A *	EXTENI	ED TO NOVE	MBER	16, 2020		~ /	0 0 0 0			
Form 990-T	Exempt Organi	zation Busi	ness	Income Ta	ax Return		OMB No 1545-0047			
	(and	proxy tax unde	r secti	on 6033(e))			2040			
•	For calendar year 2019 or other tax year be	eginning		, and ending		_	2019			
Department of the Treasury		gov/Form990T for inst				_	Open to Public Inspection for			
Internal Revenue Service	▶ Do not enter SSN numbers o					5	601(c)(3) Organizations Only			
A Check box if address changed	Name of organization (_	•		Emplo	yer identification number byees' trust, see ctions)			
		EDWARD F. & VICKIE S. O GARA								
Exempt under section Solution (CD3)	<u> </u>									
408(e) 220(e)	Type P.O. BOX 4964		see instru	Ctions			ted business activity code structions)			
408A 530(a)	City or town, state or province		foreign no	etal code	-					
529(a)	KETCHUM, ID		ioreign po	Stat Code		9000	199			
C Book value of all assets	F Group exemption number		>			2000				
at end of year 2,800,6	50 . G Check organization type ▶	`	ration	501(c) trust	401(a)	trust	Other trust			
	organization's unrelated trades or busi				he only (or first) unr					
trade or business here	INVESTMENT IN IN	VESTMENT F	UNDS	If only one, o	complete Parts I-V I	f more	than one,			
describe the first in the b	ank space at the end of the previous s	entence, complete Part	s I and II,	complete a Schedule	M for each additiona	al trade	or			
business, then complete	Parts III-V									
	the corporation a subsidiary in an affili		-subsidiar	y controlled group?	▶ □	Yes	s X No			
	nd identifying number of the parent co									
	► EDWARD F O'GAF				ne number > 2	<u>08-</u> 3				
	d Trade or Business Incor	ne 		(A) Income	(B) Expenses		(C) Net			
1 a Gross receipts or sale		, , , , , , , , , , , , , , , , , , ,								
b Less returns and allow		Balance	1c			-				
2 Cost of goods sold (S3 Gross profit Subtract		`, <u> </u>	3							
4a Capital gain net incom		F	4a		•	1				
	4797, Part II, line 17) (attach Form 47	97)	4b							
c Capital loss deduction	• •	··/	4c							
•	partnership or an S corporation (attacl	h statement)	5	1,177.	STMT 1	0	1,177.			
6 Rent income (Schedu			6							
•	ed income (Schedule E)		7							
8 Interest, annuities, roy	valties, and rents from a controlled org	anızatıon (Schedule F)	8							
9 Investment income of	a section 501(c)(7), (9), or (17) organ	nization (Schedule G)	9							
10 Exploited exempt activ	vity income (Schedule I)		10							
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	_	11							
·	structions, attach schedule)		12			- }				
13 Total. Combine lines			13	1,177.			1,177.			
	ns Not Taken Elsewhere (must be directly connected with									
14 Composition of off	page directors and trustees (California	The Park of the Land of the La	ISR			44				
14 Compensation of offi15 Salaries and wages	cers, directors, and trustees (Schedul	Plad US Bank -	900		-	14				
16 Repairs and mainten		010_7				16				
17 Bad debts		SEP 23 2020				17				
	dule) (see instructions)	Dri - Co -				18				
19 Taxes and licenses	,,	Ogden, UT	3			19				
20 Depreciation (attach	Form 4562)	Ogden, Ut	Ĩ	20						
21 Less depreciation cla	umed on Schedule A and elsewhere or	•		21a		21b				
22 Depletion						22				
23 Contributions to defe	rred compensation plans				1	23				
24 Employee benefit pro	-				<u>ļ</u>	24				
25 Excess exempt exper	·]	25				
26 Excess readership co	•				-	26				
27 Other deductions (at					-	27				
	dd lines 14 through 27		02 (40	}	28	0.			
	axable income before net operating los			m line 13	-	29	1,177.			
	erating loss arising in tax years beginn	ing on or after January	1, 2018			20	^			
(see instructions) 31 Unrelated business to	axable income Subtract line 30 from li	ne 29			ŀ	30	1,177.			
Unit of the Control o	AVAIDLE HIGOLIG ORDITAGE HILE OF HOLLI II	110 EU				וט	<u> </u>			

1	A !	1						
		EDWARD F. & VICKIE Total Unrelated Business Tax	S. O'GARA FAMIL	Y FOUN	DATION	INC.	88-	-0362767 Page 2
Part								1 177
32 . 33		unrelated business taxable income computes paid for disallowed fringes		32	1,177.			
. 33 34		is paid for disallowed irriges ble contributions (see instructions for limita	ation rules)				34	0.
35		related business taxable income before pr	•	n Cubination	24 5	-f lines 22 and 22		1,177.
36		on for net operating loss arising in tax year	· ·			of lines 32 and 33	36	<u> </u>
37		unrelated business taxable income before	• •	•	•		37	1,177.
38		deduction (Generally \$1,000, but see line	•	7 11 0111 11110 00			38	1,000.
39		ed business taxable income Subtract line	, ,	er than line 37	,		30	17000.
		e smaller of zero or line 37	, do it ditt into do its gradic		,		39	177.
Part	tilVi -	ax Computation						
40	Organiz	ations Taxable as Corporations Multiply	line 39 by 21% (0 21)			>	40	37.
41	Trusts 1	axable at Trust Rates See instructions for	r tax computation. Income tax on the	he amount or	line 39 from			
	Ta	ıx rate schedule or 🔃 Schedule D (Fo	orm 1041)			•	- 41	
42	Proxy ta	x See instructions				•	- 42	
43	Alternat	ive minimum tax (trusts only)					43	
44	Tax on	Noncompliant Facility Income See instru	ctions				44	
45		dd lines 42, 43, and 44 to line 40 or 41, wl	nichever applies				45	<u>37.</u>
		Tax and Payments						
		tax credit (corporations attach Form 1118)	trusts attach Form 1116)		46a			
Ь		edits (see instructions)			46b			
C		business credit Attach Form 3800	04 - 0007)		46c			
		or prior year minimum tax (attach Form 88	U1 Or 8827)		46d		40	
		edits Add lines 46a through 46d					46e	27
47		t line 46e from line 45	Form 8611 Form 8697		CC C Othor		47	37.
48				FOITH 66	ob L Utiler	(attach schedule)		37.
49 50		x Add lines 47 and 48 (see instructions) at 965 tax liability paid from Form 965-A or	Form 065-P. Part II. column (k) Jun	2			49 50	0.
		its: A 2018 overpayment credited to 2019	FOITH 905-B, Fait II, COIDIIII (K), III	ie 3	51a	1,977		
		timated tax payments			51a	1,700	_	
		osited with Form 8868			51c	4,000	_	
		organizations Tax paid or withheld at soul	rce (see instructions)		51d	4,000		
		withholding (see instructions)	ce (see mandenons)		51e			
		or small employer health insurance premiu	ms (attach Form 8941)		51f			
		edits, adjustments, and payments	Form 2439		0.11			
•		rm 4136	Other	Total 	51g			
52		syments Add lines 51a through 51g					52	7,677.
53	•	ed tax penalty (see instructions) Check if F	orm 2220 is attached				53	
54		If line 52 is less than the total of lines 49,				•	54	
55	Overpay	ment If line 52 is larger than the total of li	nes 49, 50, and 53, enter amount of	verpaid		•	- 55	7,640.
56	Enter th	e amount of line 55 you want' Credited to	2020 estimated tax	7,	640. Re	funded 🕨	56	0.
Part	t _i VII	Statements Regarding Certa	in Activities and Other I	nformati	on (see instru	ictions)		
57	At any t	me during the 2019 calendar year, did the	organization have an interest in or a	a signature oi	other authority	i		Yes No
	over a f	nancial account (bank, securities, or other) in a foreign country? If "Yes," the c	organization r	nay have to file			
	FinCEN							
	here	-						X
58	During t	he tax year, did the organization receive a	distribution from, or was it the gran	tor of, or tran	sferor to, a fore	ign trust?		X
		see instructions for other forms the organ						
59		e amount of tax-exempt interest received o			599			
Sign	Ur	der penalties of perjury, I declare that I have exam rect, and complete Declaration of preparer (other	ined this return, including accompanying a than taxpayer) is based on all information	schedules and s of which prepai	statements, and to rer has any knowle	the best of my kr dge	owledge and	i belief, it is true,
Sign Here	_	9						discuss this return with
ricic		Supporture of officer	Date Date	HAIRMA	N			shown below (see
		Signature of officer		 				Yes No
		Print/Type preparer's name	Preparer's signature	Da	te	Check	If PTIN	
Paic		DDIAN G DOGGOD	DDIAN G DOGGE	D 0	/12/20	self- employe	I	00041077
-	Jaici	BRIAN G. DOSTER	BRIAN G. DOSTE	K 109	/12/20	F 5111 N		1360227
Use	Only	Firm's name ► LITTLE MORE		1050		Firm's EIN	- 84	-1369227
			BANNOCK, SUITE	T020		Dhoon so	/2001	211 2666
		Firm's address ▶ BOISE, II	03/02			Phone no	<u>(208)</u>	<u> 344-2666</u>

Form 990-T (2019) FAMILY FOUNDATION, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2	-	7 Cost of goods sold Su	ubtract li	ine 6	12-27 		
3 Cost of labor	3		from line 5 Enter here					
4 a Additional section 263A costs			line 2	•	7			
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5		the organization?	•	,,			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)		
1 Description of property			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
(1)							_	
(2)		· .						
(3)				_				
(4)	2 Rent receiv	ed or accrued						
(a) From personal grounds (d the per			and personal property (if the percenta		3(a) Deductions directly			
rent for personal property is more than of rent for p			personal property (if the percental personal property exceeds 50% or if int is based on profit or income)	19 0	` columns 2(a) ar	nd 2(b) (attach sched	ule)	
(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	ı (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)		3 Deductions directly con	nected with or allocations	able	
			2 Gross income from		to debt-finance			
1 Description of debt-fil	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		i.
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6 Column 4 divided by column 5			8 Allocabl (column 6 x t 3(a) a		
(1)			%					
(2)			%					
(3)			%		·			
(4)			%					
					nter here and on page 1, art I, line 7, column (A)	Enter here an Part I, line 7,		
Totals			.		0			0.
Total dividends-received deductions in	cluded in column	. 8		<u> </u>		-		0.
1014. GIAIGCHAG ICCCIACH REGRETIOH2	ologod ili colollii							<u> </u>

EDWARD F. & VICKIE S. O'GARA Form 990-T (2019) FAMILY FOUNDATION, INC 88-0362767 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer identification number 6 Deductions directly Name of controlled organization 3 Net unrelated income 4 Total of specified 5 Part of column 4 that is (loss) (see instructions) payments made included in the controlling organization's gross income nected with inco in column 5 (1) (2) (3)(4) Nonexempt Controlled Organizations 10 Part of column 9 that is included in the controlling organization's gross income 7 Taxable Income 8 Net unrelated income (loss) Deductions directly connected with income in column 10 9 Total of specified payments (see instructions) (1) (2)(3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I. Enter here and on page 1, Part I. line 8, column (A) line 8, column (B) 0. 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions Total deductions Set-asides 1 Description of income 2 Amount of income directly connected and set-aside (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3)(4) Enter here and on page 1 Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (B) Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses 7 Excess exempt 2 Gross from unrelated trade or business (column 2 5 Gross income directly connected 6 Expenses expenses (column 1 Description of unrelated business from activity that with production attributable to 6 minus column 5. exploited activity income from minus column 3) If a is not unrelated of unrelated column 5 but not more than gain, compute cols 5 business income column 4) through 7 (1) (2) (3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) 0. Schedule J - Advertising Income (see instructions) ||Part||| Income From Periodicals Reported on a Consolidated Basis 4 Advertising gain or (loss) (col 2 minus 7 Excess readership 2 Gross 3 Direct 5 Circulation 6 Readership costs (column 6 minus advertising 1 Name of periodical advertising costs col 3) If a gain, compute cols 5 through 7 costs column 5, but not more than column 4) (1) (2)(3)(4)

0

0.

Totals (carry to Part II, line (5))

Form 990-T (2019) FAMILY FOUNDATION, INC.

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 fro	om Part I	•	0.	0.				0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-			Enter here and on page 1, Part II, line 26
	art II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	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 (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION	NET INCOME OR (LOSS)
CANYON VALUE REALIZATION FUND, LP - ORDINARY BUSINESS	
INCOME (LOSS)	4.
CANYON VALUE REALIZATION FUND, LP - NET RENTAL REAL ESTATE INCOME	-1.
CANYON VALUE REALIZATION FUND, LP - INTEREST INCOME	526.
·	11.
CANYON VALUE REALIZATION FUND, LP - DIVIDEND INCOME	11.
CANYON VALUE REALIZATION FUND, LP - OTHER PORTFOLIO INCOME (LOSS)	34.
CANYON VALUE REALIZATION FUND, LP - OTHER INCOME (LOSS)	-249.
CANYON BALANCED FUND, LP - INTEREST INCOME	934.
CANYON BALANCED FUND, LP - DIVIDEND INCOME	6.
CANYON BALANCED FUND, LP - OTHER PORTFOLIO INCOME (LOSS)	170.
CANYON BALANCED FUND, LP - OTHER INCOME (LOSS)	-258.
CHITCH DIMERCOD FORD, DE CHIDIC INCOME (LODD)	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	1,177.

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

2019

Nama

Employer identification number

EDWARD F. & VICKIE S. O'GARA FAMILY FOUNDATION, INC. **188-0362767** ▶ ☐ Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts (d) (e) Cost (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars 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 148. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 148. Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below (d) (g) Adjustments to gain or loss from Form(s) 8949, (h) Gain or (loss). Subtract column (e) from column (d) and This form may be easier to complete if you Part II. line 2, column (g) combine the result with column (g) (sales price) (or other basis) round off cents to whole dollars 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 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 -171.Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h -171 15 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) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 0. 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18

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

LHA

Form **8949**

 Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

2019

Attachment Sequence No 12A

Name(s) shown on return

EDWARD F. & VICKIE S. O'GARA

FAMILY FOUNDATION, INC.

Social security number or taxpayer identification no.

88-0362767

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.

oroner and may even ten you willen							
[Part,I] Short-Term. Transact	tions involving capi	tal assets you held	1 year or less are of	generally short-term (s	ee instructi	ons) For long-term	
transactions, see page 2 Note You may aggregate a codes are required Enter the							
You must check Box A, B, or C below	Check only one b	OX. If more than one b	ox applies for your sho	ort-term transactions, com	plete a separ	ate Form 8949, page 1, 1	
f you have more short-term transactions than w	/III fit on this page for o	one or more of the box	es, complete as many	forms with the same box (checked as yo	ou need	
(A) Short-term transactions re		•	•	,	e Note ab	ove)	
(B) Short-term transactions re	•		-	eported to the IRS			
	ĭ			(-)	Adjustme	nt, if any, to gain or	(-)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss If y	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in). See instructions	Subtract column (e)
(2.12.1.)	(, 52), ,, ,	(Mo, day, yr)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
CANYON VALUE							
REALIZATION FUND,							
LP							<16.
CANYON BALANCED							
FUND, LP							164.
*** ··				ļ			
							_
	 						
	<u></u>			 			
				 			
2 Totals. Add the amounts in colu							
negative amounts) Enter each to		-					
Schedule D, line 1b (if Box A abo		· ·					140
above is checked), or line 3 (if B	lox C above is ch	necked)		1			148.

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 page 1

EDWARD F. & VICKIE S. O'GARA

Social security number or taxpayer identification no.

88-0362767

FAMILY FOUNDATION, INC.

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. Fither will show whether your basis (usually your cost) was reported to the IBS by your

broker and may even tell you which Part II Long-Term. Transacti	box to check			, , ,			
see page 1 Note You may aggregate a codes are required Enter the	II long-term transac	tions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the If	RS and for which no	adjustments or
You must check Box D, E, or F below if you have more long-term transactions than with the conference of the conference o	Check only one bo Il fit on this page for or ported on Form(s ported on Form(s	ox If more than one be ne or more of the boxe s) 1099-B showin s) 1099-B showin	oox applies for your longes, complete as many forming basis was reported basis wasn't reported basis wasn't reference basis wasn't refere	g-term transactions, comporms with the same box content to the IRS (see	lete a separa hecked as yo	te Form 8949, page 2, fo u need	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	other loss If you enter an a noting the column (g), enter a column (f) See instru		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CANYON VALUE							
<u>REALIZATION FUND,</u> LP							106
CANYON BALANCED	<u> </u>	<u> </u>	<u> </u>				<96.
FUND, LP							<75.>
,							<u> </u>
					· · · · · ·		
	 						
							
				<u> </u>			
				<u> </u>			
	-			 			
					_		
	 -			 			
				-			
				-	_		
-							
2 Totals. Add the amounts in colui negative amounts) Enter each to Schedule D, line 8b (if Box D about the column and the colu	otal here and incl ove is checked),	ude on your line 9 (If Box E					.171
above is checked), or line 10 (if E	sox r above is ch	тескеа) 📂	I	1			<171.>

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