## **EXTENSION ATTACHED**

•	تر : Earm	990-T	Ex	empt Org	ganization	n Bus	siness li	ncome	Tax Retu		OMB No 1545-0687
	۰۰۰۰۰۰ ۲۰۰۰۰		F== ==!==	aı) ndar year 2018 or						•	. <u> </u>
			For caler							, 20 <u>± -</u> .	<i>'                                    </i>
		ment of the Treasury I Revenue Service	<b>▶</b> Do	not enter SSN nu	v.irs.gov/Form					1/c\(3\).	Openito Public Inspection for 550 (c) (3) Organizations Only 550
71	Ā	Check box if address changed		Name of organiza			me changed and			D Emp	loyer identification number loyees' trust, see instructions.)
	B Exe	mpt under section	1	THE BUCK	LEY SCHOO	L IN T	HE CITY	OF NEW Y	ORK		
2		501(C)P3)	Print	Number, street, a						13-1	.837409
202		408(e) 220(e)	or		٩						lated business activity code
ĸЭ		408A 530(a)	. 7 2 4	113 EAST	73RD STR	REET				(See	nstructions)
<del>-</del> 4	-	529(a)		City or town, stat	te or province, c	ountry, and	ZIP or foreign pos	stal code		7	
_	C Boo	k value of all assets		NEW YORK	, NY 1002	21				5259	90
=	at e	nd of year	F Gro	up exemption nu	ımber (See ıns	tructions.)	<b>&gt;</b>		•	•	
	_12	20,509,918.	<b>G</b> Che	ck organization t	type ▶ X	501(c) co	rporation	501(c	) trust	401(a	trust Other trust
ANNED	H Er	nter the number of	the orga	nızatıon's unrelat	ed trades or bu	ısınesses.	<b>&gt;</b>		Descr	be the onl	y (or first) unrelated
12	tra	ide or business her	re ▶ <u>A'</u>	rch 1	<u>.</u>			If only one,	complete Part	s I-V. If mo	re than one, describe the
12	fir	st in the blank spa	ice at the	end of the prev	ious sentence	, complete	Parts I and II,	complete a S	ichedule M for e	each additio	onal
19	•	de or business, th									
V	j Du	iring the tax year,	was the	corporation a su	bsidiary in an	affiliated g	roup or a pare	nt-subsidiary	controlled group	<sup>9</sup>	▶  Yes X No
•		"Yes," enter the na				nt corporati	on. 🕨				
		e books are in care							ne number 🕨 2		T "
	Par	Unrelated	Trade c	r Business I	ncome	<del>. ,</del>	(A) In	come	(B) Exp	enses	(C) Net
	1 a	Gross receipts or	sales								
	b	Less returns and allowa			c Baland				880888888888888888888888888888888888888		
	2	Cost of goods sol	•	• • •							
	3	Gross profit. Sub						6,243.	900000000000000000000000000000000000000		6,243.
	4a	Capital gain net ii					•	0,243.	988		0,243.
	b	Net gain (loss) (Fo			•						
	C	Capital loss dedu					_1	.05,875.	ATCH	5 Z	-105,875.
	5	Income (loss) from a p	•				1	.03,073.	**************************************		103/0731
	6	Rent income (Sch				•••			<del>                                     </del>		
	7	Unrelated debt-fi		-	,	••			<del>  /                                   </del>		<del>                                     </del>
	8	Interest, annuities, roya			-				<del>/</del>		<del> </del>
	9 10	Exploited exempt			-						
	11	Advertising incom	-	-		• • • • • • •		/			
	12	Other income (Se									
	13	Total. Combine III				• •	-	99,632.			-99,632.
	_								deductions.)	(Except	for contributions,
				be directly co							•
	14	Compensation of						lRF	CEIVE	D   {4	
	15	Salaries and wage									
	16							[S] 4141	N -9- <b>Q</b> -2821		
	17	Repairs and main Bad debts			/			圖		10/217	· ·
	18	Interest (attach s	chedule) (	see instructions)	/			l <del>L</del>	<del></del>	╌╌┦╬┼╸	
	19	Taxes and license	s	<i>/</i> .				<u></u> ΩG	DEN,.U	.T 📙 9	250.
	20	Charitable contrib	outions (S	See instructions (	for limitation ru	les)		, ,		20	
	21	Depreciation (atta									
	22	Less depreciation	n claimed	on Schedule A	and elsewhere	on return		22a		22	b
	23	Depletion	,	/						23	
	24	Contributions to o	,								
	25	Employee benefit									
	26	Excess exempt ex									
	27	Excess readership									
	28	Other deductions	-								
	29	Total deductions									
	30	Unrelated busine									***************************************
	31	Deduction for net									
	32 For F	Unrelated busine aperwork Reduct	ss taxable	e income. Subtra	act line 31 from	n line 30 .	<del></del>	<del></del>	<u> </u>	32	
	8X274	o 1400 1466EM L16	11 11 11 11 11 11 11 11 11 11 11 11 11	04/2020 1	1.12.20	ΔM 17 1	8-8 6E		308322	1 ,	Form <b>990-T</b> (2018)
		ттооги гт	OT 0/7	.7/2020 1		ר א נידע	10-0.05		20026		

orm 990 <sub>7</sub> T (2				Page
Part III	Total Unrelated Business Taxable Income	,	1	
	of unrelated business taxable income computed from all unrelated trades or businesses			
ınstruc	tions)	• • 4	33	<u>-99,882</u>
4 Amour	ts paid for disallowed fringes		3,4	
5 Deduc	ion for net operating loss arising in tax years beginning before January 1, 2018	(see		
	tions), , , , , , , , , , , , , , , , , , ,		35	
	of unrelated business taxable income before specific deduction. Subtract line 35 from the		1	
	3 33 and 34		36	-99,882
	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	- }	37	
		ı	J <sub>L</sub>	
	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line		38	-99,882
	ne smaller of zero or line 36	. 11	38	33,002
	Tax Computation	- 1		
•	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
	Taxable at Trust Rates. See instructions for tax computation. Income tax	- 1		
	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40	
Proxy	tax. See instructions	▶	41	
	tive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		42	
	Noncompliant Facility Income. See instructions		43	· · · ·
Total,	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	
art V	Tax and Payments		1	
a Foreig	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	credits (see instructions)			
	al business credit. Attach Form 3800 (see instructions)			
d Credit	for prior year minimum tax (attach Form 8801 or 8827)			
e Total c	redits. Add lines 45a through 45d		45e	
	ct line 45e from line 44.		46	
Other to	ixes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	lule)	47	
	ax. Add lines 46 and 47 (see instructions)		48	(
			49	
	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	• • • •	- J	
	nts A 2017 overpayment credited to 2018			
<b>b</b> 2018 e	stimated tax payments			
	posited with Form 8868			
<b>d</b> Foreig	n organizations Tax paid or withheld at source (see instructions)			
e Backu	withholding (see instructions)			
f Credit	for small employer health insurance premiums (attach Form 8941) 50f			
g Other o	redits, adjustments, and payments Form 2439			
	form 4136 Other Total ▶ 50g			
Total p	ayments. Add lines 50a through 50g	. <u></u> [	51	
Estima	ted tax penalty (see instructions). Check if Form 2220 is attached	. 🗀	52	
	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	The state of the s	53	
	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
•	e amount of line 54 you want   Credited to 2019 estimated tax  Refunde	d 🕨	55	
Enter th	Statements Regarding Certain Activities and Other Information (see Instru			
_	time during the 2018 calendar year, did the organization have an interest in or a signature			uthority Yes No
	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		•	
	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of			1300000001300000
here	•			X
•		a force	on touct?	
•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a iorei	gir uust?.	
	" see instructions for other forms the organization may have to file.			
	he amount of tax-exempt interest received or accrued during the tax year  \$\infty\$ \$\frac{1}{2}\$ finder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t	o the h	est of my	knowledge and belief ii
l t	rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
gn	(10) 8 TO 106/24/2020 CFO			6 discuss this retur
ere 🚩	00/24/2020	Witl	h the pr	eparer shown below
	Signature of officer Dato Titlo	(sec	instructions	)? X Yes N
aid	Print/Type preparer's name Preparer's signature Date	Check	¦∟ lf	PTIN
	WILLIAM EPSTEIN 06/24/2020		mployed	P01307171
eparer se Only	Firm's name EISNERAMPER LLP	Firm's	EIN ▶ 1	.3-1639826
July	Firm's address ▶ 750 THIRD AVENUE, NEW YORK, NY 10017-2703	Phone	no 212	-949-8700
				Form 990-T (20

JSA

C-1 1 1 A C+ (C	1 0 11 -											-9
Schedule A - Cost of G	oods Sold. Er	ter method	of invent									
1 Inventory at beginning of	· · <del></del>			] 6 ∣	nventor	y at end	d of year	ar	. 6			
2 Purchases	2			7 (	Cost of	f good	is so	<b>ld.</b> Subtract line	·			
3 Cost of labor	3			] (	from	line	5. Er	iter here and in				
4a Additional section 263A c	osts			1	Part 1, lin	e2			. 7			
(attach schedule)	4a			8 1	Oo the	rules	of	section 263A (	with resp	ect to	Yes	No
b Other costs (attach schedu	ule) . 4b			] ,	property	prod	uced	or acquired fo	r resale)	apply		<b>****</b>
5 Total. Add lines 1 through				t	o the or	ganızatı	oπº.		<u></u>			X
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal P	ropert	y Leas	sed V	Vith Real Prope	erty)			
(see instructions)												
1. Description of property												
(1)												
(2)				-								
(3)												
(4)												
	2. Rent recei	ved or accrue	ed									
(a) From personal property (if the for personal property is more the more than 50%	nan 10% but not	percenta	age of rent fo	or perso	all property (if the nall property exceeds on profit or income)  3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schedul						ome	
	, 											
(1)												
(2)								ļ	-			
(3)					-							
(4)										•		
Total		Total	-					(b) Total deducti	ons.			
(c) Total income. Add totals of c								Enter here and o	n page 1,			
here and on page 1, Part I, line 6								Part I, line 6, colu	mn (B) 🕨			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)				<u> </u>			1- 1-	
1. Description of de	ht fannond armerty		2. Gross				3. (	Deductions directly co debt-finar	ced property	or anocas	oie to	
escription of de	DI-Illianoed property			to debt-financed (a)			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)												
(2)												
(3)												
(4)												
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average adju- of or alloca debt-financed (attach sche	ole to property	4	. Calumi divided column				income reportable n 2 x column 6)	(column	cable de 6 x total (a) and 3	of colum	
(1)		-			9	6						
(2)					9	6						
(3)					9	6		-				
(4)					%	6						
								re and on page 1, ne 7, column (A).	Enter he Part I, I	ere and o		
Totals	tions included in co		• • • • • • • • • • • • • • • • • • •	 . <u></u> .		•	<del></del>					

Form **990-T** (2018)

Page 4

Schedule F-Interest, Ann	uities, Royalties	, and	Rents F	rom Contro	lled Or	ganiz	atio	ns (see	instruction	ons)	
<u> </u>	<u></u>			Controlled Or							
1. Name of controlled organization	2. Employer identification numb	er		related income e instructions)	4. Total of specified payments made			5. Part of column 4 that is included in the controlling organization's gross incom		alling	6. Deductions directly connected with income in column 5
(1)				** ***						-	
(2)				-							
(3)											
(4)											
Nonexempt Controlled Organi	zations									·	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		•	9. Total of specific payments made		inc	luded	of column I in the coi tion's gross	ntrolling		. Deductions directly nected with income in column 10
(1)											
(2)											
(3)											<u> </u>
(4)											
Totals			 01(c)(7	) (9) or (17	▶	En Pá	iter he art I, I	alumns 5 a ere and on ine 8, colui	page 1, mn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	-		3. Deduction directly contact (attach sch	tions inected		· · · ·	4. Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)				***************************************							
Totals ' ▶	Enter here and o Part I, line 9, co	olumn (A	)								Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exc	empt Activity In	come,	Other 7	Than Advert	ising Ir	com	e (se	e instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	conn prod ur	Expenses directly lected with duction of nrelated less income	4. Net Incor from unrelator business 2 minus co If a gain, cools 5 thm	ted tradé (column lumn 3) ompute	5. Gross income from activity that is not unrelated business income		vity that related	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-						•		
(2)											
(3)	1.					1					
(4)	† †										
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page	here and or e 1, Part I, 10, col (B)	n							Enter here and on page 1, Part II, line 26
Schedule J- Advertising la		uctions	;)								
Part I Income From Per	riodicals Report	ed on	a Cons	olidated Ba	sis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		4. Adver	tising ss) (col ol 3) If impute	f inc			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)) ▶											
					-						Form <b>990-T</b> (2018)

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.)

Z tillough / Ohai	illie-by-lifte basi	s. <sub>)</sub>				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs advertising costs a gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	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
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and T	rustees (see instr	uctions)		
1. Name		2.	Title	3. Percent of time devoted to	4. Compensation	

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 1	4		

Form **990-T** (2018)

ATTACHMENT 1

INVESTMENT INCOME FROM LIMITED PARTNERSHIPS

ATTACHMENT 2

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

ACACIA PARTNERS LP ENERGY MLP INCOME FUND LP CAP IX INSTITUTIONAL INVESTORS FUND, LLC CAP VII INSTITUTIONAL INVESTORS FUND LLC	1. -92,328. -27,710. 14,162.
INCOME (LOSS) FROM PARTNERSHIPS	-105,875.

### 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

2018

Employer identification number

THE BUCKLEY SCHOOL IN THE CITY OF NEW YORK 13-1837409 Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments to gain (e) or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949. Part I. line 2. column (d) and combine (sales price) (or other basis) whole dollars column (a) 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 497. 1,945. -1,448. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . -1,448. Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949. Part II, line 2. column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . . 8b Totals for all transactions reported on Form(s) 8949 9 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949

7.691.

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

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

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

11 Enter gain from Form 4797, line 7 or 9

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

Long-term capital gain from installment sales from Form 6252, line 26 or 37

Capital gain distributions (see instructions)

Schedule D (Form 1120) 2018

13

14

7,691.

7,691.

6,243.

6,243.

# Form 8949

## Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service

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

THE BUCKLEY SCHOOL IN THE CITY OF NEW YORK

Social security number or taxpayer identification number

13-1837409

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

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 (C) Short-term transactions				wasn't reporte	ed to the IRS		
(a) Description of property	(b) (c)		(d) Proceeds (sales price)	(e) Cost or other basis See the Nate below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a cod See the sepai	Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ENERGY MLP INCOME FUND LP				1,945			-1,945
ACACIA PARTNERS LP			497.				497.
_							
	-					···	
	-						
2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C at	here and inc is checked), lin	lude on your e 2 (if Box B	497	1,945			-1,448.

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 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

THE BUCKLEY SCHOOL IN THE CITY OF NEW YORK

13-1837409

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
ζ.	(E) Long-term transactions not reported to you on Form 1090-B

1 (a) Description of property	Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Ćo )	(Mo, day, yr)	(Mo , day, yr )			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
ENERGY MLP INCOME FUND LP			4,699.			,	4,699.
ACACIA PARTNERS LP			2,992				2,992.
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 inclins checked), line	ude on your	7,691				7,691.

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 (2018)