Check box if address changed A Check box if ame changed and see instructions Check box if check box if a Check box if Che	number								
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public its 501(c)(3) Organization is a 501(c)(3) Open to Public its 501(c)(3) Organization is a 501(c)(3) Open to Public its 501(c)(3) Organization is a 501(c)(3) Open to Public its 501(c)(3) Organization is a 501(c)(3) Open to Public its 501(c)(3) Organization is a 501(c)(3) Organiz	number								
A Check box if Name of organization (Check box if name changed and see instructions) D Employer identification	number								
The state of digulation (
address changed (Employees' trust, see instruc									
B Exempt under section GOODWILL OF NORTH GEORGIA, INC									
X 501(C)(O3) Print Number, street, and room or suite no. If a P.O. box, see instructions 20-8351046									
408(e) 220(e) Turns	ity code								
408A 530(a) 2201 LAWRENCEVILLE HIGHWAY, STE 300	2201 LAWRENCEVILLE HIGHWAY, STE 300 (See instructions)								
City or town, state or province, country, and ZIP or foreign postal code									
C Book value of all assets DECATUR, GA 30033 523000									
F Group exemption number (See instructions) > 212,339,032 G Check organization type > X 501(c) corporation	4h an 4m an								
212, 339, 032 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust C H Enter the number of the organization's unrelated trades or businesses ► 1 Describe the only (or first) unrelated	ther trust								
trade or business here PASSTHROUGH INVESTMENTS If only one, complete Parts I-V If more than one, described to the only (or mist) differences									
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	30 1.10								
trade or business, then complete Parts III-V									
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	X No								
If "Yes," enter the name and identifying number of the parent corporation									
J The books are in care of ▶ROBERT KING Telephone number ▶ 404-420-9914									
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) No.	<u>t</u>								
1a Gross receipts or sales c Balance ▶ 1c	/								
b Less returns and allowances c Balance ► 1c 2 Cost of goods sold (Schedule A, line 7)	I								
3 Gross profit Subtract line 2 from line 1c	<u>.</u>								
4a Capital gain net income (attach Schedule D)	5,149								
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b									
c Capital loss deduction for trusts									
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -13, 184 ATCH 1 -1	3,184								
6 Rent income (Schedule C) 6									
7 Unrelated debt-financed income (Schedule E) 7									
8 Interest annuities, royalties, and rents from a controlled organization (Schedule F) 8									
9 Investment income of a section 501(c)(7) (9), or (17) organization (Schedule G) 9									
10 Exploited exempt activity income (Schedule I)	-								
12 Other income (See instructions, attach schedule)									
13 Total Combine lines 3 through 12	8,035								
Part II Deductions Not Taken Elsewhere (See instructions for institutions on deductions) (Except for contribution	s,								
deductions must be directly connected with the unrelated business income)									
14 Compensation of officers, directors, and trustees (Schedule K)									
15 Salaries and wages U U 15									
16 Repairs and maintenance									
17 Bad debts									
18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19	624								
20 Charitable contributions (See instructions for limitation rules)									
21 Depreciation (attach Form 4562).									
22 Less depreciation claimed on Schedule A and elsewhere on return									
23 Depletion									
24 Contributions to deferred compensation plans									
25 Employee benefit programs									
26 Excess exempt expenses (Schedule I)									
27 Excess readership costs (Schedule J)	3,830								
28 Other deductions (attach schedule)	4,454.								
	2,489.								
31 Deduction for net operating loss arising in tay years beginning on or after January 1, 2018 (see instructions)	:								
A MOIT A PART -	2,489								
	-T (2018)								

Form	990-1 (2018)				Page 2
Рa	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	اما			
	instructions).	w33		-12,	489
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions).	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-			
30	of lines 22 and 24	36		-12,	489
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	31			000
37		P 1			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36	1		-12,	100
	enter the smaller of zero or line 36	80		12,	403
	rt IV Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V Tax and Payments			-	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)	l i			
	General business credit Attach Form 3800 (see instructions)	} }			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
	Total credits. Add lines 45a through 45d	45e		٠.	
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
		48			0
48	Total tax. Add lines 46 and 47 (see instructions)				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018	1 1			
b	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·				
С	· · · · · · · · · · · · · · · · · · ·				
	Foreign organizations Tax paid or withheld at source (see instructions)			-	
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			_	
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ⋅▶ 50g	1			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded Refunded	55			
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		-		_
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				
	here >		,	-	x
		44			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the grantor of the grantor o	yn wust	· · · · ·	-	 -
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	ast of	v knowledge	and her	iof .
۵.	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer than taxpayer) is based on all information of which preparer has any knowledge	est of my	/ kilowieuge	and bei	er, it i
Sigi	May 12-13-207		RS discuss		
Her	ROBERT KING	n the	preparer s	hown_t	7
		nstructio	ons) ⁷ X Y	es	No
Paid	Print/Type preparer's name Preparer's signature Digitally signed by Check		PTIN		_
	MICHELE IN FIELDTION Melchior, Michele 0/23/2020 Self-er	mployed		8803	
•	Firm's name SIGNI THORNTON EDI	EIN ▶			
U36	Firm's address ▶ 1100 PEACHTREE STREET, SUITE 1200, ATLANTA, GA 30309 Phone	no 40	14-330-	2000	

Form **990-T** (2018)

Form 990-T (2018)	_								Page 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	ory valuation					
1 Inventory at beginning of y	ear . 1			6 Inventor	y at end of ye	ar	6		
2 Purchases	2					old Subtract line			
3 Cost of labor	3			6 from	line 5 Er	nter here and in			
4a Additional section 263A co	osts			Part I, lı	ne 2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (wi	ith respec	t to Yes	No
b Other costs (attach schedu						or acquired for			1
5 Total Add lines 1 through				to the o	ganization?		<u></u>	<u></u>	
Schedule C - Rent Income	e (From Real	Property a	nd Perso	nal Propert	y Leased V	With Real Proper	ty)		
(see instructions)									
1. Description of property				··				_	
(1)									
(2)						4 1-1			
(3)			*****						
(4)	2 Post	eived or accru							
						-			
for personal property is more than 10% but not percer		percent	age of rent fo	om real and personal property (if the ge of rent for personal property exceeds in columns 2(a) and 2(b) (attach so if the rent is based on profit or income)					
(1)						<u> </u>			
(2)		 -							
(3)	 -				-	· 			
(4)						-			
Total	·	Total		· · ·	-				
(c) Total income. Add totals of co	olumns 2(a) and 2					(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6						Part I, line 6, colum			
Schedule E - Unrelated De			e instructi	ons)	·				
		•	2 Gross	Income from or	3 [Deductions directly coni debt-finance		allocable to	
1 Description of deb	л-шапсео ргорепу		1	to debt-financed roperty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)	· <u>-</u>			 -	,	,			
(2)								· · ·	
(3)									
(4)	-		<u> </u>						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloo debt-finance (attach sci	able to d property	4	Column divided column 5		income reportable n 2 x column 6)	(column 6	ible deduction x total of colur and 3(b))	
(1)					6				
(2)					6				
(3)				-	6				
(4)				C	6				
Totals						re and on page 1, ne 7, column (A)		e and on pag e 7, column (

Schedule F-Interest, Annu				Controlled Or						
Name of controlled organization	2. Employer identification numb	Jei		related income e instructions)	1	of specified ents made	included	of column 4 to the contraction's gross in	olling	Deductions directly connected with income in column 5
(1)										
(2)	_									
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organi	zations					·			Υ .	
7 Taxable Income	8. Net unrelated in (loss) (see instruc		9	Total of specification payments made		includ	irt of column led in the co zation's gros	ontrolling		Deductions directly nected with income in column 10
(1)			ļ							
(2)		_	ļ			<u> </u>				
(3)		_							-	
(4)			<u> </u>			0.44	columns 5 a			dd columns 6 and 11
Totals						Part		mn (A)		ter here and on page 1, int I, line 8, column (B)
1. Description of income	2 Amount of	f income		directly cor (attach sch	nected			et-asides schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)				_		_				
(3)	 	· -				-+			-	
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	Other T	han Advert	sina Ir	ocome (see instru	ictions)		Enter here and on page 1, Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produ unre	penses ectly cted with ction of elated is income	4 Net inconfrom unrelation business 2 minus collif a gain, collo 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gros from ac	es income stivity that unrelated ss income	6 Expe attributa colum	able to	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 1	ere and on I, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In Part I Income From Per			Cons	lidated Bar	·io			<u>-</u>		
Part I Income From Per	Coulcais Report	eu on a	Const	iluateu bas	915					
1 Name of periodical	2 Gross advertising income		Direct ling costs	4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		culation ome	6 Reade cost		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))								<u></u>		
										Form 990-T (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)

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 27
Totals, Part II (lines 1-5)						

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 h	ere and on page 1, Part II, line 14	<u> </u>	. <u>.</u>	

Form **990-T** (2018)

ATTACHMENT 1

GoodWill of North Georgia, Inc. Form 990T - Income (Loss) From Partnerships 6/30/2019

EIN: 20-8351046

-III. 20-00.

ATTACHMENT 1

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

Entity Name		Other Income	<u>ST CG</u>	LT CG	<u>1231</u>
Fund 1		(11,413)	712		1
Fund 2		4,572	-	4,511	-
Fund 3		(6,085)	=	(75)	-
Fund 4		(59)	-	-	-
Fund 6		(199)	-	-	-
	Total UBI	(13,184)	712	4,436	1
	-	Part I. Ln 5	Sched D	Sched D	Form 4797

ATTACHMENT 2

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

TAX PREP FEES

3,830.

PART II - LINE 28 - OTHER DEDUCTIONS

3,830.

Goodwill Of North Georgia, Inc. Form 990T - Charitable Contribution Carryforward Schedule 6/30/2019

EIN: 20-8351046

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

TAX YEAR		CONTRIBUTION CARRYFORWARD
6/30/2019	CONTRIBUTIONS GENERATED	1,432
	TOTAL CONTRIBUTIONS CARRYFORWARD TO 6/30/2020	1,432

GOODWILL OF NORTH GEORGIA, INC.

EIN#: 20-8351046 FYE: 06/30/2019

NET OPERATING LOSS CARRYOVER

FORM 990-T

NET OPERATING LOSS - YEARS BEGINNING BEFORE 12/31/2018

			NOL Carryover
(988)	-		(988)
(7,915)	=	-	(7,915)
(18,280)	-	-	(18,280)
(27,183)			(27,183)
	(7,915) (18,280)	(7,915) - (18,280) -	(7,915) (18,280)

NET OPERATING LOSS - YEARS BEGINNING AFTER 12/31/2017

Tax Year Ending	NOL Generated	NOL Utilized in Prior Years	NOL Utilized in Current Year	NOL Carryover
6/30/2019	(12,489)	-	-	(12,489)
TOTAL	(12,489)	•	•	(12,489)
	тот	AL NOL CARRY FOR	RWARD TO 6/30/2020	(12,489)

SCHEDULE D (Form 1120)

Name

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

Department of the Treasury Internal Revenue Service

Employer identification number

ODWILL OF NORTH GEORGIA, INC.					20-8351046
rt I Short-Term Capital Gains and Losses	(See instructions.)	1		(b) Coin an (lane)
See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole deliver.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
whole dollars 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					
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	712		<u></u>	1	71
4 Short-term capital gain from installment sales from l	Form 6252, line 26 or 3	7		4_	
5 Short-term capital gain or (loss) from like-kind excha	nges 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	<u> 1</u>		7	71
rt Long-Term Capital Gains and Losses	(See instructions)	<u>. </u>			·r
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part II, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
Ba 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					
Bb Totals for all transactions reported on Form(s) 8949 with Box D checked					
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked	4,436				4,43
Enter gain from Form 4797, line 7 or 9				11	
Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from F				12	
	Form 6252, line 26 or 37				
Long-term capital gain from installment sales from F Long-term capital gain or (loss) from like-kind exchar	Form 6252, line 26 or 37			12	
Long-term capital gain from installment sales from F Long-term capital gain or (loss) from like-kind exchar Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8	Form 6252, line 26 or 37			12	4,43
Long-term capital gain from installment sales from F Long-term capital gain or (loss) from like-kind exchar Capital gain distributions (see instructions)	Form 6252, line 26 or 37			13	4,43
Long-term capital gain from installment sales from F Long-term capital gain or (loss) from like-kind exchar Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8	Form 6252, line 26 or 37 nges from Form 8824	h		13	
Long-term capital gain from installment sales from F Long-term capital gain or (loss) from like-kind exchar Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 Int III Summary of Parts I and II	Form 6252, line 26 or 37 nges from Form 8824 Ba through 14 in column over net long-term capital gain (line 15) over net	h	ss (line 7)	12 13 14	4, 43 71 4, 43 5, 14

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

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.

Social security number or taxpayer identification number Name(s) shown on return 20-8351046 GOODWILL OF NORTH GEORGIA, INC 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 Part I 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 reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

(a) Description of property	(Mo . day. yr.)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)			posed of (sales price) ar		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM K-1	VAR	VAR	712				712
					7		
	_						
		-					
					<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 above	here and inci is checked), line	lude on your e 2 (if Box B	712				712

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

Social security number or taxpayer identification number

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

GOODWILL OF NORTH GEORGIA, INC

20-8351046

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
Х	(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired (Mo , day, yr)		(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM K-1	VAR	VAR	4,436				4,436
						<u> </u>	
							•
		<u>-</u>					
2 Totals Add the amounts in columns in egative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion checked), line	ide on your 9 (if Box E	4,436				4,436

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