	Sorm 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								ОМВ	No 1545-0047		
٠	,		For cale	ndar year 2019 or other to								10
	Depar	tment of the Treasury		Go to www irs gi								
	Intern	al Revenue Service	Do	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Name of organization (Check box if name changed and see instructions) □								Public Inspection for Organizations Only
	A L	Check box if address changed										cation number ee instructions)
	B Ex	empt under section	Print	TEACHERS COL Number, street, and roor					 	10 1	624202	
		501(C (1) 3) 408(e) 220(e)	or	Number, Street, and roof	n or suite no	паро	dox, see ir	istructions			624202	ess activity code
	-	408(e) 220(e) 408A 530(a)	1 y p c	525 WEST 120	TH STRE	ET -	вох з	30			nstructions)	ss activity code
		529(a)		City or town, state or pro	ovince, countr	y, and 2	ZIP or foreig	n postal code				
		ok value of all assets		NEW YORK, NY	10027					5259	90	
		end of yéar		up exemption number (
		29,022,052.		ck organization type				<u>5</u> 01(c) trust	401(a)	trust	Other trust
			•	nization's unrelated trac	les or busine	sses	≥ 2	_	Describe	the only	/ (or first) u	nrelated
		ade or business her							complete Parts I			describe the
				end of the previous se	entence, co	mplete	Parts I ar	nd II, complete a S	chedule M for ea	ch additio	nal	
		ade or business, th		corporation a subsidiar	ry in an affil	isted o	roup or a r	narent-eubeidianz	controlled group?			Yes X No
				identifying number of the				Dai ent-subsidiai y t	controlled group?			
				ISHA RODRIGUE				Telephon	e number > 21	2-678	-3016	 -
ı	Pai	t Unrelated	Trade o	or Business Incom	ie		(<i>P</i>	A) Income	(B) Expen			(C) Net
	1a	Gross receipts or	sales									
	b	Less returns and allowa			c Balance	1c						
1	2			ule A, line 7)		2		 ,	-			
	3			2 from line 1c		3	_	452 704			 	452 704
j	4a			ttach Schedule D)		4a		453,794. -589.				453,794. -589.
	b c			Part II, line 17) (attach For		4b 4c		307.			x -	-309.
Ź	5			an S corporation (attach states		5		43,029.	ATCH 2			43,029.
ػۣ	6			• • • • • • • • • • •		6					+	
Ų	7			come (Schedule E)		7						
	8	Interest, annuities, roya	alties, and re	nts from a controlled organizati	on (Schedule F)	8			-			
	9	Investment income of a	section 50	I(c)(7), (9), or (17) organizatio	n (Schedule G)	9						
	10		_	ncome (Schedule I)		10				٦	ļ <u>.</u>	
	11			ule J)		11		RECE	IVED	. 	ļ	
	12 13	•		tions, attach schedule)		12		496,234.		\mathbb{H}	<u> </u>	496,234.
		1 & Deduction	ns Not	Taken Elsewhere	See instr	ructio	ns for li	materions on d	ABUSHASA (F	Segmetin O	one mue	t be directly
		connected	d with th	ne unrelated busine	ess incom	e4)		151 " JAW 9	Can Signing)		0.13 11143	t be directly
	14	Compensation of	officers,	directors, and trustees (Schedule K)				The date	. 14	T.	
	15	Salaries and wage	s	directors, and trustees (/			J OGL	EN U	15		
	16	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	7					• • • •		
	17			<i>. f</i>								100
	18			see instructions)								106,381.
	19	Pages and licenses	S	4500			• • • • •			. 19	<u> </u>	1,675.
	20 21			4562) on Schedule A and else								
	22	Depletion	Claimed		SWITCHE OIL TE	aturni		[ZId]		21b	 	7,912.
	23	Contributions to d	leferred c	ompensation plans						23	 	
	24	Employee benefit	programs							. 24		
	25	Excess exempt ex	penses (S	Schedule I)						. 25		
	26	Excess readership	costs (So	chedule J)						. 26		
	27	Other deductions	(attach se	chedule)					. ATCH. 4.	. 27	ļ	372,976.
	28	Total deductions.	Add lines	s 14 through 27						. 28		488,944.
	29			e income before net								7,290.
	30 31			g loss arising in tax yea income Subtract line							 	7,290.
		aperwork Reducti	ion Act N	otice, see instructions.	oo nom mie	23.	· · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 31	For	m 990-T (2019)
												(/

43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Toyal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Pa	rt V Tax and Payments			
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
k	Other credits (see instructions)]		
c	General business credit Attach Form 3800 (see instructions)]		
c	Credit for prior year minimum tax (attach Form 8801 or 8827)] .		
e	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments A 2018 overpayment credited to 2019			
k	2019 estimated tax payments] [
C	Tax deposited with Form 8868]		
C	Foreign organizations Tax paid or withheld at source (see instructions)]		
e	Backup withholding (see instructions)]		
f	Credit for small employer health insurance premiums (attach Form 8941)]		
ç				
	Form 4136 Other Total ▶ 51g	_		
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5\$		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	5,4		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 5		
56	Enter the amount of line 55 you want	56		
Рa	rt VI Statements Regarding Certain Activities and Other Information (see instruction	ıs)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country		
	here ▶CANADA, CAYMAN ISLANDS		Х	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	ļ		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	sest of my knowledge	and beli	ef, it i

12/7/2020

Title

Date

Firm's address > 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013

Preparer's signature

Use Only

JSA

9X2741 1 000

Preparer

Sign

Here

Paid

Phone no 212-599-0100
Form **990-T** (2019)

P00504182

May the IRS discuss this return

with the preparer shown below

(see instructions)? X Yes

Firm's EIN > 36-6055558

Check

self-employed

DANIEL ROMANO , PARTNER

Firm's name GRANT THORNTON LLP

Henry Perkowski

Print/Type preparer's name

Signature of officer

12/07/2020

VP Finance and Operations

Form 990-T (2019)								Р	age 3
Schedule A - Cost of G		nter metho							
1 Inventory at beginning of y					ar	6	<u> </u>		
2 Purchases	· · · 		7 Cost of	7 Cost of goods sold Subtract line					
3 Cost of labor	·		6 from I	6 from line 5 Enter here and in Part					
4a Additional section 263A co									
(attach schedule)			8 Do the	rules of	section 263A (w	ith re	espect to 🗅	Yes	No
b Other costs (attach schedu		<u> </u>			or acquired for				
5 Total Add lines 1 through			to the org	janization?	<u> </u>		<u> </u>		Х
Schedule C - Rent Income	e (From Real	Property a	nd Personal Property	/ Leased V	Vith Real Proper	ty)			
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)					,				
	2 Rent reci	eived or accru	ed		_				
for personal property is more than 10% but not percentage of rent			from real and personal property age of rent for personal propert r if the rent is based on profit or	sonal property exceeds in columns 2(a) and 2(b) (attach schedule)					me
(1)					-				
(2)	-								
(3)							-		
(4)			-						
Total		Total							
(c) Total income Add totals of cohere and on page 1, Part I, line 6	• •	` '		•	(b) Total deductior Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De			ee instructions)	•					
1 Description of det			2 Gross income from or allocable to debt-financed		Deductions directly coni debt-finance			to	
			property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)									
(2)		_							
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloo debt-finance (attach sc	able to d property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable deduction 6 x total of c 3(a) and 3(b))	olumn	าร
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					e and on page 1, e 7, column (A)		r here and on p I, line 7, colum		
Totals	ons included in (column 8							—

Form **990-T** (2019)

Page 4

Schedule F - Interest, Ann	uities, Royaltie	s, and	Rent	s Fr	om Contro	olled O	rgani	zati	ons (see	ınstructı	ons)		
		1	Exem	pt Co	ntrolled Or	ganızatı	ons						
1 Name of controlled organization	2 Employer identification numb	per			ated income nstructions)	4 Total	of speci		ıncluded	column 4 the in the contro on's gross in	olling	connected	ions directly with income lumn 5
(1)								_					
(2)	·									_			
(3)													
(4)					·								
Nonexempt Controlled Organi	zations									_		<u> </u>	
	8 Net unrelated ii	ncome		9	Total of specific	ed			t of column			1 Deduction	
7 Taxable Income	(loss) (see instruc	ctions)	payments made included in the controlling organization's gross income		COI	nected with column							
(1)					,								
(2)										_			
(3)													
(4)													
Totals			 501(c	 \(7\	(9) or (17	▶	En Pa	ter h art I,	olumns 5 a. ere and on line 8, colur	page 1, nn (A)	En	dd columns (ter here and c ort I, line 8, co	on page 1,
1 Description of income	2 Amount o			,,, <u>,</u>	3 Deduction of the directly correctly correctl	tions nnected	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)				
(1)						•						•	
(2)													
(3)					_								
(4)													
Totals	Enter here and Part I, line 9, c					- 1	'					Enter here a Part I, line 9	nd on page 1), column (B)
Schedule I-Exploited Exe	empt Activity In	come,	Othe	r Th	an Adverti	ising Ir	come	e (s	ee instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 E d conn proc	Expense directly lected viduction nrelated less inco	s vith of	4 Net inconfrom unrelated or business 2 minus collif a gain, colli	ne (loss) ed trade (column umn 3) ompute	5 G from	ross acti	income ivity that nrelated income	6 Expe attributa colum	ble to	exp (column moi	ess exempt penses in 6 minus in 5, but not re than umn 4)
(1)												i	
(2)	-				-					_			
(3)								_					
(4)													
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part 10, col (t I,					<u> </u>			on p	here and page 1, I, line 25
Schedule J-Advertising Ir	come (see instr	uctions	<u>, </u>		<u> </u>							1	
Part I Income From Per				nsoli	idated Bas	is							
income i romi i ci	louicais report	011	<u> </u>	11301		,13						<u>-r</u>	
1. Name of periodical	2 Gross advertising income		Direct tising co	osts	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute	5	Circi	ulation eme	6 Reade cost		costs of minus co	s readership (column 6 olumn 5, but nore than umn 4)
(1)													
(2)													
(3)		-										—	
(4)					<u> </u>			-				 	
												1	
Totals (carry to Part II, line (5)) >					<u> </u>								

Form 990-T (2019)

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 ▶						
	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 26
Totals, Part II (lines 1-5) ▶					L	

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)		8-	%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II,	line 14			

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\frac{-09/01}{}$, 2019, and ending $\frac{-08/31}{}$, 20 $\frac{20}{}$

► Go to www.irs gov/Form990T 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 the organization

TEACHERS COLLEGE, COLUMBIA UNIVERSITY

Employer identification number 13-1624202

Pai	Describe the unrelated trade or business ► INVESTMENT Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales	Ι	_	<u>-</u>		
b	Less returns and allowances	1c				
2	Cost of goods sold (Schedule A, line 7)					
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 6	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)					
11	Advertising income (Schedule J)	-		 -		
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	19.			19.
Par		ns for			ust b	pe directly
15	Salaries and wages				15	
16	Repairs and maintenance		16	-		
17	Bad debts			Γ	17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	65.
28	Total deductions. Add lines 14 through 27	28	65.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-46.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-46.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS (QPI'S)

13-1624202

ATTACHMENT 2

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

ORDINARY INCOME FROM LP INVESTMENTS PORTFOLIO INCOME FROM LP INVESTMENTS -25,181. 68,210.

INCOME (LOSS) FROM PARTNERSHIPS

43,029.

1	2	_ 1	62	12	$^{\circ}$
	.)	- 1	OZ.	4 2	UZ.

ATTAC	HMENT	3

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE FROM LP INVESTMENTS

PART II - LINE 18 - INTEREST

106,381.

106,381.

ATTACHMENT	4	

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

EXPENSES FROM LP INVESTMENTS TAX PREPARATION FEES INVESTMENT ADVISORY FEES 206,099. 37,003.

129,874.

372,976.

PART II - LINE 27 - OTHER DEDUCTIONS

TEACHERS COLLEGE EIN#: 13-1624202 FYE⁻ 08/31/2020 FORM 990-T

NET OPERATING LOSS CARRYOVER SCHEDULE

NFT	OPERATING	31055	PRIOR T	0 1/1/2018

	TAX YEAR ENDING				NOL UTILIZED IN PRIOR YEAR		NOL UTILIZED IN CURRENT YEAR		NOL CARRYOVER	
	8/31/2016	\$	(51,380)	\$	42,178	\$	7,290	\$	(1,912)	
	8/31/2017	\$	-	\$	-	\$	•	\$		
	8/31/2018	\$	-	\$	-	\$	-	\$	-	
Total		\$	(51,380)	\$	42,178	\$	7,290	\$	(1,912)	

NOL AVAILABLE FOR USE IN 08/31/2021

(1,912)

NET OPERATING LOSS - POST 1/1/2018 - QPI LPS

	TAX YEAR ENDING	NOL GENERATED	NOL UTILIZED IN PRIOR YEAR	NOL UTILIZED IN CURRENT YEAR	NOL CARRYOVER	
	8/31/2019 8/31/2020	(172,506)	- -	-	\$ (172,506)	
Total		(172,506)	-	-	(172,506)	

NOL AVAILABLE FOR USE IN 08/31/2021

(172,506)

NET OPERATING LOSS - POST 1/1/2018 - NON-QPI LP #1

	TAX YEAR ENDING	NOL GENERATED	NOL UTILIZED IN PRIOR YEAR	NOL UTILIZED IN CURRENT YEAR	NOL CARRYOVER	
	8/31/2019 8/31/2020	(115) (46)	-	- -	\$ (115)	
Total	0/31/2020	(161)	-	-	\$ (46) (161)	

NOL AVAILABLE FOR USE IN 08/31/2021

(161)

CAPITAL LOSS - POST 1/1/2018 - NON-QPI LP #1

	TAX YEAR ENDING	NOL GENERATED	NOL UTILIZED IN PRIOR YEAR	NOL UTILIZED IN CURRENT YEAR	NOL CARRYOVER	
	8/31/2019	-	-	-	\$	-
	8/31/2020	(175)		-	\$	(175)
Total		(175)	-	<u> </u>		(175)

NOL AVAILABLE FOR USE IN 08/31/2021

(175)

TEACHERS COLLEGE

EIN#: 13-1624202 FYE: 08/31/2020 FORM 990-T

CHARITABLE CONTRIBUTION CARRY FORWARD SCHEDULE:

YEAR	FEDERAL	UTILIZED	AVAILABLE
2018	(228)		(228)
2019	(8,151)	-	(8,151)
AMOUNT CARRIED-FORWARD TO	08/31/2021	-	(8,379)

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

19.

•	ATTACHMENT 7		
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS			
TAX PREPARATION FEES INVESTMENT ADVISORY FEES	12. 53.		
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)			

PART II - LINE 27 - OTHER DEDUCTIONS

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

2019

OMB No 1545-0123

Employer identification number TEACHERS COLLEGE, COLUMBIA UNIVERSITY 13-1624202 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) Subtract column (e) from or loss from Form(s) Proceeds Cost 8949. Part I. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) column (g) whole dollars the result with column (a) 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 17,445. 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 17,445. Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (g) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 436,174. 9 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 11 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 436,174. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17,445. 436,174. Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 17 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 453,619. Note: If losses exceed gains, see Capital Losses in the instructions

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

Attachment Sequence No 12A

Name(s) shown on return				1 01			
TEACHERS COLLEGE, COL	IMBTA IINIT	/ERSTTY		I	ecurity number o 1624202	r taxpayer identifica	uon number
Before you check Box A, B, or C below statement will have the same informat broker and may even tell you which bo	, see whether y non as Form 10	ou received an	y Form(s) 1099-B o	or substitute sta	ntement(s) from y	rour broker A subs	titute by your
Part I Short-Term. Transact		no capital as	ssets you held	1 year or les	s are genera	llv short-term (See
instructions) For long				1 your or loc	o are genera	any short term (300
Note: You may aggr reported to the IRS	and for whic	h no adjustr	ments or codes	are require	d Enter the t	otals directly or	า
Schedule D, line 1a You must check Box A, B, or C be						•	
complete a separate Form 8949, for one or more of the boxes, con	page 1, for e	ach applicab	le box if you ha	ve more sho	rt-term transac	tions than will fit o	s, on this page
X (A) Short-term transactions							
(B) Short-term transactions (C) Short-term transactions				wasn't repo	rted to the IRS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basi See the Note beld	If you enter an enter a co	any, to gain or loss amount in column (g) ode in column (f) arate instructions	(h) Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST CAPITAL GAIN FROM LP'S-QPI'S	VAR	VAR	_				17,395
ST 1256 GAIN FROM LP'S-QPI'S	VAR	VAR					50
		-					
_							
	li .						
	_				-	,,	
							-
					-		
2 Totals Add the amounts in columns	(d) (e) (g) and	(h) (subtract	,				

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

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)

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.

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 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.

Х	(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 reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of		(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a co-	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)		in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT CAPITAL GAIN FROM LP'S-QPI'S	VAR	VAR					436,273
LT 1256 GAIN FROM LP'S-QPI'S	VAR	VAR					76
LT CAPITAL LOSS FROM NON-QPI	VAR	VAR					-175
				·			
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 Box D above III).	here and inclusion checked), line	ide on your 9 (if Box E					436,174

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