592.

PART I - LINE 12 - OTHER INCOME

22,592.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

|                            |          |
|----------------------------|----------|
| INVESTMENT MANAGEMENT FEES | 103,038. |
| TAX PREPARATION FEES       | 37,000.  |

|                                      |                 |
|--------------------------------------|-----------------|
| PART II - LINE 28 - OTHER DEDUCTIONS | <u>140,038.</u> |
|--------------------------------------|-----------------|



SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 4

| 1<br>DESCRIPTION OF DEBT-FINANCED PROPERTY | 2<br>GROSS INCOME | 3<br>DEDUCTIONS DIRECTLY CONNECTED<br>(3A) | 4<br>AVERAGE<br>ACQUISITION<br>DEBT | 5<br>AVERAGE<br>ADJUSTED<br>BASIS | 6<br>% 4 IS<br>OF 5 | 7<br>GROSS INCOME<br>REPORTABLE<br>(2 X 6) | 8<br>ALLOCABLE<br>DEDUCTIONS<br>6 * (.3A + .3B) |
|--|-------------------|--|-------------------------------------|-----------------------------------|---------------------|--|---|
| INVESTED TAXABLE BOND PROCEEDS             | 38,213            | 254,305                                    | 5,319,066                           | 5,319,066                         | 100 000             | 38,213                                     | 254,305.  |
| TOTALS                                     |                   |  |                                     |                                   |                     | <u>38,213</u>                              | <u>254,305</u>                                  |

WESLEYAN UNIVERSITY  
EIN: 06-0646959  
FISCAL YEAR ENDED JUNE 30, 2018

990-T SCHEDULE E, LINE 3(B) OTHER DEDUCTIONS

INTEREST EXPENSE

254,305

TOTAL

254,305

WESLEYAN UNIVERSITY  
EIN: 06-0646959  
FISCAL YEAR ENDED JUNE 30, 2018

FORM 990-T, LINE 31  
NET OPERATING LOSS CARRYOVER

| <u>TAX YEAR</u> | <u>GENERATED</u> | <u>UTILIZED IN<br/>PRIOR YEARS</u> | <u>UTILIZED IN<br/>CURRENT YEAR</u> | <u>AMOUNT<br/>REMAINING</u> |
|-----------------|------------------|------------------------------------|-------------------------------------|-----------------------------|
| 6/30/2016       | 175,035          | -                                  | -                                   | 175,035                     |
| 6/30/2017       | 1,952,333        | (510,641)                          | -                                   | 1,441,692                   |
| 6/30/2018       | 1,387,261        | -                                  | -                                   | 1,387,261                   |
|                 | <u>3,514,629</u> | <u>(510,641)</u>                   | <u>-</u>                            | <u>3,003,988</u>            |

WESLEYAN UNIVERSITY

EIN: 06-0646959

FISCAL YEAR ENDED JUNE 30, 2018

ATTACHMENT TO 990-T, PART IV, LINE 43 - IRC SECTION 965 TRANSITION TAX

EXPLANATION OF VARIANCE BETWEEN GROSS INCOME/DEDUCTIONS AND NET INCOME TAX LIABILITY

WESLEYAN UNIVERSITY RECEIVED SCHEDULES K-1 FROM PARTNERSHIPS REPORTING A TOTAL ALLOCABLE AMOUNT REQUIRED TO BE INCLUDED IN INCOME BY REASON OF SECTION 965(A) OF \$552,476. HOWEVER, NONE OF THIS AMOUNT WAS IDENTIFIED BY THE PARTNERSHIPS AS BEING UNRELATED BUSINESS TAXABLE INCOME. IN ADDITION, WESLEYAN UNIVERSITY'S INTERESTS IN THESE PARTNERSHIPS WAS NOT DEBT-FINANCED. ACCORDINGLY, THE NET INCOME TAX LIABILITY UNDER SECTION 965 IS \$0.

**SCHEDULE D  
(Form 1120)**

**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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information

|                                    |   |
|------------------------------------|---|
| Name<br><b>WESLEYAN UNIVERSITY</b> | Employer identification number<br><b>06-0646959</b> |
|------------------------------------|---|

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> 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 . . . . . |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | -34,692.                         |                                 |   | -34,692.   |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . . . .  |                                  |                                 | <b>7</b>  | -34,692.   |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> 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 . . . . . |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  | 199,457.                         |                                 |  | 199,457.   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .  |                                  |                                 | <b>11</b>  | 226,665.   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .   |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . .  |                                  |                                 | <b>15</b>  | 426,122.   |

**Part III Summary of Parts I and II**

|  |  |  |           |          |
|--|--|--|-----------|----------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .   |  |  |           |          |
| <b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .  |  |  | <b>17</b> | 391,430. |
| <b>18</b> Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns If the corporation has qualified timber gain, also complete Part IV . . . . . |  |  | <b>18</b> | 391,430. |

Note: If losses exceed gains, see **Capital losses** in the instructions

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

Schedule D (Form 1120) 2017



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

WESLEYAN UNIVERSITY

06-0646959

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 long term. 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

| 1  | (a)<br>Description of property<br>(Example 100 sh XYZ Co) | (b)<br>Date acquired<br>(Mo, day, yr) | (c)<br>Date sold or<br>disposed<br>(Mo, day, yr) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the Note below<br>and see Column (e)<br>in the separate<br>instructions | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions |                                | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|---|---------------------------------------|--|--|---|--|--------------------------------|--|
|  |   |                                       |  |  |   | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|  | PARTNERSHIP FLOW THROUGH VARIOUS                          |                                       |  | 199,457  |   |  |                                | 199,457  |
| <b>2 Totals</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ▶ |   |                                       |  |  |   |  |                                |  |
|  |   |                                       |  | 199,457  |   |  |                                | 199,457  |

**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.