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

Other trust

D Employer identification numb (Employees' trust, see

13-2998164 F Unrelated business activity codes

X No

968-1298

(C) Net

instructions)

(See instructions)

900099

Yes

(215

401(a) trust

	4			oned you zon a oma tax	year occurring OOH + /	20	, and ending 50	1, 20, 20					
	epartment of the				vw irs gov/Form990T for in bers on this form as it may								
_	_	ck box if			Check box if name c			ation is a 50 f(c)(3					
A		ess changed			ADMISSION C								
R	Exempt u	nder section	Print		IE LARUE BRI		J11						
_[	X 501(d		or		om or suiteno. If a P O. box		nstructions.						
(	408(e)	220(e)	Type	662 PENN S		·							
{	408A	530(a)		City or town, state or province, country, and ZIP or foreign postal code NEWTOWN, PA 18940									
⅃	529(a)												
C	Book value of at end of year	f all assets r		F Group exemption nu	mber (Seeinstructions.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
_		,926,2			ype 🕨 💢 501(c) corp			401					
<u>H</u>	Describe t	escribe the organization's primary unrelated business activity. > INVESTMENT IN PARTNERSHIP											
1	_	iring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?											
_		"Yes," enter the name and identifying number of the parent corporation.  Telephone number  Telephone number											
	The books	are in care of	<b>—</b> 1	<i>ו</i> וא סדס די או	חיודו ססד יוווס		Telephone number						
_													
	Part I ;	Unrelated	d Trac	le or Business In			(A) Income	(B) Expens					
	Part I ; 1a Gross r	Unrelated eceipts or sale	d Trac		ncom e								
	Part I; 1a Gross r b Less re	Unrelated eceipts or sale turns and allow	d Trac es wances	le or Business In		1c							
	Part I; 1a Gross r b Less re 2 Çost of	Unrelated eceipts or sale turns and allow goods sold (S	d Trac es wances Schedule	A, line 7)	ncom e	2							
	Part I;  1 a Gross re b Less re 2 Cost of 3 Gross p	Unrelated eceipts or sale turns and allow goods sold (S profit, Subtract	d Trac es wances Schedule t line 2 fr	A, line 7)	ncom e	3		(B) Expens					
	Part I;  1a Gross re b Less re 2 Cost of 3 Gross p 4a Capital	Unrelated eceipts or sale turns and allov goods sold (S profit, Subtract gain net incon	d Trac es wances Schedule t line 2 fr ne (attac	A, line 7) om line 1c h Schedule D)	c Balance	2 3 4a		(B) Expens					
	Part I;  1a Gross r b Less re 2 Cost of 3 Gross p 4a Capital b Net gain	Unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net incon n (loss) (Form	d Trac es wances Schedule t line 2 fr ne (attac 4797, P	A, line 7) om line 1c h Schedule D) art II, line 17) (attach Fo	c Balance	2 3 4a 4b		(B) Expens					
	Part I;  1a Gross r b Less re 2 Cost of 3 Gross p 4a Capital b Net gair c Capital	Unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net incom in (loss) (Form loss deduction	d Traces wances Schedule t line 2 fr ne (attace 4797, Fi n for trus	A, line 7) om line 1c h Schedule D) art II, line 17) (attach Fo	c Balance	3 4a 4b 4c	(A) Income	(B) Expens					
	Part I;  1 a Gross r b Less re 2 Cost of 3 Gross p 4 a Capital b Net gair c Capital 5 Income	Unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net incom in (loss) (Form loss deduction (loss) from pa	d Traces wances Schedule t line 2 fr ne (attace 4797, Pen for trus artnersh	A, line 7) om line 1c h Schedule D) art II, line 17) (attach Fo	c Balance	2 3 4a 4b 4c 5		(B) Expens					
	Part I;  1a Gross r b Less re 2 Cost of 3 Gross p 4a Capital b Net gair c Capital 5 Income 6 Rent inc	Unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net income in (loss) (Form loss deduction (loss) from piccome (Schedu	d Traces wances Schedule line 2 fr ne (attace 4797, For trus artnersh	A, line 7) com line 1c h Schedule D) art II, line 17) (attach Fo	c Balance	2 3 4a 4b 4c 5	(A) Income	(B) Expens					
	Part I;  1a Gross re 2 Cost of 3 Gross p 4a Capital b Net gair c Capital 5 Income 6 Rent inc 7 Unrelate	eceipts or sale turns and allow goods sold (S profit. Subtract gain net incon in (loss) (Form loss deduction (loss) from procome (Scheduled debt-finance	d Traces wances Schedule I line 2 fr ne (attace 4797, P n for trus artnersh de C) ed incon	A, line 7) om line 1c h Schedule D) art II, line 17) (attach Fosts ips and S corporations (	c Balance  rm 4797)  attach statement)	3 4a 4b 4c 5 6	(A) Income	(B) Expens					
	Part I;  1a Gross re  2 Cost of  3 Gross p  4a Capital  b Net gair  c Capital  5 Income  6 Rent inc  7 Unrelate  8 Interest	unrelated eccepts or sale turns and allow goods sold (S profit. Subtract gain net inconn (loss) (Form loss deduction (loss) from procome (Schedued debt-finance, annuities, ro	es wances Schedule I line 2 from (attact 4797, For trustartnershole C) eed inconyalties, a	A, line 7) om line 1c h Schedule D) tart II, line 17) (attach Fosts ips and S corporations ( ine (Schedule E) ind rents from controlled	c Balance  c Balance  rm 4797)  attach statement)  d organizations (Sch. F)	3 4a 4b 4c 5 6 7	(A) Income	(B) Expens					
	Part I;  1a Gross re  2 Cost of  3 Gross p  4a Capital  b Net gail  c Capital  5 Income  6 Rent inc  7 Unrelate  8 Interest  9 Investm	unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net income (loss) (Form loss deduction (loss) from pa come (Schedu ed debt-finance , annuites, roment income of	es wances Schedule tilne 2 from (attact 4797, For trustartnershole C) ed incon yalties, a fa sectio	A, line 7) om line 1c h Schedule D) tart II, line 17) (attach Fo tats ips and S corporations ( one (Schedule E) and rents from controllec	c Balance  rm 4797)  attach statement)	2 3 4a 4b 4c 5 6 7 8	(A) Income	(B) Expens					
	Part I;  1a Gross r b Less re 2 Cost of 3 Gross p 4a Capital b Net gair c Capital 5 Income 6 Rent inc 7 Unrelate 8 Interest 9 Investm 0 Exploite	unrelated eceipts or sale turns and allow goods sold (S profit. Subtract gain net income (loss) (Form loss deduction (loss) from pa come (Schedu ed debt-finance , annuites, roment income of	es wances Schedule time 2 france (attace 4797, Parfor trus artnershile C) eed incontyalties, a fra section vity inco	A, line 7)  om line 1c h Schedule D) bart II, line 17) (attach Fo sits lips and S corporations (  one (Schedule E) and rents from controllect on 501(c)(7), (9), or (17) me (Schedule I)	c Balance  c Balance  rm 4797)  attach statement)  d organizations (Sch. F)	3 4a 4b 4c 5 6 7	(A) Income	(B) Expens					

Form 990 aT

12

34

line 32

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12

EXTENDED TO MAY 15, 2019

**Exempt Organization Business Income Tax Return** 

24,064. 24.064 24,064 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 15

14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 APR 25 2019 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 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 SEE STATEMENT 1 950 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 950 29 23,114 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2 114 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 0. 32 000. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 33 from fine 32. If line 33 is greater than line 32, enter the smaller of zero or

Form 990-T (2017) C/O MARJORIE LARUE BRITT

Partil		Tax Computation							
35	Organ	nizations Taxable as Corporations. See instr	uctions for tax computation.					* *	-
	Contr	olled group members (sections 1561 and 156	63) check here 🕨 🔲 See	instructions	and:				
a	Enter	your share of the \$50,000, \$25,000, and \$9,	925,000 axable income bracke	ts (in that ord	ler):			1	
	(1)	\$ (2) \\$	(3)	\$			1	}	
b	Enter	organization's share of: (1) Additional 5% ta	x (not more than \$11,750)	<b>[\$</b>					
	(2) A	dditional 3% tax (not more than \$100,000)		\$					
С	Incon	ne tax on the amount on line 34				•	- 3	15c	0.
36	Trust	s Taxable at Trust Rates See instructions fo	r tax computation. Income tax	on the amou	nt on line 34 from:	•			
		Tax rate schedule or Schedule D (Fo	rm 1041)			•	· [:	36	
37	Proxy	tax See instructions	•			•	<b>-</b> [:	37,	
38	Altern	native minimum tax						88	
39	Tax o	n Non-Compliant Facility Income See instri	uctions .			1 /	<u>د</u> ا	39	
40	Total	Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies			4	Ľ	40	0.
Partl	<b>V</b> I ]	Tax and Payments							
41a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		41a				
b	Other	credits (see instructions)			41b				
C	Gene	ral business credit. Attach Form 3800			41c		.		
d	Credi	t for prior year minimum tax (attach Form 88	01 or 8827)		41d				
е	Total	credits. Add lines 41a through 41d					_	1e	<u>-</u>
42	Subtr	act line 41e from line 40						2	0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form	8866 🔲 Other	(attach schedule		43	·
44	Total	tax Add lines 42 and 43		,	1 . 1	ι		44	0.
45 a	Paym	ients: A 2016 overpayment credited to 2017		50	6 48a	10,000			
b	2017	estimated tax payments			45b		_	}	
C	Tax d	eposited with Form 8868			45c		_	Ì	
d	Foreig	gn organizations: Tax paid or withheld at sour	ce (see instructions)		45d		_	ł	
е	Backı	up withholding (sæ instructions)			45e		_		
f	Credi	t for small employer health insurance <u>premiu</u> i	ms (Attach Form 8941)		45f		_	ł	
g	Other	credits and payments:	orm 2439						
			ther	Total 🕨	► 45g		_ =		
46		payments Add lines 45a through 45g		_		8		46	10,000.
47		nated tax penalty (see instructions). Check if F		J			_	47	
48		lue. If line 46 is less than the total of lines 44	•			الاس		48	10 000
49	•	payment If line 46 is larger than the total of I			000 ] -	77		49	10,000.
50		the amount of line 49 you want Credited to				efunded S> >		50 <u> </u>	0.
Parti\		Statements Regarding Certain							Tv. I
51		y time during the 2017 calendar year, did the	-	•		•			Yes No
		a financial account (bank, securities, or other)		-	-	;			
		N Form 114, Report of Foreign Bank and Fina	uiciai Accounts. II 465, emer u	ie name or m	e ioreigii country				· X
<b>5</b> 0	here	g the tax year, did the organization receive a	distribution from or was it the	granter of or	transferor to a fo	roign truct?			$-\frac{x}{x}$
52		s, see instructions for other forms the organiz		granitor of, or	ualisielui to, a ic	neigh dustr			
53		the amount of tax-exempt interest received o		<b>.</b> \$					
	_	nder penalties of perjury, I declare that I have examined			statements, and to th	e best of my know	vledge	and belief, it	is true,
Sign	co	rrect, and complete Declaration of preparer (other tha	n taxpayer) is based on all information	n of which prepa	arer has any knowledg	je T			
Here	1	Maryan ZaCie Brut	t 1 4-19-19 N	CFO		I	-	he IRS discus eparer showr	ss this return with
		Signature of officer		itle				ctions)?	_ `
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf	PTIN	
Dv:٦		LORI ROTHE	LORI ROTHE			self- employe		• •	
Paid		YOKOBOSKY, CPA	YOKOBOSKY, CP.	a lo	4/17/19	Jp.030		P012	73422
Prepa			LLP		<u> </u>	Firm's EIN	<u> </u>		478099
Use C	July		E OF THE AMER	ICAS		1 2			
		Firm's address NEW YORK,		=		Phone no.	21	2-297	-0400
			<del>-</del>						. QQ0_T (0017)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold S		line 6		
3 Cost of labor	3		from line 5. Enter her			No.	
4a Additional section 263A costs			line 2		,	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or		•		
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income	(From Real	Property and		Lease	d With Real Prop	erty)	<del></del>
(see instructions)			· · · · · · · · · · · · · · · · · · ·		•		
1. Description of property							
(1)		· · · · · · · · · · · · · · · · · · ·					
(2)							
(3)			<del></del>		· =		
(4)							_
		ed or accrued			O(a) Dadustians describ		
` rent for personal property is more than			and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (attach sched	ule)
(1)					<u> </u>		
(2)					1	-	
(3)							
(4)			· · · · · · · · · · · · · · · · · · ·				
Total	0.	Total	•	0.	İ		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter	<u> </u>	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	_	0.
Schedule E - Unrelated Det		Income (see	instructions)	<u> </u>	Part I, line 6, column (8)		<u> </u>
		338)	1	Т	3. Deductions directly con	nected with or allocal	ble
			2 Gross income from or allocable to debt-	<u></u>	to debt-finance	ced property	
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach so	
(1)				╁	<del></del>		
(2)				†			
(3)					<del> · · · · · · · · · · · · · · · · · </del>		
(4)	· · · · · · · · · · · · · · · · · · ·					1	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)	(4.145		0/	-	<del></del>		<del>-</del>
(1)	<u> </u>		%	<del>                                     </del>	<del></del>		<u> </u>
(2)			%				
(3)	<del> </del>		%	+		<del></del>	
(4)	<b>1</b>		<u>%</u>				
					inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,	
Totals			•	·	0		0.
Total dividends-received deductions u	ncluded in colum	n R					0

L'AW SCHOOL ADMISSION COUNCIL Form 990-T (2017) C/O MARJORIE LARUE BRITT 13-2998164 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 3 Net unrelated income (loss) (see instructions) Total of specified payments made 5 Part of column 4 that is included in the controlling 2 Employer Deductions directly 1 Name of controlled organization connected with income in column 5 identification organization's gross income number (1) (2) (3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8 Net unrelated income (loss) 9. Total of specified payments 10. Part of column 9 that is included 11 Deductions directly connected in the controlling organization's gross income (see instructions) made with income in column 10 (1) (2) (3) (4)Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (B) line 8, column (A) 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5 Total deductions 4. Set-asides 1 Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4)Enter here and on page 1, Part I, line 9, column (B) Enter here and on page Part I, line 9, column (A). 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3 Expenses directly connected 7 Excess exempt from unrelated trade or 2 Gross Gross income 6 Expenses expenses (column Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5. exploited activity income from minus column 3) If a is not unrelated column 5 of unrelated but not more than gain, compute cols 5 trade or business business income business income column 4). through 7 (1) (2)(3) (4)Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A). page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0 0. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consoli dated 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)						- ~
otals (carry to Part II, line (5))	0.	0.	·			0.

Form **990-T** (2017)

## Form 990-T (2017) C/O MARJORIE LARUE BRITT

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.	1 11 + 7 7 7	16 20 18 27	\$ 17 W 10.	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)			2 2	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.1	0.	14. H . 4. H . L		_ ( ) # ? ]	0 .

schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2017)

			<del></del>					
FORM 990-T		OTHER	DEDUCT	TIONS		STAT	EMENT 1	
DESCRIPTION						Al	MOUNT	
TAX DEDUCTION	ONS					-	950	
TOTAL TO FOR	RM 990-T, PAGE 1,	LINE 28					950	
FORM 990-T	NET	OPERATIN	G LOSS	DEDUCTI	ON	STAT	EMENT 2	
TAX YEAR	LOSS SUSTAINED	LOS PREVIO APPL	USLY	LOSS REMAINING			AVAILABLE THIS YEAR	
06/30/17	47,734.		0.		47,734.		47,734.	
NOL CARRYOVE	ER AVAILABLE THIS	YEAR			47,734.		47,734.	
FORM 990-T	INCO	ME (LOSS)	FROM I	PARTNERS	HIPS	STAT	EMENT 3	
PARTNERSHIP	NAME		GROSS	INCOME	DEDUCTIONS		INCOME (LOSS)	
LLC	RIVATE EQUITY FUN	D II,		1,840.	0 .	,	1,840	
PARTNERS L.				8,401.	0 .	,	8,401	
	STRATEGIES TRUST RIVATE EQUITY FUN	D IV,		3,302.	0 .	•	3,302	
LLC	RIVATE EQUITY FUN			1,549.	0.	•	1,549	
LLC STATE STREET	_	-		8,953.	0 .	•	8,953	
LENDING				19.	0.	·	19	
TOTAL TO FOR	RM 990-T, PAGE 1,	LINE 5		24,064.	0 .		24,064	

## 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

LAW SCHOOL ADMISSION COUNCIL

C/O MARJORIE LARUE BRITT

Employer identification number

13-2998164

Partil Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gall or loss from Form(s) 894	n	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (	9, 3) 	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	4,814.				4,814.
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					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute	ation)	SEE S	STATEMENT 4	6	( 64,105.)
7 Net short-term capital gain or (loss) Combin-				7	-59,291.
■Part{III Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19,	(h) Gain or (loss) Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (c	1)	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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked	-326.				-326.
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on			1		
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, lne 7 or 9	•		-	11	·
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	····
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824	-		13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	ı h	<u> </u>	15	-326.
Partilli Summary of Parts I and	<u> </u>		-		
16 Enter excess of net short-term capital gain (lin		· ·		16	
17 Net capital gain. Enter excess of net long-term				17	
18 Add lines 16 and 17. Enter here and on Form		per line on other returns. If	the corporation		
has qualified timber gain, also complete Part l	V		į	18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

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

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017

Part IV Alternative Tax for Corporations with Qualified T	<b>imber Gain.</b> Complete P	Part IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	ig Form 1120-RIC. See instruct	tions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	A STATE OF THE STA	3
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		3 (48) 27	, <b>,</b>
of your tax return	20		34
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			أفرو
(c) the amount on Part III, line 17	21		ر ماريخ
			्री
22 Multiply line 21 by 23.8% (0 238)		22	
		7,7	۲,
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)	appropnate for	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
the return with which Schedule D (Form 1120) is being filed		24	
4		100 to 10	िहरा <u>।</u> अर्थः
25 Add lines 21 and 23	25		
		<b>3</b> : <b>3</b> : <b>3</b> :	4
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
		L River Hally F	2.1
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)	appropnate 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, Schedu	le J, line 2, or the		
applicable line of your tax return		30	

SCHÈDULE D	C	CAPITAL LOSS CARRYOVER					
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING			
	2012 2013 2014 2015						
	2016	64,105		64,105			
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	R	64,105			

## Form 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

Attachment Sequence No. 1

OMB No 1545-0074 **2017**Attachment

Name(s) shown on return

LAW SCHOOL ADMISSION COUNCIL

C/O MARJORIE LARUE BRITT

Social security number or taxpayer identification no.

13-2998164

		THICH DICE					1	JJUIUI
sta	fore you check Box A, B, or C belo tement will have the same informa oker and may even tell you which I	ation as Form 109	you received an 99-B. Either will	y Form(s) 1099-B o show whether you	or substitute statem basis (usually youi	ent(s) fron cost) was	n vour broker. A su	bstitute
P	art I Short-Term. Transac		apital assets voi	held 1 year or les	s are short-term. Fo	or long-ter	m transactions, se	e page 2
	Note. You may aggregate all codes are required. Enter the	l short-term tran sac	tions reported on 1	Form(s) 1099-B show	ing basis was reported	to the IR S	and for which no ad	justments or
f y	u must check B ox A, B, or C below. ( out have more short-term transactions than will	I fit on this page for on	e or more of the boxe:	s, complete as many forn	ns with the same box che	cked as you n	eed	each applicable box
닏	(A) Short-term transactions rep			-	•	Note ab	ove)	
Ļ	(B) Short-term transactions rep	•	•	•	ported to the IRS			
L	(C) Short-term transactions no	T		1	-	A 41	A '6	
1	(a) Description of property	(b)	(c)	(d) Proceeds	(e) Cost or other	loss If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
	(Example, 100 sh XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of	(sales price)	basis. See the	in column	(g), enter a code in ). See instructions	Subtract column (e)
	(Example) (es en yez es)	( , ca,, ,. ,	(Mo, day, yr)		Note below and	(f)	(g)	from column (d) &
					see Column (e) In the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
S	IM HEDGED						aujustinent	(9)
_	TRATEGIES TRUST			4,814.				4,814.
_								2,0110
		•						
						·		
_								
							-,	
		ļ			: 			
								· .
_								
	<del></del>						· · ·	
				-				· "
			· · · · · · · · · · · · · · · · · · ·					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				-				
2	Totals. Add the amounts in colu							
	negative amounts) Enter each to		-			`		
	Schedule D, line 1b (if Box A ab	-	·					4 014
	above is checked), or line 3 (if E	Box C above is c	hecked)	4,814.				4,814.

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

723011 11-02-17 LHA 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 page 1

LAW SCHOOL ADMISSION COUNCIL C/O MARJORIE LARUE BRITT

Social security number or taxpayer identification no.

<u>13-2998164</u>

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.

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 B ox D, E, or F below. Check only one bo x 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 n  (a)  Description of property  (Example 100 sh XYZ Co)	Date acquired Date (Mo, day, yr) disp	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustmer loss If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
		(Mo , day, yr )		see Column (e) In the instructions	/6	(g) Amount of adjustment	
SIM HEDGED						40,000,	
STRATEGIES TRUST			<326.	>			<326.
-							
<del></del>		-					
-			···				
_							
2 Totals. Add the amounts in conegative amounts) Enter each Schedule D, line 8b (if Box D a above is checked), or line 10 (in the second context).	total here and incl above is checked),	ude on your line 9 (if Box E	<326.		e e e		<326.>

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)