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Form 990-1		land provy to		der section 6033	411	<u>ሳል</u> ፖ ⊦		
roilli OOO I						140	G	304 <b>7</b>
	For cale	ndar year 2017 or other tax year begin				20 _ 0 .	2	<b>ZW T /</b>
Department of the Tressury		► Go to www.irs.gov/Form990				<b>+</b>	Open to	Public Inspection for
Internal Revenue Service	<b>D</b> o	not enter SSN numbers on this form						Public Inspection for Organizations Only
A Check box if address changed	ļ	Name of organization ( Check b	ox If nau	me changed and see instruction	ns.)			fication number see instructions.)
	ł	WESTEVAN INTREDSTOR						
B Exempt under section	Print	WESLEYAN UNIVERSITY		. h instructions		106-0	<b>64605</b> 0	<b>,</b>
X 501( C 103 )	or	Number, street, and room or suite no.	Ma P.O	. box, see instructions.			646959	
408(e) 220(e)	Type	<b></b>					ated busin structions.)	less activity codes
408A530(a)	1	237 HIGH STREET NOR				↓ `	·	
529(a)		City or town, state or province, countr	•	ZIP or foreign postal code				
C Book value of all assets at end of year		MIDDLETOWN, CT 0645				5230	00	
		up examption number (See instruct			<del> </del>	1		<del>T 1 </del>
	G Che	ock organization type 🕨 🛛 X 🛮 501	(c) co	rporation 501(c	c) trust	401(a)	trust	Other trust
		rimary unrelated business activity.						<u> </u>
		corporation a subsidiary in an affil	_		controlled group?	'	▶L	Yes X No
		identifying number of the parent co	rporati	on. ▶		<u> </u>		
		WESLEYAN UNIVERSITY			ne number > 8	60-685-	-2000	
Part I Unrelated	Trade (	or Business Income		(A) Income	(B) Expe		.	(C) Net
1 a Gross receipts or	sales				10 And 10		1	
b Less returns and allow	inces	c Balance ▶	1c		.7		<u> </u>	
2 Cost of goods so	ld (Sched	ule A, line 7)	2		3	1	,·.·.	
3 Gross profit. Sub	tract line	2 from line 1c	3		E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	11. 12.		
4a Capital gain net i	ncome (a	ttach Schedule D)	4a	391,430.	1. 3Fig. 1		1	391,430
b Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b			, was a	<u> </u>	
c Capital loss dedu	ction for t	trusts	4c				;	
		ps and S corporations (attach statement)	5	-1,435,303.	i. ATCH .	LV :		-1,435,303
6 Rent income (Sch	edule C)		6		•			•
7 Unrelated debt-fi	nanced in	come (Schedule E)	7	38,213.	1 25	4,305.		-216,092
8 Interest, ennuities, roya	ities, and re	nts from controlled organizations (Schedule F)	8	· -				
9 Investment Income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9		:			
	activity i	ncome (Schedule I)	10					
11 Advertising incom 12 Other income (Se	ne (Sched	tule J)	11					
12 Other income (Se	e instruc	tions; attach schedule)	12		ATCH 2	2 :		22,592
		ough 12	13	-983,068.	1	4,305.		-1,237,373
Part II Deductio	ns Not	Taken Elsewhere (See inst	ructio	ons for limitations on	deductions.) (	Except f	or conti	ributions,
- deduction	s must	be directly connected with t	he ur	related business inco	ome.)			
14 Compensation of	officers,	directors, and trustees (Schedule K)				14		
15 Salaries and wage	es					15		
						16		
					. الدن . DE	17		
						18		
19 Taxes and license	s			. 102 2		. 19		9,850
20 Charitable contril	outions (S	See instructions for limitation rules)		. 191 WYJ Asia. 1	י ומו פוט	20		
		4562)			<u> </u> <u>\</u>			
		on Schedule A and elsewhere on re			IIT I			
•						23		
		compensation plans				24		-
		B						
		Schedule I)						
		chedule J)						
		ichedule)						140,038
		s 14 through 28						149,888
		le income before net operating						-1,387,261.
		on (limited to the amount on line 3					1	
		e income before specific deduction					1 .	-1,387,261.
		•		=			1	1,000
34 Unrelated busin		ally \$1,000, but see line 33 instructions in the line 33 from the line 32 from the 32 from	om lir	ne 32. If line 33 is are	ater than line -	32.	1	
enter the emailer	of zero or	line 32	J, III	810		<b>32</b> 54		-1,387,261.

-1,387,261. Form **990-T** (2017)

Pal	Щ	rax Computation							
35	Organi	zations Taxable as Corporations. Se	e instructions for tax comp	utation Controlled g	roup				
	member	s (sections 1561 and 1563) check here ▶ 🏻	See instructions and						
а	Enter y	our share of the \$50,000, \$25,000, and \$ (2) \$	9,925,000 taxable income bra	ickets (in that order)					
b		ganization's share of (1) Additional 5% tax (not	more than \$11,750)	.  \$					
		tional 3% tax (not more than \$100,000)							
С		tax on the amount on line 34			▶	35c			
36	Trusts	Taxable at Trust Rates. See ins	structions for tax comput	ation Income tax	on				
	the amo	unt on line 34 from Tax rate schedule o	Schedule D (Form 104	41)		36			
37		x. See instructions				37			
38	•	ive minimum tax				38			
39	Tax on	Non-Compliant Facility Income. See instruction	s			39			
40	Total A	dd lines 37, 38 and 39 to line 35c or 36, which	ever applies			40			
Par	t iV	Tax and Payments							
41 a	Foreign	tax credit (corporations attach Form 1118, trus	sts attach Form 1116)	41a					
		redits (see instructions)							
		business credit Attach Form 3800 (see instruc							
d	Credit fo	or prior year minimum tax (attach Form 8801 or	8827)	41d		]			
		edits Add lines 41a through 41d				41e			
42	Subtrac	t line 41e from <u>line 40 </u>	. <u></u> <u></u>	. <u></u>		42			
43	Other tax	res Check if from Form 4255 Form 8611	Form 8697 Form 8866	Other (attach sched	dule) .	43			
44	Total ta	x Add lines 42 and 43				44			0.
45 a	Paymer	ts A 2016 overpayment credited to 2017		45a					
b	2017 es	timated tax payments		45b					
		osited with Form 8868							
d	Foreign	organizations Tax paid or withheld at source (s	ee instructions)	45d					
е	Backup	withholding (see instructions)		45e					
f	Credit fo	or small employer health insurance premiums (	Attach Form 8941)	45f					
g	Other c	redits and payments Form 24	139						
		orm 4136	Total ▶ [4						
46	Total pa	yments. Add lines 45a through 45g				46			
47		ed tax penalty (see instructions). Check if Form				47			
48		. If line 46 is less than the total of lines 44 and				48			
49	•	ment If line 46 is larger than the total of lines	•	ıd	▶	49			
50		amount of line 49 you want Credited to 2018 esti		Refunde		50			
.Par		Statements Regarding Certain A				-		T	1
51		time during the 2017 calendar year, did	_	~			-	Yes	No
		financial account (bank, securities, or oth	, ,			•			1
		Form 114, Report of Foreign Bank and	Financial Accounts if YES,	enter the name or	tne	roreign	country	- <del>-</del> -	الا
		FR, GM, IT, SP					-		X
52		he tax year, did the organization receive a dist		tor of, or transferor to, a	a forei	gn trust	7		<del>  ^ .</del>
		ee instructions for other forms the organization		19 006				!	}
53	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year   \$\infty \pi 1	edules and statements and t	o the b	est of m	v knowledge	and bel	ief it is
C:	l to	e correct, and complète Decigration of proparer jother than to	expayer) is based on all information of which	h preparer has any knowledge		000 01 111	, knowledge	and bei	101, 11 10
Sign		MA VAR / CLAS PO. HOLD	. 15-14-19 DSV8	, CAO & Treasure			IRS discuss		
Her		ghature of officer	Date Title	,	— •	h the einstructio	preparer shons)? X Ye		No No
		Print/Type preparer's name	Preparer's signature	Date	_	T	PTIN	<u></u>	1 140
Paid	۱ '	SHY JOSEPH		5/7/2019	Check		2010	8537	7 1
	arer	Firm's name		37.72013	Firm's	mployed	L3-5565		
Use	Only		BOSTON, MA 02111				517-988		0
	_	Time address P 00 000111 011011/ 1			Phone	ino ,			

Form **990-T** (2017)

06-0646959

Form 990-T (2017)								F	Page 3
Schedule A - Cost of Go	ods Sold. E	nter metho	d of invent	ory valuation	►N/A				
1 Inventory at beginning of y	ear 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor	3			6 from I	ıne 5 En	ter here and in			
4a Additional section 263A co	sts			Part I, line	2		7		
(attach schedule)	4a					section 263A (w	ith respect to	Yes	No
<b>b</b> Other costs (attach schedu				property	produced	or acquired for	resale) apply		Π.
5 Total. Add lines 1 through	4b 5	•		to the orga	anization? .	<del> </del>	<u></u>		
Schedule C - Rent Income (see instructions)	(From Real	Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
1. Description of property				_					
(1)									
(2)									
(3)									
(4)					_				
	2. Rent rec	eived or accru	ed						
for personal property is more than 10% but not percentage of re-			age of rent fo	or personal property	personal property (if the personal property exceeds passed on profit or income)  3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schedules)				ome
(1)	- <del></del> -								
(2)									
(3)									
(4)							•		
Total		Total					•		
(c) Total income. Add totals of co	٠,,	• •				(b) Total deduction Enter here and on Part I, line 6, colum	page 1,		
Schedule E - Unrelated De			ee instructi	ions)					
1 Description of deb		1	2 Gross	income from or to debt-financed		Deductions directly con debt-finance	ed property		
·			P	roperty				(b) Other deductions (attach schedule)	
(1) ATTACHMENT 4	•								
(2)					<del></del>			_	
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average ad of or alloo debt-finance (attach so	able to d property	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of colum	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, co	on page lumn (B	: 1, 3)
Totals , , ,				_	38	3,213.	254,305	5.	
Total dividends-received deducti							•		

Form **990-T** (2017)

	-
06-064695	9

Schedule F - Interest, Annu	uities, Royalties	, and F	Rents F	rom Contro	lled Or	ganiza	i <b>ons</b> (see	instruction	ons)	
	· <del></del>			Controlled Or						
Name of controlled organization	2 Employer identification number	er		elated income e instructions)		of specifie	d included	f column 4 to in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)			<u></u>	7					-	<u> </u>
(2)						-		_		<u>.                                      </u>
(3)										
(4)										
Nonexempt Controlled Organiz	zations		_					_		·
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9	Total of specific payments made		ınclu	art of column ded in the co zation's gros	ntrolling	cor	Deductions directly     nected with income in     column 10
(1)										
(2)								_		
(3)										
(4)			<u></u>	<del> </del>						
Totals	ncome of a Sec	 tion 50	01(c)(7	), (9), or (17		Ente Part	here and on I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
1. Description of income	2 Amount of	ıncome		3 Deduction directly contact (attach sci	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>									
(2)			_							
(3)				<del>-</del>						
(4)	Enter here and o	n naga 1					-			Enter here and on page 1,
Totals	Part I, line 9, co		Other T			come	see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dı conne prodi uni	xpenses rectly rected with uction of related iss income	If a gain, compt		from a	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 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	ere and on 1, Part I, 0, col (B)		ı				-	Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising Ir	come (sec instri	ictions)								<u> </u>
Part I Income From Per			Cone	nlidated Rad						
Fait. Income From Fer	louicais Report	eu on a	a COIIS	Jiluateu Da	313	Τ				
1. Name of periodical	2 Gross advertising income		Direct sing costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute	1	rculation come	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del>                                     </del>			1		<u> </u>			•	
(2)			-							7
(3)										
(4)										
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2017)

JSA



WESLEYAN UNIVERSITY 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)					<u> </u>	
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)		¥ 1		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 here and on page 1, Part II, line 14			

Form 990-T (2017)

JSA

7X2744 2 000 05324T 1592

V 17-7.10 1649759 PAGE 89

#### ATTACHMENT 1

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

UBTI FROM PARTNERSHIPS

-1,435,303.

INCOME (LOSS) FROM PARTNERSHIPS

-1,435,303.

### ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE UBTI UNDER IRC 512(A)(7)

PART I - LINE 12 - OTHER INCOME

22,592.

22,592.

ATTACHMENT 3

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES

103,038. 37,000.

PART II - LINE 28 - OTHER DEDUCTIONS

140,038.

1649759

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- 1
9
0

WESLEYAN UNIVERSITY

(	8	ALLOCABLE	DEDUCTIONS	6 * (3A + 3B)	254,305.	254,305
	7	GROSS INCOME A	REPORTABLE D	(2 x 6) 6	38,213	38,213
		9	8 4 IS	OF 5	100 000	
	5	AVERAGE	ADJUSTED	BASIS	5, 319, 066	
ATTACHMENT 4	4	AVERAGE	ACQUISITION	DEBT	5,319,066	TOTALS
			TLY CONNECTED	(38)	254, 305	ħ
,		E	DEDUCTIONS DIRECTLY CONNECTED	(3A)		
			2	GROSS INCOME	38,213	
SCHEDULE E UNRELATED DEBT-FINANCED INCOME			1	DESCRIPTION OF DEBT-FINANCED PROPERTY	INVESTED TAXABLE BOND PROCEEDS	

ATTACHMENT 4 PAGE 94

1649759

05324T 1592

V 17-7 10

WESLEYAN UNIVERSITY EIN: 06-0646959

FISCAL YEAR ENDED JUNE 30, 2018

## 990-T SCHEDULE E, LINE 3 (B) OTHER DEDUCTIONS

INTEREST EXPENSE

254,305

TOTAL

254,305

WESLEYAN UNIVERSITY

EIN: 06-0646959

FISCAL YEAR ENDED JUNE 30, 2018

FORM 990-T, LINE 31

NET OPERATING LOSS CARRYOVER

TAX YEAR	GENERATED	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	AMOUNT REMAINING
6/30/2016	, 175,035	-	-	175,035
6/30/2017	1,952,333	(510,641)	-	1,441,692
6/30/2018	1,387,261	-	-	1,387,261
	3,514,629	(510,641)		3,003,988

WESLEYAN UNIVERSITY
EIN: 06-0646959
FISCAL YEAR ENDED JUNE 30, 2018

ATTACHMENT TO 990-T, PART IV, LINE 43 - IRC SECTION 965 TRANSITION TAX

EXPLANATION OF VARIANCE BETWEEN GROSS INCOME/DEDUCTIONS AND NET INCOME TAX LIABILITY

WESLEYAN UNIVERSITY RECEIVED SCHEDULES K-1 FROM PARTNERSHIPS REPORTING A TOTAL ALLOCABLE AMOUNT REQUIRED TO BE INCLUDED IN INCOME BY REASON OF SECTION 965(A) OF \$552,476. HOWEVER, NONE OF THIS AMOUNT WAS IDENTIFIED BY THE PARTNERSHIPS AS BEING UNRELATED BUSINESS TAXABLE INCOME. IN ADDITION, WESLEYAN UNIVERSITY'S INTERESTS IN THESE PARTNERSHIPS WAS NOT DEBT-FINANCED. ACCORDINGLY, THE NET INCOME TAX LIABILITY UNDER SECTION 965 IS \$0.

# SCHEDULE D (Form 1120)

## **Capital Gains and Losses**

OMB No 1545-0123

2017

Department of the Treasury Internal Revenue Service

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

Name
WESTEVAN UNIVERSITY

Employer identification number

WESLE	YAN UNIVERSITY				(	06-0646959	
Part I	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less				
th Ti	ee 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 hole dollars	(d) (e) Proceeds Cost (sales price) (or other basis)		(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a T 1 w if	otals for all short-term transactions reported on Form 099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, you choose to report all these transactions on Form 8949, save this line blank and go to line 15		· .				
	otals for all transactions reported on Form(s) 8949						
	otals for all transactions reported on Form(s) 8949						
	otals for all transactions reported on Form(s) 8949	-34,692.				-34,692.	
4 8	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4		
<b>5</b> S	hort-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5		
6 L	Inused capital loss carryover (attach computation)				6	(	
7 N	let short-term capital gain or (loss) Combine lines 1  Long-Term Capital Gains and Losses				7	-34,692.	
	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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part II, lin	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
8a T 1 w	whole dollars  otals for all long-term transactions reported on Form  099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, you choose to report all these transactions on Form 8949, save this line blank and go to line 8b			column (g)		the result with column (g)	
	otals for all transactions reported on Form(s) 8949						
	otals for all transactions reported on Form(s) 8949						
	otals for all transactions reported on Form(s) 8949						
	otals for all transactions reported on to mit(s) 65-75	199,457.				199,457	
11 E	inter gain from Form 4797, line 7 or 9				11	226,665.	
12 L	2 Long-term capital gain from installment sales from Form 6252, line 26 or 37						
<sup>'</sup> 13 L	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						
14 C	Capital gain distributions (see instructions)	14					
	let long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	426,122.	
Part I	Summary of Parts I and II		<del></del>		1	<u> </u>	
16 E	6 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)						
	let capital gain Enter excess of net long-term capit				17	391,430.	
	dd lines 16 and 17 Enter here and on Form 1120, he corporation has qualified timber gain, also comple		oroper line on other ret		18	391,430.	
N	lote: If losses exceed gains, see Capital losses in the	e instructions					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

## Form 8949

# es and Other Dispositions of Capital As



Department of the Treasury Internal Revenue Service

► 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.

Name(s) shown on return WESLEYAN UNIVERSITY Social security number or taxpayer identification number

06-0646959

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 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 If you have more short-term transactions than will fit on this page

X (C) Short-term transactions n  (a)  Description of property	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a cod	djustment, if any, to gain or loss. you enter an amount in column (g), enter a code in column (f) See the separate instructions	
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP FLOW THROUGH VARIOUS		, , , , , , , , , , , , , , , , , , , ,	-34,692				-34,692 
					,		•
<u>.                                    </u>							
				7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2017)



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

Social security number or taxpayer identification number 06-0646959

WESLEYAN UNIVERSITY

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.

	fore of the boxes, complete as many forms with the same box encored as you need	
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	
Г	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
13	(F) Long-term transactions not reported to you on Form 1099-B	

(a) Description of property	(Mo. day vr.)	(c) Date sold or disposed	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a cod See the sepai	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)		(Mo , day, yr )	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP FLOW THROUGH VARIOUS			199,457				199,457
	:	***************************************					,
-							-
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Bo.	here and including checked), line	le on your 9 (if Box E	199,457				199,457

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

Form 8949 (2017)

JSA 7X2616 2 000