Form 990-T . *	E	Exempt Organiz	ation Bus	ines	ss Income T	ax Returi	า	OMB No	0 1545-0687
		(and prove tax under section 6033(a))							
	For ca	For calendar year 2018 or other tax year beginning, and ending							D18
Department of the Treasury		► 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)							
Internal Revenue Service	<u> </u>					ation is a 501(c)(3)	_		rganizations Only
A Check box if address changed		Name of organization (BRUTON PARISH		-	•	INC	Emp	oloyees' trus uctions)	ication number st, see
B Exempt under section	Print	C70 V.M. GEDD	Y III						36077_
X 501(c)23_)	Type	Number, street, and room or s	suite no. If a P.O. box	c, see ins	structions.		E Unre	lated busine instructions	ess activity code
408(e) 220(e)	.,,,,	PO BOX 3520					-		
408A530(a)		City or town, state or province	-	_	postal code		F 2 F	-000	
529(a) C Book value of all assets		WILLIAMSBURG,					525	<u> 990</u>	
at end of year	0.2	F Group exemption number (\$ G Check organization type ▶	501(a) corp	oration	501(c) trust	401/2) trust		Other trust
H Enter the number of the	ornaniza	ition's unrelated trades or busin	20 1(c) corp	1		the only (or first) u		<u>L</u>	i Other trast
		EE STATEMENT 1				complete Parts I-V.			•
		ce at the end of the previous se	ntence, complete Pa	rts Land		•			•
business, then complete			monoc, complete r a	ii to i unc	in, complete a concusto	in for cach addition			
		oration a subsidiary in an affilia	ted group or a parer	nt-subsid	diary controlled group?	•	Y	es X	No
		tifying number of the parent cor			, , ,	,			_
J The books are in care of	> '	THE ORGANIZATI	ON		Telepho	one number 🕨 🗇	757-	-229-	2891
Part I Unrelate	d Tra	de or Business Incom	ie		(A) Income	(B) Expense	8	((C) Net
1a Gross receipts or sale	es								i
b Less returns and allo	wances	c E	Balance >	1c					i
2 Cost of goods sold (S	Schedule	A, line 7)		2				1	
3 Gross profit. Subtrac		B		3					
4a Capital gain net incor				4a	1,245.				1,245.
- , , ,		art II, line 17) (attach Form 479	17)	4b	-406.			-	-406.
c Capital loss deduction				4c	4 455				4.55
• •		ship or an S corporation (attach	statement)	5	1,175.	STMT 2	4	1	1,175.
6 Rent income (Schedi				6					
7 Unrelated debt-finance			_	7			-	-	
	-	and rents from a controlled orga		8					
		on 501(c)(7), (9), or (17) organi	ization (Schedule G)						
10 Exploited exempt act				10					
11 Advertising income (11				+	
12 Other income (See in 13 Total. Combine lines				13	2,014.				2,014.
		ot Taken Elsewhere (See instructions fo					1	_2,014.
		utions, deductions must be				s income.)			
14 Compensation of of	ficers, di	rectors, and trustees (Schedule	K)				14		
15 Salaries and wages		,	,				15		
16 Repairs and mainter	nance			 ,			16		
17 Bad debts		l R	ECEIVED				17		
18 Interest (attach scho	edule) (s	·		(J1			18		
19 Taxes and licenses		4 M	QV 1 9 2019	ő			19		
		e instructions for limitation rule	QV 1 9 2019	SC-S			20		
21 Depreciation (attach	Form 4	562)		ا يواب	21				
	aimed o	n Schedule A and elsewhere	@BEN, UT	_	22a	<u></u>	22b		
23 Depletion		*					23	1	
24 Contributions to def		mpensation plans					24		
25 Employee benefit pr	_						25	-	
26 Excess exempt expe							26	-	
27 Excess readership of							27	ļ	
28 Other deductions (a							28	 	
29 Total deductions. A		_			from time 40		29	 	0.
		ncome before net operating loss					30	+	2,014.
	_	loss arising in tax years beginni		ry 1, 20	io (see instructions)		31	 	2 014
		ncome. Subtract line 31 from lin				 	32	[2,014. 990-T (2018)
823701 01-09-19 LHA F	or Pape	work Reduction Act Notice, se	e instructions.	_		99	4	Form :	∌∌∪-I (2018)

Form 990-1	BRUTON PARISH CHUR		FUND, IN	C	54-6	036	077		Page
Part I									
33	Total of unrelated business taxable income comput	ted from all unrelated trades	or businesses (see ii	nstructions)	3	13	2.	014
34	Amounts paid for disallowed fringes		•	•	•	3	14		
35	Deduction for net operating loss arising in tax years	s beginning before January	1, 2018 (see instructi	ions) S	TMT 3	3	15	2,	014
36	Total of unrelated business taxable income before s		•						
	lines 33 and 34					3	16		
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for exception	ıs)			3	17	1,	000
38	Unrelated business taxable income. Subtract line	•		,					
	enter the smaller of zero or line 36					_ 3	18		0
Part I	V Tax Computation		-						
39	Organizations Taxable as Corporations. Multiply I	line 38 by 21% (0.21))	▶ 3	19		0
40	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income t	ax on the amount on	line 38 fron	n:	_			
	Tax rate schedule or Schedule D (Fo	rm 1041)			J	▶ 4	10		
41	Proxy tax. See instructions				J	▶ 4	11		
42	Alternative minimum tax (trusts only)					4	12		
43	Tax on Noncompliant Facility Income. See Instruc	ctions				4	13		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies				4	14		0
Part \	/ Tax and Payments								
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	4	15a					
b	Other credits (see instructions)		4	45b	<u>. </u>				
C	General business credit. Attach Form 3800		_4	45c					
d	Credit for prior year minimum tax (attach Form 880	01 or 8827)	_4	15d					
е	Total credits Add lines 45a through 45d					4	5e		
46	Subtract line 45e from line 44						16		0
47	Other taxes. Check if from: Form 4255	Form 8611 Form 86	97 🔲 Form 8866	Othe	ſ (attach schedu	le) 4	17		
48	Total tax. Add lines 46 and 47 (see instructions)						18		0
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column	ı (k), line 2				19		0
50 a	Payments: A 2017 overpayment credited to 2018		<u>_ </u>	50a					
b	2018 estimated tax payments		_ 5	50b		_			
C	Tax deposited with Form 8868		_ 5	50c					
d	Foreign organizations: Tax paid or withheld at sour	rce (see instructions)	<u>_ </u>	50d		_			
е	Backup withholding (see instructions)		<u></u>	50e		_			
f	Credit for small employer health insurance premiur	ms (attach Form 8941)	<u> </u>	50f		_	-		
9		orm 2439							
	Form 4136 0	Other	Total 🕨 📙	50g			<u></u> -		
51	Total payments. Add lines 50a through 50g						51		_
52	Estimated tax penalty (see instructions). Check if F					. —	52		
53	Tax due. If line 51 is less than the total of lines 48,	·					53		
54	Overpayment. If line 51 is larger than the total of li		nount overpaid) _		_	54		
55	Enter the amount of line 54 you want: Credited to				lefunded	<u> </u>	55		
Part \									
56	At any time during the 2018 calendar year, did the							Ye	es No
	over a financial account (bank, securities, or other)								
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," ent	er the name of the fo	reign count	ry				-
	here >							- ⊢	X
57	During the tax year, did the organization receive a c		ne grantor of, or trans	steror to, a	foreign trust?			<u> </u>	<u> </u>
	If "Yes," see instructions for other forms the organi	•	. .						
58	Enter the amount of tax-exempt interest received o				to the back of the	bace	lan and the		
Sign	Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that	ia triis return, including accompai an taxpayer) is based on all inform	nying schedules and stat nation of which preparer I	ernents, and t has any know	o the best of my ledge	KNOWI60	ye and beli	n, it is true	7,
Here	Van M Meder W	۔ مالدان	DD = 0 =	m			he IRS discu		
6.6	Signature of officer	Date 11 14 19	PRESIDEN Title	T			eparer show ctions)?		
					Obselv	-	- 1-6/	Yes	N
	Print/Type preparer's name	Prepare 's signature	Date	_	Check	J If	PTIN		

self- employed Paid

MARK A. NELSON Firm's name ► CAVANAUGH NELSON PLC Firm's EIN

999 WATERSIDE DRIVE, SUITE 2250

Firm's address ► NORFOLK, VA 23510

Form **990-T** (2018)

P00358004

<u>757-578-4900</u>

54-1967771

Preparer

Use Only

823711 01-09-19

Phone no.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A		<u></u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye			6
2 Purchases	2		7 Cost of goods sold. S		ine 6	1,7
3 Cost of labor	3		from line 5. Enter here			4
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or		•	
5 Total. Add lines 1 through 4b	5		the organization?	•	, ., .	
Schedule C - Rent Income (see instructions)	(From Real	Property an		Leas	ed With Real Pro	perty)
Description of property						
(1)						
(2)	_					
(3)						
(4)					•	
- "	2. Rent receiv	ed or accrued				
(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 percent personal property exceeds 50% or in this based on profit or income)	tage f	3(a) Deductions directly columns 2(a) ar	connected with the income in id 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb	ot-Financed	I Income (see	instructions)			
		•	2. Gross income from		Deductions directly con to debt-finance	
1. Description of debt-financed property			or allocable to debt- financed property	(a) Straight line deprecia (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)	of or a debt-fina	adjusted basis allocable to nced property a 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)			%		<u> </u>	
(3)			%			
(4)			%		_	
,					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		. 0	. 0.
Total dividends-received deductions in	ncluded in columi	n 8	•		>	0.
					······································	Form 990-T (2018)

Form 990-T (2018) C/O V.	M. GEDDY	III						54-60	3607	7Page
Schedule F - Interest,	Annuities, Roy	alties, a					atio	nS (see in:	struction	s)
1. Name of controlled organiza	ıden	Employer tification umber	3. Net unre	Controlled Organization related income payments in the instructions) 4. Total payments in the instructions in the instructions in the instruction		ons I of specified lents made	5 Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)								-		
(4)										
Nonexempt Controlled Organ	ızatıons									
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total o	of specified payr made	ments	10. Part of column the controllingross		nization's		ductions directly connected i income in column 10
(1)										
(2)										
(3)										
(4)							-			
			·			Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals								0.		0
Schedule G - Investme	ent Income of	Sectio	n 501(c)(7) (9) or ((17) Or	panization	`			<u> </u>
	ructions)	2 0000.0	00 1(0)(.,, (0,, 0.	(, 0.,	ga:a	•			
1. Desc	cription of income			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							-			
(2)										
(3)										
(4)									· -	
				Enter here and e Part I, line 9, co			•			Enter here and on page 1 Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instri	•	ty Incon	ne, Other	r Than Ad	lvertisii	ng Income	• ——			
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of ui	xpenses connected production nrelated ass income	4. Net incom from unrelated business (co minus columi gain, compute through	I trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed		penses able to mn 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)	page line 10	ere and on 1, Part I, 0, col (B)					,	,	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	ing Income (see		0.							0.
	Periodicals Re			solidated	Basis					4,000,000,000
1 Name of periodical	2. Gross advertising income	.	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1				1		
(2)				7	•					
(3)				7						
(4)				┑						•
<u>···</u> .				1						
Totals (carry to Part II, line (5))	▶	0.	0					[0.

Form **990-T** (2018)

Form 990-T (2018) C/O V.M. GEDDY III

54-6036077

Page 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.)

2. Gross 3. Direct 4. Advertising gain or (loss) (col 2 minus 5. Circulation 6.	7. Excess readership costs (column 6 minus
1. Name of periodical advertising income 3. Direct or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation cols 5 through 7	costs column 5, but not more than column 4)
(1)	
(2)	
(3)	
(4)	
Totals from Part I ▶ 0. 0.	0.
Enter here and on page 1, Part I, line 11, col (A) line 11, col (B)	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.

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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)



BRUTON PARISH CHURCH ENDOWMENT FUND, INC	54-60360)77 ——
FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
UBIT AS REPORTED FROM INVESTMENTS IN PASSTHROUGH ENTITIES		
TO FORM 990-T, PAGE 1		
FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION	NET INCOM	
TIFF PARTNERS V-US, LLC - ORDINARY BUSINESS INCOME (LOSS) TIFF PARTNERS V-US, LLC - INTEREST INCOME TIFF PARTNERS V-US, LLC - OTHER PORTFOLIO INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS	_	57. 03. 69.
INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2007, LLC - INTEREST INCOME TIFF PRIVATE EQUITY PARTNERS 2007, LLC - OTHER INCOME		25.
(LOSS) TIFF REALTY AND RESOURCES 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)		81.
TIFF REALTY AND RESOURCES 2008, LLC - NET RENTAL REAL ESTATE INCOME TIFF REALTY AND RESOURCES 2008, LLC - INTEREST INCOME	-1'	77.

TIFF REALTY AND RESOURCES 2008, LLC - ROYALTIES
TIFF REALTY AND RESOURCES 2008, LLC - OTHER INCOME (LOSS)

TIFF PARTNERS V-INTERNATIONAL LLC - OTHER PORTFOLIO INCOME

TIFF REAL ESTATE PARTNERS I - ORDINARY BUSINESS INCOME

TIFF REAL ESTATE PARTNERS I - NET RENTAL REAL ESTATE

TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	10,162.	4,118.	6,044.	6,044.
12/31/11 12/31/12	1,340. 2,193.	0. 0.	1,340. 2,193.	1,3 4 0. 2,193.
12/31/13	223.	0.	223.	223.
12/31/15 12/31/17	2,275. 6,575.	0. 0.	2,275. 6,575.	2,275. 6,575.
NOL CARRYO	VER AVAILABLE THIS	YEAR	18,650.	18,650.

6 STATEMENT(S) 1, 2, 3 2018.05000 BRUTON PARISH CHURCH ENDOWM BRU60771

1. 762.

-62.

-14.

-1.

1,175.

(LOSS)

INCOME

(LOSS)

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.

2018

Name

Employer identification number

	BRUTON PARISH CHUR	CH ENDOWMENT	FUND, INC			
	C/O V.M. GEDDY III				<u> 54 -</u>	6036077
	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
to e	e instructions for how to figure the amounts 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 (e) from column (d) and
rou	s form may be easier to complete if you and 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					
4	Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		4	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach compu	tation)			6	(
7	Net short-term capital gain or (loss). Combin				7	
_	Part II Long-Term Capital Ga	ins and Losses (See	nstructions.)			-
	e instructions for how to figure the amounts enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
	s form may be easier to complete if you and off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9, J)	column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked					1,245.
	Enter gain from Form 4797, line 7 or 9				11	
	Long-term capital gain from installment sale		7		12	
	Long-term capital gain or (loss) from like-kir	id exchanges from Form 8824			13	
	Capital gain distributions				14	1 045
	Net long-term capital gain or (loss). Combin		<u>n h</u>		15	1,245.
_	Part III Summary of Parts I an					<u></u>
	Enter excess of net short-term capital gain (li	•	, ,		16_	1 045
	Net capital gain. Enter excess of net long-terr	· · · · · · · · · · · · · · · · · · ·	·	e /)	17_	1,245.
18	Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	1,245.
	Note: If losses exceed gains, see Capital loss	ses in the instructions.				

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

Schedule D (Form 1120) 2018

JWA

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1

BRUTON PARISH CHURCH ENDOWMENT FUND, INC C/O V.M. GEDDY III

Social security number or taxpayer identification no.

<u>54-6036077</u>

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

statement will have the same inform broker and may even tell you which	nation as Form 10 box to check	99-8 Either Will :	snow wnetner yo	our basis (usually you	ur cost) wa	is reported to the	IHS by your		
Part II Long-Term. Transact	tions involving capit	al assets you held i	more than 1 year a	re generally long-term	(see instruc	tions) For short-terr	n transactions,		
see page 1 Note: You may aggregate a	all long-term transac	ctions reported on I	Form(s) 1099-B sho	owing basis was repor	ted to the If	RS and for which no	adjustments or		
codes are required Enter the You must check Box D, E, or F below.	he totals directly on Check only one be	Schedule D, line 8	a, you aren't requir	ed to report these train determ transactions, com-	nsactions of olete a separa	n Form 8949 (see ins te Form 8949, page 2, fo	tructions)		
If you have more long-term transactions than w	ull fit on this page for or	ne or more of the boxe	s, complete as many f	orms with the same box o	hecked as yo	u need	, 		
(D) Long-term transactions re		-	•	-	Note abo	ove)			
(E) Long-term transactions re	•	•	•	eported to the IRS					
(F) Long-term transactions no	1	ĺ			Adjustma	nt if any to gain or			
1 (a) Description of property (Example 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If you enter an amount		e the column (g), enter a code		(h) Gain or (loss). Subtract column (e
, ,		(Mo , day, yr)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)		
TIFF PARTNERS									
V-US, LLC							1,208.		
TIFF REALTY AND							_		
RESOURCES 2008,									
LLC							37.		
							_		
				_					
	<u>_</u>								
	 								
	-			-					
	-			 	<u> </u>				
							_		
<u> </u>									
		-							
			_						
			-						
	 			-					
	 								
2 Totals. Add the amounts in colu	· · · · · · · · · · · · · · · · · · ·								
negative amounts). Enter each t		-							
Schedule D, line 8b (If Box D ab	ove is citecked),	HITE A (II BOX E		I	l	I	I		

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.

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