•		¥.	
	.)		
1			
1	1		
\	1	**	

										\$1
								293	931	4904206
*	QQA T	Ex	empt Organiz					Tax Retur		OMB No 1545-0047
Form	330-1	Far asla	and pro) ndar year 2019 or other tax	-		der section 6	•	~ , ~	$ \wedge \lceil$	<u> </u>
Donast	tment of the Treasury	rui calei	Go to www irs gov					- - 177 11	゚ナー	<u> </u>
	i Revenue Service	▶ Do	not enter SSN numbers on					1 1 1)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (me changed and see in			D Emplo	yer identification number
_	address changed			_					(Emplo	yees' trust, see instructions)
BExe	empt under section		ATRIUM HEALTH	FOUND	ATIC	N				
Х	501(C 1 3)	Print	Number, street, and room	or suite no I	fa P O	box, see instructions		ĺ	56-60	060481
	408(e) 220(e)	or Type								ated business activity code structions)
	408A530(a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P O BOX 3286						(366 11)	audoudits)
	529(a)		City or town, state or provi		y, and 2	ZIP or foreign postal cod	de			
	ok value of all assets and of year		CHARLOTTE, NC			 			_	
			up exemption number (S	<u> </u>			,——		Τ-"	
			ck organization type 🕨				501(c		401(a)	****
		_	nization's unrelated trades	s or busine	sses				•	(or first) unrelated
	ade or business her						-	•		than one, describe the
	•		end of the previous sen	itence, cor	nplete	Parts I and II, comp	lete a S	chedule M for eac	h addition	nal
	ade or business, the				- 1					<u> </u>
	, ,		corporation a subsidiary		_	•	sidiary o	controlled group?,		▶ Yes X No
			identifying number of the ECTA MCPHERSON	parent co	rporati		oloobon	e number ▶ 70	4-355-	4048
			or Business Income			(A) Income		(B) Expens		(C) Net
1a	Gross receipts or s		Dusiness income		Γ	(A) income		(B) Expens		(o) Net
	Less returns and allowa			Balance ►	1c]				
2			ule A, line 7)		2					
RF(2 from line 1c		3					
-4a	TO CONTROL DOLL	ícalma (a	ttach Schodulo D)		4a					
a ich	Nation (loss) (Fo	ເ∕ົາ { gm 4797,	Part II, line 17) (attach Form	4797)	4b	-16,	561			-16,561
NŲV	Capital loss dedu	ction for t	rusts		4c					
5	Income (loss) from a p	arineizhib oi	an S corporation (attach stateme	nt)	5	37,	140	AATCH 2		37,140
၁၉၊	Ren Vincome (Sch	edule C)			6					
7	Umrelated de bt-fli	nanced in	come (Schedule E)		7					
8	Interest, annuities, roya	ilties, and re	nts from a controlled organization	(Schedule F)	8					
9	Investment income of a	section 50	(c)(7), (9), or (17) organization ((Schedule G)	9					
10	Exploited exempt	activity in	ncome (Schedule I)		10					
11	•		ule J)							
12	-		tions, attach schedule) .							00 570
13	Total Combine lin	es 3 thre	ough 12		1/3	20,		\ /D		20,579
Par			raken Eisewhere (S ne unrelated busines			ons for limitation	s on a	eauctions) (L	eauctic	ons must be directly
			directors, and trustees (Sc							1
14										
15 16			· · · · · · · · · · / · ·							
17										
18			see instructions)							
19										857
20			4562)						. ',	
21			on Schedule A and elsew						21b	
22										13,752
23	Contributions to d	eferred o	compensation plans	 .					23	
24										
25			Schedule I)							
26	Excess readership	costs (S	chedule J)						26	
27			chedule)							2,600

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . .

For Paperwork Reduction Act Notice, see instructions Unrelated business taxable income Subtract line 30 from line 29

28

30

Form **990-T** (2019)

3,370

3,370

17,209

JSA 9X2740 1 000

28

29

Form	990 T (20	19)			F	Page 2
Par	1 1/2	Total Unrelated Business Taxable Income				
		of unrelated business taxable income computed from all unrelated trades or businesses (see		•		
	,	ons)	32		3,3	370
33/		s paid for disallowed fringes				
34	Charital	ole contributions (see instructions for limitation rules)	34			337
35	Total u	ole contributions (see instructions for limitation rules)				
	34 from	the sum of lines 32 and 33	35		3.0	033
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see	/			
30		ons)			3 (033
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 30			
38						
39	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	 			
39		ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				0
Bas		e smaller of zero or line 37	39			<u> </u>
		Tax Computation	140			
40	_	rations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on	44			
40		nunt on line 39 from Tax rate schedule or Schedule D (Form 1041)	T			
42	-	ax. See instructions	·			
43		ive minimum tax (trusts only)				
44		Noncompliant Facility Income See instructions	-			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
		Tax and Payments				
	_	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-			
		redits (see instructions)	-			
		business credit Attach Form 3800 (see instructions)	-			
		or prior year minimum tax (attach Form 8801 or 8827)	┥ │			
		edits. Add lines 46a through 46d				
47		t line 46e from line 45	47			
48		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				0
49		x. Add lines 47 and 48 (see instructions)				
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Paymen	ts A 2018 overpayment credited to 2019	-			
		timated tax payments	-			
		osited with Form 8868	4			
d		organizations Tax paid or withheld at source (see instructions)	-			
_		withholding (see instructions)	4			
Ť		or small employer health insurance premiums (attach Form 8941)	-			
g		edits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 51g	ا ہے ا		5 0	000
52	-	syments Add lines 51a through 51g	12		5,0	
53		ed tax penalty (see instructions) Check if Form 2220 is attached	\$3			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\ \ \ \ \ \ \ \ \ \ \ \ \ \		5,0	000
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	35		3,0	
200		samount of line 55 you want Credited to 2020 estimated tax > 5,000 Refunded >				
Par		Statements Regarding Certain Activities and Other Information (see instruction			Yes	No
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature of		· · ·	163	
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of	•			
	_	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign o	country	ŀ	v
F 0	here ►			— ⊦		$\frac{x}{x}$
58	_	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?			
EC		see instructions for other forms the organization may have to file				
<u>59</u>	· ·	e amount of tax-exempt interest received or accrued during the tax year \$ der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of my !	nowledge	d bala	af 11 10
c:~·	l tou	e, correct, and complete Declaration of preparer (other than axpayer) is based on all information of which preparer has any knowledge	Jest UI my K	owieuge an	ia Delle	л, It IS
Sigr		TECHA MCDHEDSON & ALAU MY CHALL II III AN DORO	ay the IRS			
Her			th the pre	_		1 B
) 31		ee instructions)			No
Paid		Print/Type preparer's name Preparer's signature Digitally signed by MICHELE N MELCHIOR Preparer's signature Digitally signed by 11/10/2020 self-		PTIN	002	7
_	arer	Welchildt, Wildhele	employed	P0048		
•	Only		s EIN ► 3			
	-	Firm's address ▶ 201 S COLLEGE ST , STE 2500, CHARLOTTE, NC 28244 Phon	ieno /04	-632-3	5 U U	

Form 990-T (2019)								Page 3
Schedule A - Cost of Go	ands Sold F	nter method	Lof inventory valuation		·			rage J
1 Inventory at beginning of y		inter metriot			ar	6		
2 Purchases					id Subtract line			
3 Cost of labor	· · · - 			_	here and in Part			
	· · · 					7		
4 a Additional section 263A co	1 1				2024		spect to Yes	s No
(attach schedule)	f I				section 263A (w		- Pool ()	` '''
b Other costs (attach schedu	· · -				or acquired for			x
5 Total. Add lines 1 through Schedule C - Rent Income		Droporty or	nd Parsonal Property	Loscod V	With Bool Brono	eta el		^_
(see instructions)	e (From Rear	Property at	iu Personai Property	Leaseu V	vitti Keai Fropei	Ly)		
<u> </u>								
1. Description of property								
(1)								
(2)								
(3)								
(4)	2 Pont son				<u> </u>			
=		erved or accrue			-{			
for personal property is more than 10% but not percent			om real and personal property (if the ge of rent for personal property exceeds 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			(b) Total deductio			
(c) Total income. Add totals of co	olumns 2(a) and	2(b) Enter			Enter here and on			
here and on page 1, Part I, line 6					Part I, line 6, colur	nn (B) 🕽	>	
Schedule E - Unrelated De	ebt-Financed	Income (se	e instructions)	·				
1 Description of deb	at forward according		2 Gross income from or allocable to debt-financed	3 [Deductions directly cor debt-financ			
i Description of dec	n-imanced property		property		ht line depreciation ich schedule)		Other deductions (attach schedule)	i
(1)								
(2)								
(3)				 				
(4)								
4. Amount of average	5 Average ad	justed basis	2 0 1					
acquisition debt on or	of or allo		6 Column 4 divided		income reportable		Allocable deduction nn 6 x total of colu	
allocable to debt-financed property (attach schedule)	debt-finance (attach so		by column 5	(columi	n 2 x column 6)	,	3(a) and 3(b))	
(1)	·	·············	%	 				
(2)			%					
(3)			%					

%

Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B)

Schedule F - Interest, Ann	uities, Royaltie	s, and R	Rents Fr	om Contro	lled O	rganiza	itions (se	e instructi	ons)	
		Ex	cempt Co	ontrolled Or	ganizatio	ons		_		
Name of controlled organization	2 Employer identification numb	iei l		lated income instructions)	ı	of specifie ints made	d included	of column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)						• •				
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8. Net unrelated in (loss) (see instruc		1	Total of specific payments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly inected with income in column 10
(1)		-								 -
(2)		•								
(3)	-									
(4)										
Totals					>	Ente Part	columns 5 ar here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	icome of a Sec	ction 50	1(c)(/),	, (9), OF (17 3 Deduc		nizatio	n (see ins	tructions)	-	5 Total deductions
1 Description of income	2. Amount of	fincome		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c	olumn (A)	<u> </u>							Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity in	come, C	otner i	nan Adverti	sing in	come	(see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	penses ectly sted with ction of elated s income	4 Net inconfrom unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	from a	ss income ctivity that unrelated ess income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)				 		-		 		
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)			<u> </u>		1.		Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	icome (see instr	uctions)		1				-		
Part I Income From Per	<u>.</u>		Conso	lidated Bas	is					
income i foni i en	louicais report	cu on a	001130	lidated Bas	,,,			T		<u> </u>
1 Name of periodical	2 Gross advertising income		urect ing costs	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute		rculation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)								1		
(3)								1		
(4)	 							<u> </u>		
· ·										
Totals (carry to Part II, line (5))								<u> </u>		5 990 T (2010)

Page 5

(4)

Total Enter here and on page 1, Part II, line 14

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)						
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 26
Totals, Part II (lines 1-5)	•					
Schedule K - Compensati	on of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2	Title	3 Percent of time devoted to business	4. Compensation unrelated	
(1)				%		
(2)				%		-
(3)				%		
				1 - 131		

Form **990-T** (2019)

7	THE OF	ACHMENT	•
$^{\wedge}$	1 1	ACUMENT	

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PASSIVE INVESTMENT INCOME FROM QUALIFIED INVESTMENT PARTNERSHIPS

ATTACHMENT	3

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

TAX PREPARATION FEES

2,600

PART II - LINE 27 - OTHER DEDUCTIONS

2,600

ATTACHMENT 4

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	20,579 0
LESS DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD CARRYOVER NOL	17,209 3,033 * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	337
CHARITABLE CONTRIBUTION	41,089,047.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	337.

Atrium Health Foundation

EIN: 56-6060481

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 12/31/2019

FORM 990-T PART III, LINE 35 DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING BEFORE 1/1/2019

Year	NOL Generated	NOL Utilized PY	NOL Utilized	NOL Carryforward
12/31/2015	8,801		3,033	5,768
12/31/2016	27,538	_	-	27,538
12/31/2017	53,457	-	-	53,457
Totals	89,796	-	3,033	86,763
Current Year U	BI Income (Loss) be	fore NOL		3,033
Current Year N	OL Utılızed			3,033
TOTAL CARRYOVE	CR TO 2020			86,763

Atrium Health Foundation

EIN: 56-6060481

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 12/31/2019

ACTIVITY:

QUALIFIED INVESTMENT ACTIVITIES

SILO SCH M #:

1

FORM 990-T PART III, LINE 31

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

Year	NOL Generated	NOL Utilized PY	NOL Utilized	NOL ' Carryforward
12/31/2018	67,211 **		-	67,211
12/31/2019	-	-	-	-
Totals	67,211	-	-	67,211
TOTAL CARRYOVER	то 2020			67,211

^{**} NOL for 2018 is adjusted to increase the NOL due to repeal of 512(a)(7) - Income of \$2,738 for qualified transportation benefits that was originally reported is no longer taxable and therefore the NOL is adjusted accordingly Originally reported NOL \$64,473 Addition for repeal of 512(a)(7) \$ 2,738 Adjusted NOL \$67,211

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

2019

Employer identification number 56-6060481 ATRIUM HEALTH FOUNDATION Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? X No Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) Part I (q) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) whole dollars column (q) the result with column (q) 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). Howe 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 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 with Box C checked -374 374 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 374 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 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 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 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. 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 783 -78311 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) -78315 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) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... Note If losses exceed gains, see Capital Losses in the instructions

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No 12A

Name(s) shown on return

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

Social security number or taxpayer identification number

ATRIUM HEALTH FOUNDATION

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

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions,

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)

complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page

X (C) Short-term transactions 1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo, day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
FROM PASSTHROUGH	VAR	VAR	374				374
						·	
· · ·							<u> </u>
							,
					-		
		<u>"</u>					
,,							
_							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), line	ude on your e 2 (if Box B		-374			. 374

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

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

ATRIUM HEALTH FOUNDATION

56-6060481

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)

٠		o or the beace, complete as many forms with the same beaches as you need	
		(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note ab	ove)
		(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
	Х	(F) Long-term transactions not reported to you on Form 1099-B	

1 (a) Description of property (Example 100 sh XYZ Co)	(Mo. day 15)		(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM PASSTHROUGH	VAR	VAR		783			-783
2 Totals Add the amounts in columns in negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclu is checked), line	ide on your 9 (if Box E		783			-783

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