•						29393	089	900526
Form	990-T		Exempt Organization E (and proxy tax or all properties of the start of	under se	ection 6033(e))	Tax Returi	36	OMB No 1545-0687
	•	For ca	Dendar year 2017 or other tax year beginning UUL Go to www.irs gov/Form990T					2017
	tment of the Treasury at Revenue Service	▶	Do not enter SSN numbers on this form as i) [Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check box if na	me change	d and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
B E	xempt under section	Print	AUSTIN PRESBYTERIAN	THEOL	OGICAL SEMI	NARY	7	4-1143056
X] 501(c) 03)] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. 100 E. 27TH STREET). box, see i	nstructions.			ated business activity codes instructions)
	408A 530(a)		City or town, state or province, country, and	ZIP or forei	gn postal code		1	
	529(a)		AUSTIN, TX 78705				531	390
C Bo	ok value of all assets and of year 179,489,6	55	F Group exemption number (See instruction G Check organization type ► X 501(c	•	n 501(c) trust	401/2) trust	Other trust
H De	Scribe the organization	n's nrim	ary unrelated business activity. PARTI) ii usi	Other trust
_			poration a subsidiary in an affiliated group or a			•	Ye	s X No
	. , ,		itifying number of the parent corporation.		, ,			
			MICHAEL CASTLEBERRY				(512	<u>'</u>
			de or Business Income		(A) Income	(B) Expense	S	(C) Net
	Gross receipts or sale		0.					•
	Less returns and allow Cost of goods sold (S		c Balance	1c 2				
2 _. 3	Gross profit. Subtract			3				/
	Capital gain net incon			4a				
	• •	•	Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction	n for tru	sts	4c				
5	Income (loss) from p	artnersh	nips and S corporations (attach statement)	5				
	Rent income (Schedu		,	6			_	
	Unrelated debt-finance		•	. 7				
8		-	and rents from controlled organizations (Sch. F			1		
9 10	Exploited exempt acti		on 501(c)(7), (9), or (17) organization (Schedu ome (Schedule I)	10	_		•	
11	Advertising income (\$	•	,	11				,
12	Other income (See in		•	12	· · ·	-	-	
13	Total. Combine lines			13	0.			
Pa	rt II Deduction (Except for	ons No	ot Taken Elsewhere (See instruction utions, deductions must be directly connict to the contract of the contrac	ns for limit ected with	tations on deductions) the unrelated busines	s income)		
14	Compensation of off	ficers, d	rectors, and trustees (Schedule K)			-	14	
15	Salaries and wages				7		15	5,238.
16	Repairs and mainter	nance	e instructions for limitation rule MAR 18	EN	1		16	
17	Bad debts		r-BEGELV	المسطيط	છ્યુ		17	
18	Interest (attach sche			nea l	28-08-08-08-08-08-08-08-08-08-08-08-08-08		18 19	
19 20	Taxes and licenses	ione (Sa	te instructions for limitation rule MAR 18	(012	\ <u>&</u> \		20	
21	Depreciation (attach	Form 4	562)	ALTERNATION OF THE PARTY.	21			
22	Doprosianon (anasi		n Schedule A and elsewhere on return	I. 111	22a		22b	
23	Depletion		\ Clab	A STATE OF THE STA			23	
24	Contributions to def	erred co	ompensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe		•				26	
27	Excess readership c				CEE CMAM	PEMENTO 1	27	15,024.
28	Other deductions (a		•		SEE STAT	PMPM1 T	28 29	20,262.
29 30	Total deductions. A		: 14 through 28 Income before net operating loss deduction. Si	ibtract line 1	29 from line 13		30	-20,262.
31			n (limited to the amount on line 30)	-5.0 401 1110 1	SEE STAT	EMENT 2	31	<u> </u>
32	-		income before specific deduction. Subtract line	31 from lin			32	-20,262.
33	Specific deduction (General	ly \$1,000, but see line 33 instructions for exce	otions)			33	1,000.
34		taxable	e income. Subtract line 33 from line 32. If line	33 is greate	r than line 32, enter the sr	maller of zero	$\langle \cdot \rangle$	00.000
	line 32	6	D. Justine AA NW			20	1.34	-20,262. Form 990-T (2017)
72370	01 01-22-18 LHA F	or Pape	rwork Reduction Act Notice, see instructions					romii 990- i (2017)

53	Enter	r the amount of tax-exempt interest received or	accrued during the tax year ▶\$					
ign	U.	nder penalties of perfury, I declare that have examined preect, and complete Declaration of preparer (other-than	this return, including accompanying schedules taxpayer) is based on all information of which p	and statements, and to reparer has any knowled	dge	ledge and belief, it is		th
lere		Signature of officer	Date Title 7	CAWS FI	14427.70	preparer shown below ructions)? X Ye		No
		Print/Type preparer's name	Preparer's signature	Date	Checkif	PTIN		
Paid Prepare Jse On	ror	SEAN HOLCOMB	Ren L WAL	02/26/2019	self- employed	P01249	221	
		Firm's name ► MAXWELL LOCK	E & RITTER LLP	Firm's EIN ▶	74-290	0215	,	
	,y	401 CONGRE	SS AVENUE, SUITE 1	100				
		Firm's address > AUSTIN. TX	Phone no. 51	. 512-370-3200 .				

Form 990-T (2017)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year	ntory at beginning of year 1 6 Inventory at end of year			ır		6_				
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6				
3 Cost of labor	3		from line 5. Enter here and i			Part I,	3			
4a Additional section 263A costs			line 2				7	<u> </u>		
(attach schedule)	4a		8	Do the rules of section	•	· · · · · · · · · · · · · · · · · · ·			Yes	No
b Other costs (attach schedule) 4b property produced or account of the costs (attach schedule)						I for resale) apply to				اللت
5 Total Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Pei	rsonal Property	Leas	ed With Real Pro	per	ty) 		
Description of property										
(1)							_			
(2)					_					
(3)	_									
(4)										
		ed or accrued				3(a)Deductions directl	v conni	acted with the i	ncome II	n
(a) From personal property (if the perdonal property is more 10% but not more than 50%)	than	` 'of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	ind 2(b)	(attach schedu	ile)	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
c) Total income. Add totals of columns 2 nere and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb	t-Finance	Income (see	ınstru	ctions)						
		•	2	Gross income from or allocable to debt-		3 Deductions directly co to debt-finan		perty		
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sch	eduction: hedule)	9
(1)		·	+		<u> </u>					
(2)										
(3)										
(4)					l					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable (column 6 x tot 3(a) and	tal of col	
(1)				%						
(2)			ļ	%	<u> </u>		\bot			
(3)				%	ļ		\bot			
(4)				%			\bot			
-	_					inter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, o		
Totals				•		0		•		0.
Total dividende-received deductions in	cluded in colum	n R							_	0.

Schedule F - Interest,	Annuities, Roya	ilties, a					zatio	1S (see ins	tructio	ns)
			Exempt C	Controlled O	rganızatıc	ns		_		
1 Name of controlled organizat	identr	nployer fication mber	3 Net unre (loss) (see	Net unrelated income (loss) (see instructions)		ments made Includ		Part of column 4 that is included in the controlling ganization's gross income		Deductions directly connected with income in column 5
(4)					 		 			
(1)			<u> </u>		-				-+	
(2)		_	 				-	-		
(3)			<u> </u>				ļ	_		
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		Deductions directly connected ith income in column 10
(1)			——	•						
(2)		-	 							
	ļ					-				
(3)		-								
_(4)	<u> </u>									
						Add colur Enter here and line 8,		e 1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	nt Income of a	Section	501(c)(7) (9) or	(17) Or	ganization				
(see insti		Section	1 50 1(0)(<i>i j</i> , (5 <i>j</i> , 6i	(11) 01	garnzatio	•	,		
(300 1131)				<u> </u>	1	3. [∧] Deductio	ine.			5. Total deductions
1 . Desc	ription of income			2. Amount of	income	directly conne	ected	4 Set-	asides schedule)	and set-asides
				ļ		(attach sched	dule)	(anacıı c	ici ioddio,	(col 3 plus col 4)
(1)				<u> </u>						
(2)										
(3)										
(4)								<u> </u>		
_(4)				Enter here and	on page 1.			L		Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B)
Totals			<u> </u>		0.					0.
Schedule I - Exploited (see instru		y Incom	ne, Other	r Than Ad	dvertisi	ng Incom	9			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	spenses connected roduction irelated ss income	4. Net incor from unrelated business (comminus colum gain, comput through	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inc from activity is not unrela business inc	that ted	attribut	penses able to mn 5	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 line 10	ere and on 1, Part I, 1, col (B)			•				Enter here and on page 1, Part II, line 26
Totals	0.		0.	<u> </u>						0.
Schedule J - Advertisi										
Part I Income From	Periodicals Rep	oorted o	n a Con	solidated	d Basis			·		
1 Name of periodical	2. Gross advertising income	adv	3 Direct vertising costs	or (loss) (o	tising gain col 2 minus gain, compute hrough 7	5. Circula		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_	Ī						
(2)										7 .
(3)				ᅥ				<u> </u>		1
				⊢ ′		 	_			Ⅎ
(4)						 		-		+
			_							
Totals (carry to Part II, line (5))	▶	0.	0					l		0.
										Form 990-T (2017

Form 990-T (2017) AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY 74-11430 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 (2017)

M 990-T OTHER DEDUCTIONS				-
			AMOUNT	
DUNSELING			15,0	24
1 990-T, PAGE 1,	LINE 28		15,0	24
NET	OPERATING LOSS	DEDUCTION	STATEMENT	
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
7,166.	0.	7,166.		
	0.			
18,187. 17,664.	0.	17,664.		
R AVAILABLE THIS	YEAR .	79,163.	79,16	<u> </u>
· -	7,166. 1,262. 589. 17,465. 16,830. 18,187. 17,664.	NET OPERATING LOSS LOSS SUSTAINED 7,166. 1,262. 589. 17,465. 16,830. 18,187.	NET OPERATING LOSS DEDUCTION LOSS PREVIOUSLY APPLIED REMAINING 7,166. 1,262. 589. 17,465. 16,830. 18,187. 17,664. 0. 17,664.	NET OPERATING LOSS DEDUCTION STATEMENT

NAME OF COUNTRY

BERMUDA CAYMAN ISLANDS BRITISH VIRGIN ISLANDS

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

	AUSTIN PRESBYTERIA	N THEOLOGICAL	SEMINARY		74-	1143056
	Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Yea	r or Less		
t o e This	instructions for how to figure the amounts neer on the lines below form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
OUI	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 Form(s) 8949 with Box C checked					45.
5 6 7	Short-term capital gain from installment sales Short-term capital gain or (loss) from like-kind Unused capital loss carryover (attach compute Net short-term capital gain or (loss) Combin	d exchanges from Form 8824 ation) e lines 1a through 6 in column	SEE S	TATEMENT 4	5 6 7_	(49,934·) -49,889·
	Part II Long-Term Capital Gai	ns and Losses - Ass	sets Held More Tha	an One Year		
to e	instructions for how to figure the amounts inter on the lines below is form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part II, line 2, column (49,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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				•	-167,427.
	Enter gain from Form 4797, line 7 or 9				11	2,119.
	Long-term capital gain from installment sales		7		12	
13	Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
14	Capital gain distributions				14	
	Net long-term capital gain or (loss). Combine		n h		15	-165,308.
	Part III Summary of Parts I and			 	1 40	
	Enter excess of net short-term capital gain (lii			- 71	16	
	Net capital gain. Enter excess of net long-tern				17	
18	Add lines 16 and 17. Enter here and on Form		oper line on other returns. I	t the corporation	_ ا	
	has qualified timber gain, also complete Part				18	0.
	Note: If Incoes exceed gains, see Canital Inco	ee in the inctriictions				

JWA

Part IV Alternative Tax for Corporations with Qualified T	imber Gain.Complete P	art IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	ions	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		•	. !
of your tax return	20	· •	Ĭ
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		•	
(c) the amount on Part III, line 17	21		- -
22 Multiply line 21 by 23.8% (0.238)	1 1	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23]
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	*	
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29 Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		30]	
		Schedule D (Form 11	.20) 2017

. 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 **2017**

> Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpaver identification no.

AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY

74-1143056

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 Part I | Short-Term. Transactions involving capital assets you held 1 year or less are short-term. 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 ctions 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 Adjustment, if any, to gain or (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f). See instructions Subtract column (e) (sales price) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) combine the result see Column (e) ın Amount of Code(s) with column (g) the instructions adjustment FROM K -1 NB CROSSROADS FUND XVIII (FORMERLY LEHMAN CROSSROADS FUND XVIII) VARIOUS VARIOUS <76. FROM K -1 COMMONFUND CAPITAL VARIOUS VARIOUS <10·> PARTNERS 2000 FROM K -1 LLC 3. AMBERBROOK V, VARIOUS VARIOUS FROM K -1 AMBERBROOK VI, LLCVARIOUS VARIOUS <1. FROM K -1 AMBERBROOK VII, 129. LLC VARIOUS VARIOUS Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 45. above is checked), or line 3 (if Box C above is checked)

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

Social security number or taxpayer identification no.

AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY

74-1143056

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 long term. 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

(F) Long-term transactions not	t reported to you	on Form 1099-	3				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If ve	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (a)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price)	Note below and	column (f). See instructions (g)	Subtract column (e) from column (d) &
		(ino , day, y.)		see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
FROM K -1 NB	Ì						
CROSSROADS FUND							
XVIII (FORMERLY							
LEHMAN CROSSROADS							
FUND XVIII)	VARIOUS	VARIOUS					241.
FROM K -1							
COMMONFUND CAPITAL							
PARTNERS 2000	VARIOUS	VARIOUS					<45.>
FROM K -1							
AMBERBROOK V, LLC	VARIOUS	VARIOUS					315.
FROM K -1							
AMBERBROOK VI, LLC	VARIOUS	VARIOUS					<758.>
FROM K -1							
AMBERBROOK VII,							
LLC	VARIOUS	VARIOUS	-				1,268.
FROM K -1 WCP REAL							
		VARIOUS		<u> </u>		****	<168,448.>
		· -					
			<u>. </u>	1			
			-				1
	-					***	
	-	-					
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	 	<u> </u>		 -			
	 	-		<u> </u>	 		
	L	1,		 		-	
2 Totals. Add the amounts in colu							
negative amounts) Enter each t		•					
Schedule D, line 8b (if Box D ab		•					<167,427.>
above is checked), or line 10 (if	Box F above is	checked)	L	1	<u> </u>	L	<107,427.>

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