	AMENDEV RETU	RN						1	0-	
	, 4)	_				SECTION 51			MD.	X
	OON T	Ex	cempt Orgar						rn ⁽⁾	OMB No 1545-0687
For	∍ 990-Т ∣		(and	proxy tax	cun	der sectioi	n 6033(e))	ľ	
	`Ø	For cale	ndar year 2018 or other	r tax year begin	ning _	09/01,201	8, and end	ng <u>08/31</u> , 2	20 <u>19</u>	2018
Depa	artment of the Treasury		►Go to www irs	gov/Form990	T for i	nstructions and	the latest	information	L	
Inter	nal Revenue Service	▶ Do	not enter SSN number	rs on this form a	as it ma	y be made public	of your orga	inization is a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization i	(Check be	ox if nar	me changed and se	ee instruction	s)		oyer identification number oyees' trust, see instructions)
	address changed								(Empio	yees trust, see instructions ;
B E	xempt under section		TEACHERS CO	LLEGE, C	OLUM	BIA UNIVER	RSITY			
X	501(C)(3)	Print	Number, street, and ro	oom or suite no I	f a P O	box, see instruction	ons		13-1	624202
	408(e) 220(e)	or Type								ated business activity code structions)
	408A530(a)		525 WEST 12	OTH STRE	ET-	BOX 30			(000	Sit dollons y
	529(a)		City or town, state or		y, and Z	ZIP or foreign posta	l code			
	ook value of all assets end of year		NEW YORK, N	Y 10027					52599	90
٠.	ond or year		up exemption numbe						,	
			ck organization type			· ·	501(c	trust	401(a)	trust Other trust
н (Enter the number of	the orga	nızatıon's unrelated tr	ades or busine	sses	≥ 2		Describe	the only	(or first) unrelated
t	rade or business her	re ▶ <u>A</u>	<u> </u>			1	f only one,	complete Parts I	-V If more	e than one, describe the
f	irst in the blank spa	ice at the	end of the previous	sentence, cor	mplete	Parts I and II, co	omplete a S	chedule M for ea	ch additior	nal
	rade or business, th									
•			corporation a subsid				subsidiary o	controlled group?		▶ Yes X No
			identifying number o		rporation	on 🕨			0 670	2016
			NRY PERKOWSK			Τ		e number ▶ 21		
Pa			or Business Inco	me		(A) Inco	me	(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales								
t				c Balance ▶						<i>i</i> !
. 2	=		ule A, line 7)	<i>[</i>	2					
3			2 from line 1c		3	2.0	0.000			260.000
' 4a		•	ttach Schedule D) 🚶		4a		0,880.			360,880.
, t	- , , ,		Part II, line 17) (attach l	1	4b	Ι Ι	5,641.		•	15,641.
, (rusts		4c	7.5	<u> </u>	7 mou. 0		155 560
5 5			r an S corporation (attach sta		5	12	5,560.	ATCH 2		155,560.
> 6		-			_6_					
7	Unrelated debt-fi	nanced in	come (Schedule E)		7					
是8	•		nts from a controlled organiz	•						
Z_{2}^{9}			1(c)(7), (9), or (17) organiza	• ,	9					· · · · · · · · · · · · · · · · · ·
210 (1)	•	•	ncome (Schedule I)		10			_		
42			lule J)		11					
	•		tions, attach schedule		12	53	2,081.		-	532,081.
13			ough 12 Taken Elsewhere					leductions \ (Evcent f	
2 66			be directly conn						_xcept i	or contributions,
14	Compensation of	officers	directors, and trustee	s (Schedule K)		ir clated busin	1033 11100		14	
. 15	Salaries and ware	25.110613,	directors, and trustee	o (ouriequie N)	.KF	CEIVED	.		· · —	
16						· · · · · · · · · · · · · · · · · · ·	. S	 	·	
17					ΔΡ	R 1 7 2020			17	
18	Interest (attach s	chedule) ((see instructions)				l S l	ATCH 3		126,238.
19	Taxes and license	s	See instructions for lin		$\frac{\cdot \cdot \cdot}{\circ}$	DENLUG			. 19	1,960.
20	Charitable contrib	outions (S	See instructions for Iir	nitation rules).	<u> </u>	DEN, UT			20	
21			4562)				21			
£22			on Schedule A and e						22b	
සි සි23	Depletion								23	3,707.
324			compensation plans							
25			·							
26			Schedule I)							
27			chedule J)							
28			chedule)							572,682.
29			s 14 through 28							704,587.
30	Unrelated busine	ss taxab	le income before r	net operating	loss	deduction Sub	tract line	29 from line 1	3 30	-172,506.
31	Deduction for net	t operatin	g loss arising in tax	years beginnir	ng on c	or after January 1	l, 2018 (see	instructions) .	31]
32	Unrelated busine	ss taxable	e income Subtract lii	ne 31 from line	30 .	<u> </u>	<u> </u>	<u> </u>	32	-172,506.
For			lotice, see instruction							Form 990-T (2018)

8X2740 1,000 5664PJ 700J 2/5/2020 11:23:39 AM V 18-7.6F

Form	990-T (2018)				Page 2
Pa	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions) ,	33			
34	Amounts paid for disallowed fringes	-			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	<u> </u>			
33	instructions)	35			
		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		l		
	of lines 33 and 34		 		<u>.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38_			0.
Pai	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
	Proxy tax. See instructions				
41	Alternative minimum tax (trusts only).		 		
42	, ,,,				
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	↓			
	Other credits (see instructions)	1			
C	General business credit. Attach Form 3800 (see instructions)]			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]			
	Total credits. Add lines 45a through 45d	450			
46	Subtract line 45e from line 44				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atlach schedulo),				
48	Total tax. Add lines 46 and 47 (see instructions)				0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
49	· · · · · · · · · · · · · · · · · · ·	49			
50 a	Payments: A 2017 overpayment credited to 2018	1			
		- 1	I		
	Tax deposited with Form 8868	∤- -	I		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	4	1		
e					
f	Credit for small employer health Insuranco premiums (attach Form 8941)	J	I		
g	Other credits, adjustments, and payments: Form 2439		I		
	Form 4136 Other Total ▶ 50g	1	1		
51	Total payments. Add lines 50a through 50g	51	1	20,0	000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	62			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1	20,0	000
	Enter the amount of line 54 you want Credited to 2019 estimated tax			20,0	
55 Par	tVI Statements Regarding Certain Activities and Other Information (see instruction				
	At any time during the 2018 calendar year, dld the organization have an interest in or a signature or		authority	Yes	No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		· •	-, -, -,	,,,,
	· · · · · · · · · · · · · · · · · · ·		i i		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	roreigi	country		v
	here >		———		<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	17		X
	If "Yes," see instructions for other forms the organization may have to file			İ	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under pondities of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the target rect, and complete Deplaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of r	ny knowledge a	nd beli	ef, it is
Sigi		av Ihe	IRS discuss	this r	oturo
Her	e P 1/1/1 // 1/2020 2/6/2020 V.P. Financy & Admin 1/1/2020		preparer sho		
			lions) ² X Yes		No
	Print/Type preparer's name Preparer's signature Date Chec	<u>, </u>	PTIN		
Paid	DANIEL ROMANO, PARTNER 02/05/2020 self-s	employe	" P0050	0418	2
-	earer Firm's name GRANT THORNTON LLP	s EIN 🕨	2000		
Use	Only 1 minutes and 1		12-599-0		
	Phon	E 110 4	Farm 00		10010

Form 000 T (2010)	IEACHE	K2 COPPE	GE, COLUMBIA UNI	VEKSIII		13-	1024202	Page 3
Schedule A - Cost of Go	ada Cald. Fa				·			rage 3
		ter method		_		6		
1 √inventory at beginning of ye	·				ar			
2 Purchases			· · · · · · · · · · · · · · · · · · ·	-	ld Subtract line	I		
3 Cost of labor					ter here and in			
4a Additional section 263A co							L	Yes No
(attach schedule)					section 263A (Tes No
b Other costs (attach schedul	, · 				or acquired fo			-
5 Total Add lines 1 through			to the orga	anization / .	Kith Dool Drown		<u></u>	^_
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	vitn Real Prope	erty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)					T			
	2 Rent recer	ved or accrue	ed					
(a) From personal property (if the p for personal property is more tha more than 50%)	percenta	From real and personal property (if the tage of rent for personal property exceeds or if the rent is based on profit or income) 3(a) Deductions directly connected with the incoming in columns 2(a) and 2(b) (attach schedule)						
(1)				.,				
(2)		"						
(3)								
(4)			1. 7.7					
Total	·	Total	· · ·					
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter			(b) Total deducti		ı	
here and on page 1, Part I, line 6,	, ,	•	Enter here and on page 1, Part I, line 6, column (B) ▶					
Schedule E - Unrelated De			e instructions)		· · · · · · · · · · · · · · · · · · ·		-	
		(1)	2 Gross income from or allocable to debt-financed	3 0	Deductions directly connected with or allocable to debt-financed property			
1 Description of deb	t-inanced property		property	(a) Straight line depreciation (attach schedule)		(b) Other ded (attach sche	
(1)								
(2)								
(3)							*****	
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable de umn 6 x total 3(a) and 3	of columns
(1)			%					
(2)			%					
(3)			%					
(4)			%					

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Enter here and on page 1, Part I, line 7, column (A)

>

Schedule F-Interest, Ann	uities, Royalties	, and Rer	nts Fro	om Contro	lled Or	ganiza	t ions (see	e instruction	ons)	
		Exer	npt Co	ntrolled Org	ganızatı	ons				
Name of controlled organization	2 Employer identification number	si		ated income nstructions)		of specifie ints made	d included	of column 4 to I in the contra Iion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										,
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruction			Total of specific ayments made		inclu	ded in the co			Deductions directly inected with income in column 10
(1)										
(2)			_							
(3)	-			·						
(4)										
Totals				(9), or (17		Part	here and on I, line 8, colu	mn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly cortain (attach sch	nected		4 Set-asides (attach schedule			5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)					_		-			
(3)		-								
(4)	Enter here and o					با				Enter here and on page 1,
Totals		3 Exper direct connected production	ises ly d with on of	4 Net inconfrom unrelation business 2 minus collifa gain, co	ne (loss) ed trade (column umn 3)	5 Gro from a is not	see instru	6 Expe	able to	7 Excess exempt expenses (column 6 minus column 5, but not
	business	unrelal business ii		cols 5 thro	ough 7	Dusine	ss income			more than column 4)
(1)								ļ		
(2)								<u> </u>		
(3)								 		
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,					<u> </u>		Enter here and on page 1, Part II, line 26
Schedule J-Advertising le		uctions)		.t						
Part I Income From Per			onsol	idated Bas	sis					72-W-W
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertigation or (los 2 minus co a gain, co cols 5 thro	ising is) (col ol 3) If mpute		rculation come			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1							1		· · · · ·
(2)	1			1						⊣
(3)	 		-	1						
(4)	1			1						-
Totals (carry to Part II, line (5))										
. State (carry to Fart II, IIIIe (3))	1			1		Ь		1		5 000 T

Form **990-T** (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

z through / on a i	line-by-line basi	5)				••
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				1		
	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) ▶			- , -		<u> </u>	,
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	rustees (see inst	ructions)		
1 Name		2	Title	3 Percent of	4 Compensation	n attnbutable to

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** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service ► Go to www irs.gov/Form9907 for instructions and the latest information

► Go to www irs.gov/rorm9901 for instructions and the latest information

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization
TEACHERS COLLEGE, COLUMBIA UNIVERSITY

Employer identification number 13-1624202

Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ► NON QPI

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1a	Gross receipts or sales	Τ		-			
b	Less returns and allowances c Balance	▶ 1c					
2	Cost of goods sold (Schedule A, line 7)	2		. <u>-</u>			
3	Gross profit Subtract line 2 from line 1c	3		•			
4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach			-			
	statement) ATCH 5	5	19.			19.	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					
13	Total Combine lines 3 through 12		19.			19.	
14	deductions must be directly connected with the uncompensation of officers, directors, and trustees (Schedule Rectors)				14		
15	Salaries and wages						
16	Repairs and maintenance						
17	Bad debts				1		
18	Interest (attach schedule) (see instructions).				18		
19	Taxes and licenses				19	46.	
20	Charitable contributions (See instructions for limitation rules)				20		
21	Depreciation (attach Form 4562)		1 1				
22	Less depreciation claimed on Schedule A and elsewhere on				22b		
23	Depletion				23		
24	Contributions to deferred compensation plans				24		
25	Employee benefit programs				25		
26	Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)				27		
28	Other deductions (attach schedule)				28	88.	
29	Total deductions. Add lines 14 through 28				29	134.	
30	Unrelated business taxable income before net operating				30	-115.	
31	Deduction for net operating loss arising in tax years	begin	ining on or after Janua	ry 1, 2018 (see			
	instructions)				31		
32	Unrelated husiness taxable income. Subtract line 31 from lin	e 30 -			32	-115.	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS

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

ORDINARY INCOME FROM LP INVESTMENTS PORTFOLIO INCOME FROM LP INVESTMENTS

74,747. 80,813.

INCOME (LOSS) FROM PARTNERSHIPS

155,560.

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE FROM LP INVESTMENTS

PART II - LINE 18 - INTEREST

126,238.

126,238.

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

EXPENSES FROM LP INVESTMENTS
TAX PREPARATION FEES
INVESTMENT ADVISORY FEES

238,544.

33,496.

300,642.

PART II - LINE 28 - OTHER DEDUCTIONS

572,682.

13-1624202 ATTACHMENT 5

NON QPI

SCHEDUL	ЕМ	LINE	5	-INCOM	ME (LOSS)	FROM	PARTNE	RSHIPS	AND/OR	S	CORPORATIONS	
ORDINAR	Y IN	COME	FR	OM LP	INVESTME	NTS	•					19.
IN	COM	E (LO:	SS)	FROM	PARTNERS	HIPS	AND/OR	S CORP	ORATION:	S		19.

13-1624202

ATTACHMENT 6

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT ADVISORY FEES 4.

84.

PART II - LINE 28 - OTHER DEDUCTIONS

88.

NET OPERATING LOSS SCHEDULE:

YEAR	FEDERAL	UTILIZED	AVAILABLE
2011	(60,036)	60,036	-
2012	-	-	-
2013	(149,744)	149,744	-
2014	_	_	-
2015	(51,380)	42,178	9,202
2016	-	-	_
2017	_	-	-
NOL CARRIED-FORWARD TO 20	19		9,202

Teachers College EIN: 13-1624202

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 8/31/2019

FORM 990-T PART III, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

ACTIVITY			AMOUNT
QPI K-1s NO	GENERATED	8/31/2019	172,506
Non-QPI - 13. E Street Fund, INO	L GENERATED	8/31/2019	115
	TOTAL	CARRYOVER TO 2020	172,621

CHARITABLE CONTRIBUTION CARRY FORWARD SCHEDULE:

YEAR	FEDERAL	UTILIZED	AVAILABLE
2013	(39)	39	-
2014	(43)	43	-
2015	(73)	73	-
2016	(33)	33	-
2017	(515)	515	-
2018	(228)	-	(228)
AMOUNT CARRIED-FORWARD TO	2019		(228)

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-9123

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

COLUMBIA UNIVERSITY

Employer identification number 13-1624202

TEAC	CHERS COLLEGE, COLUMBIA UNIVERSIT	YY			:	13-1624202
Part	Short-Term Capital Gains and Losses	(See instructions)			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Forr 8949, Part I, line column (g)	n(s)	(h) Garn or (loss) Subtract 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					
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				,	23,877.
4	Short-term capital gain from installment sales from F					
5	Short-term capital gain or (loss) from like-kind exchange	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6)
7 Pari	Net short-term capital gain or (loss) Combine lines 1 Long-Term Capital Gains and Losses		h <u></u>	· · · · · · · · · · · · · · · · · · ·	7	23,877.
ı aı	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments	to gain	(h) Gain or (loss)
	the lines below	Proceeds	Cost	or loss from For		Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part II, lin	e 2,	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					
8 b	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					337,003.
11	Enter gain from Form 4797, line 7 or 9				11	15,641.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar		13			
14	Capital gain distributions (see instructions)	14				
15 Pari	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	nh	<u>.</u>	15	352,644.
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capit	al loss (line 15)		16	23,877.
4=	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over r	et short-term capital lo	oss (line 7)	17	352,644.
17						
1 <i>7</i> 18	Add lines 16 and 17 Enter here and on Form 1120,		proper line on other re	eturns	18	376,521

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

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

TEACHERS COLLEGE, COLUMBIA UNIVERSITY

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Social security number or taxpayer identification number

13-1624202

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 f you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss) (a) (b) See the separate instructions See the Note below Date sold or Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) in the separate (a) (Mo , day, yr) (see instructions) combine the result instructions Code(s) from Amount of with column (q) instructions adjustment VAR VAR 10.958 ST CAPITAL GAIN FROM LP'S 12,919 VAR VAR ST 1256 GAIN FROM LP'S

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

23.877

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 (2018)

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

TEACHERS COLLEGE, COLUMBIA UNIVERSITY

13-1624202

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

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D. line

8a, you aren't requir	ed to report	these trans	actions on For	m 8949 (see	instructions)	
You must check Box D, E, or F be a separate Form 8949, page 2, formore of the boxes, complete as magnetic (D) Long-term transactions of (E) Long-term transa	r each applic any forms wit eported on F eported on F	able box If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ong-term transa ou need was reported to	o the IRS (see	vill fit on this pa	
(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 proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) an
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN FROM LP'S	VAR	VAR					317,624

				instructions	instructions	adjustment	with column (g)
LT CAPITAL GAIN FROM LP'S	VAR	VAR					317,624
LT 1256 GAIN FROM LP'S	VAR	VAR					19,379
-							
			-				
-							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and incl	ude on your					337,003

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

Form 8949 (2018)

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