Form	990-T	E	Exempt Organiza	ition Bus				ax Returr	า	OMB No 1545-0687		
				2010								
	•	For ca	lendar year 2018 or other tax year beginn	_	2018							
	tment of the Treasury al Revenue Service	<b>•</b>	► Go to www irs gov Do not enter SSN numbers on th							Open to Public Inspection for 501(c)(3) Organizations Only		
A [	X Check box if address changed		Name of organization (									
B E	xempt under section	Print	CHATTANOOGA, II	6	2-6045999							
X	] 501( <b>c[23</b> ] )											
	] 408(e) [220(e)	, (***)	instructions)									
	408A 530(a) 529(a)	CHATTANOOGA, TN 37408 900000										
СВО	Book value of all assets  F Group exemption number (See instructions )											
at	at end of year 144,008,539. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust											
H Er			ation's unrelated trades or busines		1		escribe tl	he only (or first) ur	related			
		_	EE STATEMENT 1	-		. If on	ly one, o	complete Parts I-V	If more	e than one,		
			ice at the end of the previous sente	ence, complete Pa	rts I an	d II, complete a S	chedule	M for each addition	nal trad	e or		
	siness, then complete											
i Di	iring the tax year, was	the corp	poration a subsidiary in an affiliated	d group or a parer	nt-subs	diary controlled g	roup?	▶ [	Y	es X No		
If	"Yes," enter the name a	ınd iden	tifying number of the parent corpo	ration.								
J Th			MAEGHAN JONES							)265-0586		
Pa	rt I Unrelated	d Trac	de or Business Income			(A) Income		(B) Expense:	S	(C) Net		
1 a	Gross receipts or sale	S										
b	Less returns and allow	wances	c Bala	ance -	1c							
2	Cost of goods sold (S				2	····-						
3	Gross profit Subtract			* ()	3	4.4.0				14 011		
4 a	Capital gain net incom			101	4a	14,0				14,011.		
b			Part II, line 17) (attach Form 4797)	`	4b	-2,0	98.			-2,098.		
C	Capital loss deduction				4c	222 0	00	amym a		222 000		
5			ship or an S corporation (attach st	atement)	5	-222,8	08.	STMT 2	<u>'</u>	-222,808.		
6	Rent income (Schedu				6	<del>-</del>						
7	Unrelated debt-financ		·		7							
8	•		and rents from a controlled organiz		8							
9			on 501(c)(7), (9), or (17) organizat	tion (Schedule G)			-					
10	Exploited exempt acti	-			10							
11	Advertising income (S				11		+					
12	Other income (See ins		-		12 13	-210,8	0.5			-210,895.		
13	Total. Combine lines		ot Taken Elsewhere (Se	o inetriletions fo						-210,093.		
1 6	(Except for	contribi	utions, deductions must be dir	ectly commected	with	to untermed of	isiness	income)				
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)		15	PLIAED	- J		14			
15	Salaries and wages	,	, 2010. 0, 21.0 11.00.	1 1		44	S		15			
16	Repairs and mainten	ance		B522	NOV	<b>2</b> 5) 2019	RS-OS		16			
17	Bad debts				· · · · · · · · · · · · · · · · · · ·		اعّال		17			
18	Interest (attach sche	dule) (s	ee instructions)	1 6	CI	DEN. UT			18	_		
19	Taxes and licenses		·	<u> </u>		<u> </u>			19	10,493.		
20		ons (Se	e instructions for limitation rules)	STATEME	NT	5 SEE S	TATE	EMENT 3	20	0.		
21	Depreciation (attach					21						
22	Less depreciation cla	aimed o	n Schedule A and elsewhere on ret	turn		228	ı		22b			
23	Depletion								23			
24	Contributions to defe	erred co	mpensation plans						24			
25	Employee benefit pro	ograms							25			
26	Excess exempt expe	nses (S	chedule I)						26			
27	Excess readership co	osts (Sc	hedule J)						27			
28	Other deductions (at	tach sch	nedule)			SEE S	TATE	EMENT 4	28	2,397.		
29	Total deductions, A								29	12,890.		
30			ncome before net operating loss d						30	-223,785.		
31			loss arising in tax years beginning		ry 1, 20	118 (see instructio	ns)		31	000 505		
32_	Unrelated business t	axable ı	ncome. Subtract line 31 from line :	30				<u> </u>	32	-223,785.		

62-6045999

T 0/11/ 000-				02-0	J4JJJ						
Part I	II Total Unrelated Business Taxable Income										
33	Total of unrelated business taxable income computed from all unrela	ated trades or businesses (	see instruc	ctions)	33	-223,	<u>785.</u>				
•34	Amounts paid for disallowed fringes				34						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 6  Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of										
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of										
•	Ines 33 and 34 36 -223										
37	lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$										
			. 26		<del>""  </del>	<u> </u>	000.				
38	Unrelated business taxable income Subtract line 37 from line 36.	ii iirie 37 is greater tiiaii iiii	e 30,			222	70E				
enter the smaller of zero or line 36  Part IV Tax Computation  38 -223,											
	1	04)			1 00 1						
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0	•		•	▶ 39		0.				
40											
	Tax rate schedule or Schedule D (Form 1041)										
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		0.				
Part \	/ Tax and Payments										
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Fori	n 1116)	45a								
b	Other credits (see instructions)		45b								
C	General business credit. Attach Form 3800		45c		7						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d		7						
_	Total credits Add lines 45a through 45d		_ ,00 }		45e						
46	~						0.				
47		]	.000	Other (attach schedul			0.				
48	Total tax Add lines 46 and 47 (see instructions)	II and one of the line O			48						
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part	II, column (K), line 2	امدا		49		0.				
	Payments: A 2017 overpayment credited to 2018		50a								
	2018 estimated tax payments		50b								
C	Tax deposited with Form 8868		50c								
đ	Foreign organizations: Tax paid or withheld at source (see instruction	ns)	50d		_						
е	Backup withholding (see instructions)		50e								
f	Credit for small employer health insurance premiums (attach Form 8	1941)	50f								
g	Other credits, adjustments, and payments: Form 2439										
	Form 4136 Other	Total >	50g								
51	Total payments. Add lines 50a through 50g				51						
52	Estimated tax penalty (see instructions). Check if Form 2220 is attac	hed 🕨 🗌			52						
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter			h	▶ 53						
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 5			ì	▶ 54						
55	Enter the amount of line 54 you want: Credited to 2019 estimated to	·		Refunded	<b>▶</b> 55		-				
Part \			tion (see		7 00 1						
56	At any time during the 2018 calendar year, did the organization have					Yes	No				
30	over a financial account (bank, securities, or other) in a foreign coun					168	, 110				
	·										
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If	res, enter the name of th	ie ioreigii (	ouriu y							
	here >						X				
57	During the tax year, did the organization receive a distribution from,		transferor	to, a foreign trust?		ļ	X				
	If "Yes," see instructions for other forms the organization may have t										
58	Enter the amount of tax-exempt interest received or accrued during	<del></del>									
0:	Under penalties of perjury, I declare that I have examined this return, includir correct, and complete. Declaration of preparer (other than taxpayer) is based	g accompanying schedules and on all information of which prep	d statements parer has any	, and to the best of my l knowledge	knowledge and b	elief, it is true,					
Sign	1000		·		May the IRS di	scuss this retur	n with				
Here	2:111 acolumno 11/14	PRESID	ENT		the preparer sh						
	Signature of officer Date	Title			instructions)?	X Yes	No				
	Print/Type preparer's name Preparer's sign:	ature D	ate	Check	ıf PTIN						
Paid	REBECCA	• • • • • • • • • • • • • • • • • • •		self- employ							
	DEDECCA C ETNOEDIE ETNOEDII	• • • • • • • • • • • • • • • • • • •	1/11/		I	97189	4				
Prepa	S NATIT DIAL C TENINING		1	Firm's EIN		06920					
Use C	537 MARKET STREET	, SUITE 300		5 2114		3 4 5 2 0					
	Firm's address   CHATTANOGA, TN 3			Phone no	423-75	6-613	3				
	THE PROPERTY OF THE PROPERTY O			1	<u> </u>	000	<u></u>				

## THE COMMUNITY FOUNDATION OF GREATER Form 990-T (2018) CHATTANOGA. INC.

62-6045999

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation N/A					
1 . Inventory at beginning of year	1	Inventory at end of year			6				
2 Purchases	_	Cost of goods sold St		ine 6					
3 Cost of labor		from line 5. Enter here							
4 a Additional section 263A costs		line 2							
(attach schedule)	8	Do the rules of section	263A (\	with respect to		Ĭ	es No		
b Other costs (attach schedule)	4a 4b				Γ				
5 Total Add lines 1 through 4b	. 5		property produced or acquired for resale) apply to the organization?						
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	oper	ty)	
Description of property									
(1)		<del></del>		· · · · · · · · · · · · · · · · · · ·					
(2)									
(3)									
(4)		· · · · · · · · · · · · · · · · ·				1			
		ed or accrued				3(a) Deductions direct	tly conn	ected with the inc	ome in
(a) From personal property (if the personal property is more 10% but not more than 50%)	persona	ind personal property (if the percentage sersonal property exceeds 50% or if this based on profit or income)				2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)	-								
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	,	0
Schedule E - Unrelated Deb		I Income (see	ınstrı	ictions)					
				2. Gross income from		3 Deductions directly co			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)			(b) Other dedu (attach sched	
(1)			<del>- </del>						
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	adjusted basis allocable to inced property in schedule)		Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))		of columns	
(1)				%					
(2)				%					
(3)				%					
(4)			1	%					
			·			nter here and on page 1, Part I, line 7, column (A)		Enter here and or Part I, line 7, col	

Form 990-T (2018)

0.

Totals

Total dividends-received deductions included in column 8

Form 990-T (2018) CHATT.	ANOOGA	, INC	•						62-60	4599	9 Page
Schedule F - Interest,	Annuitie	s, Roya	Ities, ar	7			•	zatio	<b>ns</b> (see ins	tructio	ns)
				Exempt	Controlled O	rganizatio	ons	Т			
Name of controlled organiz	1 Name of controlled organization						al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
_(1)										-	
(2)											
		··-									
(3)			-					<del>                                     </del>			
(4) Nonexempt Controlled Organ	nizatione			1			-	L			
			(1)	0.7			10 . Deat of early			44.5	
7 Taxable Income		nrelated incon see instruction		y rotai	of specified payr made	nents	10 Part of colui in the controlli gross		nization's	Wit	eductions directly connected th income in column 10
(1)	1										
(2)	<u> </u>						· -				
(3)	<del>-</del>				<del></del>						
				-							
(4)	<del></del>			L							
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<b></b>			0.		0.
Schedule G - Investm	ent Inco	me of a	Section	501(c)(	7), (9), or	(17) Or	ganization	1			
	structions)			• • •			_				
1 De	scription of inco	me			2 Amount of income directly con		3 Deductio directly conne (attach sched	nected 4 Set-asid			5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)		-									
(4)					1						
					Enter here and o Part I, line 9, co				· · · · · · · · · · · · · · · · · · ·	-	Enter here and on page 1 Part I, line 9, column (B)
Totals				<b>•</b>		0.					0.
Schedule I - Exploited	d Exempt ructions)	Activity	/ Incom	e, Othe	r Than Ad	vertisii	ng Income	•			
			3 =-	penses	4 Net incom	ne (loss)	_				7 Excess exempt
1. Description of exploited activity	unrelated incom	iross business e from business	directly of with pro of uni	connected oduction related s income	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a e cols 5	is not unrelated atte		6 Exp attribut: colur	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>		L		<b></b>						
(2)					-	+					
(2) (3)	-				-				<b></b>		
(4)	<del>                                     </del>										
(4)	Enter her page 1 line 10,			re and on i, Part I, col (B)					<u> </u>		Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		<u> </u>							
Schedule J - Advertis					<del></del>						
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1 Name of periodical		2. Gross advertising income		3. Direct ertising costs	4 Advert or (loss) (cc col 3) If a ga cols 5 th	ol 2 minus ain, compute	5 Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1								
(2)											1
(2)											1
(4)	-  -	_									1
	-										
Totals (carry to Part II, line (5))	<b>.</b>		0.	0		<del></del>					0 . Form <b>990-T</b> (2018

823731 01-09-19

### THE COMMUNITY FOUNDATION OF GREATER

orm 990-	T (2018) CHATTANOO	GA, INC.				62-6	<u> 04599</u>	9 Page 5		
Part II	Income From Perio	•	•	rate Basis (For eac	ch periodical list	ed in Par	t II, fill in			
	columns 2 through 7 on a	ı 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		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)										
(4)	<u> </u>									
Totals fror	m 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, Pa	rt II (lines 1-5)	0.	0.					0.		
Sched	ule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in:	structions)					
1 Name								mpensation attributable unrelated business		

Form 990-T (2018)

0.

%

%

%

▶

(1)

(2) (3)

(4)

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

#### 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-RIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www.irs gov/Form1120 for instructions and the latest information

2018

Name

Employer identification number

THE COMMUNITY FOUNDATION OF GREATER 62-6045999 CHATTANOOGA, INC. Short-Term Capital Gains and Losses (See instructions.) Part I See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949. (d) (h) Gain or (loss) Subtract to enter on the lines below column (e) from column (d) and This form may be easier to complete if you (sales price) (or other basis) Part I, line 2, column (g) combine the result with column (g) round off cents to 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 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 1,829. Form(s) 8949 with Box C checked 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 829. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (e) (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract to enter on the lines below. Proceeds (sales price) column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you (or other basis) round off cents to 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, 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 12,182. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 12,182. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 1.829. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16

Note: If losses exceed gains, see Capital losses in the instructions

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

17

18

12,182.

14,011.

JWA

# Form **8949**

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

2018

Attachment Sequence No 12A

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER

CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which i	ation as Form 10	you received an 99-B Either will	y Form(s) 1099-B show whether you	or substitute state ur basis (usually you	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part I Short-Term. Transact		tal assets you held	I 1 year or less are g	enerally short-term (s	ee instructi	ons) For long-term	
transactions, see page 2  Note: You may aggregate a  codes are required Enter th							
You must check Box A, B, or C below.  1 you have more short-term transactions than w	Check only one be	Ox. If more than one b	pox applies for your sho	rt-term transactions, com	plete a separ	ate Form 8949, page 1,	
(A) Short-term transactions re			-		e Note ab	ove)	
(B) Short-term transactions re	•	-	-	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property (Example: 100 sh XYZ Co)	Date acquired (Mo , day, yr )	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the	loss. If y	ou enter an amount (g), enter a code in ). See instructions	Gain or (loss). Subtract column (e
		(Mo , day, yr )	1	Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
PALLADIAN PARTNERS							
VIII							11.
AGHAP FEEDER, LLC							1,818.
							<b></b>
·							
<del></del>		·					
					<u></u>		
<del></del>	<u> </u>					<u> </u>	
			·				
						-	
			-				
	_						
				·			
			·			<del></del>	
					·	·	
	· · · -		<u> </u>				
<del></del>							
	1						
2 Totals. Add the amounts in colur	_						
negative amounts) Enter each to		-					
Schedule D, line 1b (If Box A abo	ove is checked), <b>i</b>	ine 2 (if Box B					

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

above is checked), or line 3 (if Box C above is checked)

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

THE COMMUNITY FOUNDATION OF GREATER

Social security number or taxpayer identification no.

62-6045999

CHATTANOGA, 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. 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 apprecate 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)  our 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											
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 <b>Note</b> above)											
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  (F) Long-term transactions not reported to you on Form 1099-B											
					Adjustmen	t, if any, to gain or					
(a)	(b)	(c)	(d) Proceeds	(e) Cost or other	loss If yo	ou enter an amount	(h) Gain or (loss).				
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr )	Date sold or disposed of	(sales price)	basis See the	in column	(g), enter a code in . See instructions.	Subtract column (e)				
(Example 100 311 X12 00)	(Wo, day, yr)	(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)				
MIT PRIVATE EQUITY						adjustitiont					
FUND III, LP							10,017.				
PALLADIAN PARTNERS											
VII							35.				
PALLADIAN PARTNERS											
VIII							543.				
HEADLANDS CAPITAL							127.				
HEADLANDS CAPITAL	-										
II							28.				
AGHAP FEEDER, LLC							43.				
riger GLOBAL PIP X											
PARTNERS							<569.				
riger GLOBAL PIP X											
PARTNERS							1,958.				
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						<del></del>					
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract									
negative amounts) Enter each to											
Schedule D, line 8b (If Box D abo	ove is checked),	line 9 (if Box E									
above is checked), or line 10 (if B	above is checked), or line 10 (if Box F above is checked)										

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