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		000 T	` E		D TO FEI					0 L	OMB No 1545-0687
	Form	990-T		Exempt Organiza	roxy tax und				ax neturi	1	
		.9	For cal	lendar year 2018 or other tax year begin					R 31, 201	9	2018
		tmeN: of the Treasury		➤ Go to www.irs.go	v/Form990T for	instructi	ions and the la	itest inforn	nation.		
	nterna	Revenue Service		Do not enter SSN numbers on t					tation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only bloyer identification number
,	A L	Check box if address changed		Name of organization (Cl	neck box if name	cnange	a and see instr	uctions.)		Em	ployees' trust, see ructions)
•	B Ex	empt under section	Print	MIAMI DADE COL	LEGE FO	JNDA	TION,	INC.		!	59-6169745
	X	501(c 03)	or Type	Number, street, and room or su					<u> </u>		elated business activity code instructions)
		408(e)220(e)	Туре	300 N.E. 2ND A						4	
		408A530(a)		City or town, state or province, MIAMI, FL 331		or foreig	n postal code			900	0000
-	C Boo	529(a) ok value of all assets		F Group exemption number (Se		<u> </u>				300	
	ate	168,147,6	37.			rporatio	n 50	1(c) trust	401(a) trust	Other trust
	H Ent			ation's unrelated trades or busines	sses. 🕨	1		Describe	the only (or first) ur	relate	d
	trac	de or business here 🕨	SI	EE STATEMENT 1			·	If only one,	complete Parts I-V.	If mor	e than one,
			•	ace at the end of the previous sent	tence, complete P	Parts I ar	nd II, complete	a Schedule	e M for each additioi	nal trac	de or
		siness, then complete		I-V. poration a subsidiary in an affiliate	.d		udioni sontroll	od aroun?		-	'es X No
			-	tifying number of the parent corp		ะแเ-อนมร	Sidiary Controls	eu group?			es [77] NO
•				KATRAVIA LYNN				Teleph	one number 🕨 (305	3) 237-3240
[Pai	rt I Unrelated	Trac	de or Business Income)	_	(A) inc	ome	(B) Expense	S	(C) Net
		Gross receipts or sale									!
		Less returns and allov			lance /	1c			1		
		Cost of goods sold (S Gross profit. Subtract		•	/ { /\	3	-				
		Capital gain net incom			/ ' \	\			7		
				Part II, line 17) (attach Form 4797)	ı <i>İ</i>	4b		-38.			-38.
		Capital loss deduction			T.	4c					
		• •	•	ship or an S corporation (attach s	tatement)	5	ζ,	-994.	STMT 2	?	-994.
		Rent income (Schedu				6					
		Unrelated debt-finance		,		7					
		•		and rents from a controlled organi on 501(c)(7), (9), or (17) organiza			-				
		Exploited exempt activ			mon (ochedale d	10					
		Advertising income (S	_	, ,		11					
	12	Other income (See ins	truction	ns; attach schedule)		12					
		Total. Combine lines				13		,032.			-1,032.
l	Pai			ot Taken Elsewhere (Se utions, deductions must be di							
-	14	· · · · · · · · · · · · · · · · · · ·		rectors, and trustees (Schedule K		JU WICH	THE UNIVERSE	u Dusines		14	1
€3,	15	Salaries and wages	17.1		,					15	· · · · · · · · · · · · · · · · · · ·
\Box	16	Repairs and mainten	ance .	AR 0 2 2020						16	
	17	Bad debts								17	
=	18	Interest (attach sche								18	
A	19	Taxes and licenses		COEM, UT			600	0m.m	D14D14M 2	19	ļ
4 -	20			e instructions for limitation rules)			SEE		EMENT 3	20	0.
	21 22	Depreciation (attach		562) n Schedule A and elsewhere on re	iturn			21 22a		22b	
	23	Depletion	u UI	n Conoceio A ene discunció dil 16	MATH.		l			23	
	24	Contributions to defe	rred coi	mpensation plans						24	-
	25	Employee benefit pro		·						25	
- '	26	Excess exempt exper								26	<u> </u>
	27	Excess readership co								27	
	28	Other deductions (at								28 29	0.
	29 30	Total deductions. Ad		ा४ सारव्यक्रा 28 ncome before net operating loss (teduction Subtra	ict line 2	9 from line 12			30	-1,032.
	31			loss arising in tax years beginning						31	1,002.
	32			ncome. Subtract line 31 from line					_ 3)	32	-1,032.
	32370	1 01-09-19 LHA FO	r Paper	rwork Reduction Act Notice, see	instructions.				(-)1'	^	Form 990-T (2018)

	. (25.5)		J TOUNDITTON, THE		<u> </u>	75 / 15		
Partil		Total Unrelated Business Taxa	able Income					
33	Total	of unrelated business taxable income compu	ited from all unrelated trades or businesse	es (see instructions)		33 -	-1,0	32.
34、	Amou	ints paid for disallowed fringes				34		
35	Dedu	ction for net operating loss arising in tax year	rs beginning before January 1, 2018 (see	instructions) S7	rmt 4	35		0.
36		of unrelated business taxable income before						
		33 and 34	•			」36	-1,0	32.
37		fic deduction (Generally \$1,000, but see line	37 instructions for excentions)		38		1,0	
38	•	ated business taxable income. Subtract line		line 36	_	1 11	,_	-
30		the smaller of zero or line 36	5 37 HOM line 30. If line 37 is greater than	iiic 30,	30	ـ المواز	-1,0	32
Detail		Tax Computation				1 30 1	<u> </u>	J <u>L</u> .
			In- 00 his 040/ (0.04)			1 .d. 1		0.
39	_	nizations Taxable as Corporations. Multiply				39		0.
40	$\overline{}$	s Taxable at Trust Rates. See instructions fo	•	ount on line 38 from:	_	-		
		Tax rate schedule or Schedule D (Fo	orm 1041)		>	40		
41	•	tax. See instructions				41		
42	Altern	ative minimum tax (trusts only)				42		
43	Tax o	n Noncompliant Facility Income. See instru	ctions			43		
44	_	Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies			44		0.
Part \	/ <u>.</u> 1	Tax and Payments						
45 a	Foreig	n tax credit (corporations attach Form 1118;	; trusts attach Form 1116)	45a				
b	Other	credits (see instructions)		45b				
C	Gener	al business credit. Attach Form 3800		45c				
d	Credit	t for prior year minimum tax (attach Form 88	01 or 8827)	450] [
е	Total	credits. Add lines 45a through 45d				45e		
46	Subtr	act line 45e from line 44				46		0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 Other	(attach schedule)	47		
48		tax. Add lines 46 and 47 (see instructions)				48		0.
49		net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k), line 2			49		0.
		ents: A 2017 overpayment credited to 2018	, , , , , , , , , , , , , , , , , , , ,	50a		H		
	-	estimated tax payments		50ь		1 '		
		eposited with Form 8868	<u> </u>	d 50c	10,000.	1		
		an organizations: Tax paid or withheld at sour	rce (see instructions)	50d	10,000.	†		
			ice (see ilisu uctions)	50e		1		
		ip withholding (see instructions)	me (ettech Form 9041)	501		1		
		for small employer health insurance premiui		301		1		
9			orm 2439					
			Other Total	► 50\g		1 . 1	0,0	ΛΛ
51		payments. Add lines 50a through 50g				5/1 1 5/2	.0,0	00.
52		ated tax penalty (see instructions). Check if F			_			
53		ue. If line 51 is less than the total of lines 48,			ž6	53	0 0	0.0
√ ⁵⁴ ⁄	-	payment. If line 51 is larger than the total of li					.0,0	
7\2055		the amount of line 54 you want: Credited to			funded 🕨	55		0.
Part \		Statements Regarding Certain						
56	-	time during the 2018 calendar year, did the	_				Yes	No
		i financial account (bank, securities, or other)						
	FinCE	N Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the name o	if the foreign country				
	here							X
57	Durin	g the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a fo	reign trust?			X
	If "Yes	s," see instructions for other forms the organi	ization may have to file.					
58	Enter	the amount of tax-exempt interest received o	or accrued during the tax year 🕨 \$					
	Un	der penalties of perjury, I declare that I have examine	ed this return, including accompanying schedules	and statements, and to	the best of my kno	wledge and belief, it is	s true,	
Sign	100	rect, and complete Declaration of preparer (other the	VP-AL	VANCEMENT	oge · /	ay the IRS discuss thi	la satura i	-uth
Here		, I kelled	17/13/20 ► EXECU	TIVE DIRE		e preparer shown bek		WILLI
		Signature of officer	Date L Title		ını	structions)? X Y	es 🗀	No
	<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check	f PTIN		
Deid			J	1	self- employed			
Paid		JANET FIFER	JANET FIFER	02/13/20		P01225	772	
Prepa		Firm's name ► KAUFMAN ROSS		1, 20, 20	Firm's EIN ▶	59-181		3
Use C	nly		AYSHORE DRIVE		T A THE SERVE	32 101		-
		Firm's address MIAMI, FL			Phone no 3	05858560	0	
		I	J J I J J		1. 110110 1101			

823711 01-09-19

Form **990-T** (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory \	valuation N/A			
1 Inventory at beginning of year	1			Inventory at end of year	ìr		6
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6	
3 Cost of labor	3		7	from line 5. Enter here	and in i	Part I,	
4a Additional section 263A costs				line 2		·	7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a			
5 Total. Add lines 1 through 4b	5		7	the organization?	·	-	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)
(see instructions)							
1. Description of property							
(1)				- 			
(2)							
(3)		,					
_(4)						т	
- , , -		ed or accrued				3(a) Deductions directly of	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for	persona	sonal property (If the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) and	1 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 (8)	• 0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)			
				2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)		5. 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)			1	%			
(2)				%			
(3)			1	%			
(4)		-		%			
						nter 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	cluded in column	18					0.
							Form 990-T (2018)

Schedule F - Interest,	Annuities	, Royaltie					zation	S (see ins	structio	ons)
			Exempt	Controlled O	 					
lack Name of controlled organization		2. Employe identification number		related income e instructions)			Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
										
(2)	·-							-	$\neg \uparrow$	
(3)	_									
(4)			···· -				†			
Nonexempt Controlled Organ	nizations		 					-		
7. Taxable Income	8. Net unre	lated income (lo instructions)	9. Total	l of specified pay made	ments	10. Part of column in the controllingross	mn 9 that ing organi s income	ls included zation's		Deductions directly connected the income in column 10
/1)	· - · · · -			.						
(1)	-									. <u>.</u>
(2)	 									
(3)	1	· -								·——
_(4)	ı									
						Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investm	ent Incom	e of a Se	ction 501(c)	(7), (9), or	(17) Or	ganization	<u> </u>			-
	tructions)	J 0. U J0		(.,, (.,,	(, 🔾 .	J	•			
1. Des	cription of income	1		2. Amount of	income	3. Deductio directly conne (attach sched	ected	4. Set-	asıdes chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										<u> </u>
(2)				_			<u> </u>			
(3)					-			•		
(4)							-			
()				Enter here and	on page 1,					Enter here and on page 1,
				Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	Exempt 4	ctivity In	come Othe	r Than Ac		na Income	<u> </u>			
(see instr	•	totivity in	oome, ome	, man A		ng moonik				
1. Description of exploited activity	2. Gros unrelated bu income fr trade or bus	siness om	3. Expenses directly connected with production of unrelated business income	4. Net incorfrom unrelated business (communication minus columnation) gain, compute through	d trade or olumn 2 in 3) If a se cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>									
(2)	+ · · · · · · · · · · · · · · · · · · ·			 						
(3)	+			-	1		<u> </u>			
(4)	+		.				\rightarrow			
	Enter here a page 1, Pa line 10, co	arti, I(A)	Enter here and on page 1, Part I, line 10, col (B)				I.			Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	ing Incom	0 . • (see insti	o .	1						
				acolidatos	I Basis			_		
Part I Income From	Periodica	eport	eu on a Cor	isolidated	Dasis	,				
1. Name of periodical	a	2. Gross dvertising income	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compute hrough 7	5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										j
(3)									_	7
(4)				1 .]
 _			1					-		
Totals (carry to Part II, line (5))	•	0.	().						0 . Form 990-T (2018)
										Ullil 200 (2010)

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	▶	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 27
Totals, Part 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	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)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

UNRELATED BUSINESS INCOME PASSED THROUGH FROM INVESTMENT IN PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
DTC PRIVATE EQUITY II-Q, L.P - ORDINARY BUSINESS INCOME (LOSS)	-2,057.
DTC PRIVATE EQUITY II-Q, L.P - NET RENTAL REAL ESTATE INCOME	-5.
DTC PRIVATE EQUITY II-Q, L.P - INTEREST INCOME	11.
DTC PRIVATE EQUITY II-Q, L.P - OTHER INCOME (LOSS) AMERICAN STRATEGIC VALUE REALTY FUND, LP - NET RENTAL REAL	1,047.
ESTATE INCOME	10.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-994.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013		
FOR TAX	YEAR 2014 YEAR 2015 12,912,348 YEAR 2016 YEAR 2017		
TOTAL CARR	YOVER 12,912 ENT YEAR 10% CONTRIBUTIONS	, 348	
	PRIBUTIONS AVAILABLE 12,912 COME LIMITATION AS ADJUSTED	,348	
EXCESS 100	CONTRIBUTIONS 12,912 CONTRIBUTIONS 12,912	0	
	CONTRIBUTIONS DEDUCTION		0
TOTAL CONT	RIBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/13 03/31/14 03/31/16 03/31/17	1,609. 194. 1,418. 7,658.	1,609. 194. 1,418. 6,039.	0. 0. 0. 1,619.	0. 0. 0. 1,619.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,619.	1,619.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

MIAMI DADE COLLEGE FOUNDATION,

INC.

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

Name •

Employer identification number

59_6169715

Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(9) Adjustments to gain	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9.))	column (e) from column (d) and 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		١			
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	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	n h		7	
Part II Long-Term Capital Gai	ins and Losses (See	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (c	9.	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	•				-12,531.
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 3	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		·	13	
14 Capital gain distributions				14	1
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	in h		15	-12,531.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			e 7)	17	
18 Add lines 16 and 17. Enter here and on Form				18	0.
Note: If losses exceed gains, see Capital loss	es 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

Social security number or taxpayer identification no.

MIAMI DADE COLLEGE FOUNDATION, INC.

59-6169745

Before you check Box D, E, or F below, see whether you recei	ved any Form(s) 1099-B or substitute :	statement(s) from your bro	oker A substitute
statement will have the same information as Form 1099-B Eith	ner will show whether your basis (usua	lly your cost) was reported	to the IRS by your
broker and may even tell you which box to check.	•		

statement will have the same information broker and may even tell you which t		99-B Either will	show whether you	ır basıs (usually you	ur cost) wa	as reported to the	IRS by your
Part II Long-Term. Transaction		al assets you held	more than 1 year are	generally long-term (see instruc	tions) For short-term	transactions,
see page 1. Note: You may aggregate all	l long-term transac	tions reported on f	Form(s) 1099-B show	ving basis was reported to report	ed to the IR	S and for which no a	djustments or
You must check Box D, E, or F below. (If you have more long-term transactions than will	Check only one bo	ox. If more than one b	iox applies for your long is, complete as many fo	-term transactions, comp rms with the same box of	ilete a separa liecked as yo	te Form 8949, page 2, fo u need	r each applicable box
(D) Long-term transactions rep							
(E) Long-term transactions rep							
X (F) Long-term transactions not	reported to you	on Form 1099-E	3				
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	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e) from column (d) &
		(see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
DTC PRIVATE EQUITY				the instructions		adjustment	That colonia (g)
II-Q, L.PDTC							
PRIVA							<12,531.>
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2 Totals. Add the amounts in colur negative amounts). Enter each to							

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.

<12,531.>

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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