Form 990-T	E	Exempt Orga	NOTICE 20 anization Bus	o18- sine	-100 <b>ss Inco</b>	me T	293931 ax Returi	1 <sup>4</sup> 5	0 0 7 OMB No	25 9
bd		(;	and proxy tax und	er se	ction 6033	i(e))	180	6		
_	For ca		year beginning JUL 1,					18	20	<b>J17</b>
Department of the Treasury Internal Revenue Service	<b> </b>		w.irs.gov/Form990T for in pers on this form as it may							olic Inspection for ganizations Only
A Check box if address changed		Name of organization (	Check box if name of	hanged	and see instru	ctions.)		(Emp	oyer identific loyees' trust, actions )	cation number , see
B Exempt under section	Print	BRUCE MUSE	23-7105904							
X 501(c 93)	or	Number, street, and roo			ated busines nstructions )	ss activity codes				
408(e)220(e)	Туре	ONE MUSEUM	· · · · · · · · · · · · · · · · · · ·					_		
408A 530(a) 529(a)		City or town, state or pr	rovince, country, and ZIP o	r foreig	n postal code			900	099	453220
C Book value of all assets at end of year		F Group exemption nur		<b>&gt;</b>						
at end of year 37, 626, 3	88.	G Check organization ty				(c) trust	401(	a) trust		Other trust
H Describe the organization					STATEM			<del></del>	٦	
• • •	•	•	n affiliated group or a parei	nt-subs	idiary controlle	d group?	•	Ye	es X	No
J The books are in care of		tifying number of the part			<del></del>	Telephe	one number 🕨 🕽	203-	413-7	7525
		de or Business In			(A) Inco		(B) Expense			C) Net
1a Gross receipts or sale		245,442	,		(1,7,11.00				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	37.101
b Less returns and allow			c Balance	1c	245.	442.	•			
2 Cost of goods sold (S		A line 7)	1 O Buildings	2		473.	1			
3 Gross profit. Subtract				3		969.			11	13,969.
4a Capital gain net incon				4a		385.				8,385.
· -	•	art II, line 17) (attach For	rm 4797)	4b		437.	•			437.
c Capital loss deduction			•	4c			· 1			
505 Income (loss) from p	artnersh	ips and S corporations (a	attach statement)	5	1,	310.	STMT	2		1,310.
6 Rent income (Schedu	ile C)			6						<del> </del>
Income (loss) from p Rent income (Schedu Unrelated debt-financ	ed incor	ne (Schedule E)		7						
8 Interest, annuities, ro	yaltıes, a	ınd rents from controlled	organizations (Sch. F)	8						
	f a section	on 501(c)(7), (9), or (17)	organization (Schedule G)	9						
9 Investment income of Exploited exempt acti 11 Advertising income (\$\frac{1}{2}\$	vity inco	me (Schedule I)		10						
11 Advertising income (		•	_	11						
12 Other Income (See In:		-,	STATEMENT 3	12		857.	<u>.,,</u>		4.0	8,857.
213 Total. Combine lines				13		958.			13	32,958.
Part II Deductio	ons No	ot Taken Elsewne	<b>Pre</b> (See instructions for st be directly connected	or limita Lwith t	ations on ded the unrelated	uctions.)	income )			
			<u> </u>	AAILII C	rie dill'elated	Dusiness	income.,	T	<del></del>	7,782.
	icers, ai	rectors, and trustees (Scl	nedule K)					14	9	$\frac{7,782.}{36,730.}$
15 Salaries and wages								15 16	<u> </u>	0,730.
<ul><li>16 Repairs and mainten</li><li>17 Bad debts</li></ul>	iance							17		
18 Interest (attach sche	dule)				SEE	STAT	EMENT 4	18		113.
19 Taxes and licenses	uuic)				011	01111	DIIDI(I I	19		7,032.
	ons (Sei	e instructions for limitation	on rules) STATEME	ENT	7 SEE	STAT	EMENT 5	20	-	0.
21 Depreciation (attach						21				
· · · · · · · · · · · · · · · · · · ·		Schedule A and elsewhe	ere on return			22a		22b		
23 Depletion			<u></u>	_	-			23		
24 Contributions to defe	erred co	mpensation plans	RECEIV	=				24		3,537.
25 Employee benefit pro	ograms		(C)		٦,, ١			25	1	LO,729.
26 Excess exempt expe	nses (So	chedule i)	MAY 2 1 20		SEE SEE			26		1
27 Excess readership co	osts (Sc	hedule J)	型 MAY 2 1 20	19	잉			27		
28 Other deductions (at	tach sch	edule)			E SEE	STAT	EMENT 6	28		6,642.
29 Total deductions. A			_OGDEN	TT	-			29	13	32,565.
30 Unrelated business t	axable ıı	ncome before net operatii	ng loss deduction. Subtrac	Hine-29				30		393.
31 Net operating loss d	eduction	(limited to the amount o	n line 30)		SEE	STAT	EMENT 8	31		393.
		· ·	duction. Subtract line 31 fr		30			32		0
			instructions for exceptions	•				33		<del></del>
	taxable	income. Subtract line 33	3 from line 32. If line 33 is	greater	than line 32, er	nter the sm	aller of zero or			•
line 32								34		0.
723701 01-22-18 LHA F	or Paper	work Reduction Act Notic						25	ー Form 9	990-T (2017)
120502 756359	1 // /	2125 000	2017	ΛE	ייםם מגח	CE MI	SEUM INC		414	14421251
240304 /30333	1 <del>4</del> 4	212J.UUU	2017	. 05	טאם טכט	CE MU	PEOM INC	•		T447T72T

Form 990-T	(2017) BRUCE MUSEUM INC. 23-7	105904		Page :
Part II	Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here  See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
_	(2) Additional 3% tax (not more than \$100,000)			
c	Income tax on the amount on line 34	<b>▶</b> 35c		0.
-	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
•••	Tax rate schedule or Schedule D (Form 1041)	▶ 36		
37	Proxy tax. See instructions	37		
38	Alternative minimum tax	38		
39	Tax on Non-Compliant Facility Income. See instructions	39	-	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.
Part I	,	1 70 1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  41a			
	Other credits (see instructions)  41b	<del>- </del>		
_	General business credit. Attach Form 3800 41c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	440		
	Total credits. Add lines 41a through 41d	41e		_
42	Subtract line 41e from line 40	42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu			_
44	Total tax. Add lines 42 and 43	44		0.
	Payments: A 2016 overpayment credited to 2017	<b></b>		
	2017 estimated tax payments			
	Tax deposited with Form 8868 50 C   45c   2,70	<u>0 -  </u>		
	Foreign organizations: Tax paid or withheld at source (see instructions)  45d			
	Backup withholding (see instructions) 45e .			
f	Credit for small employer health insurance premiums (Attach Form 8941)			
g	Other credits and payments: Form 2439			
	Form 4136 Other Total ▶ 45g			
46	Total payments. Add lines 45a through 45g		2,7	00.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔙	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48		
49 ـــــــ	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>▶</b> 49	2,7	00.
22.28	Enter the amount of line 49 you want: Credited to 2018 estimated tax 2,700. Refunded	<b>▶</b> 50		0.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)			
51	At any time during the 2017 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 may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			-
	here >			Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			Х
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and belief, it is	true,	
Sign	correct, and emplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EXECUTIVE DIRECTOR			
Here	Name 15/9/15 Nand CEO	May the IRS discuss the preparer shown b		with
	Signature of officer Date Title	instructions)?		□ No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN		
D-1-1	Self- emplo	-		
Paid	CARREDO M. HICCING (No.TIL CO. W. C	P0054	3209	
Prepa	- DEE OLGODIOD DAUTEG TID			
Use O	3001 SUMMER STREET, 5TH FLOOR, EAST	- 41 11	2004	<del>-</del>
	Firm's address STAMFORD, CT 06905  Phone no.	203-323-	2400	
	Trini a accisca STAPIT OND, CT 00303 PRIORE III.	20J-J2J-	<u>4700</u>	

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > LO	WER (	OF COST OR	MARKET		
1 Inventory at beginning of year	1	49,422.	6	Inventory at end of y	ear		6 47,552.		
2 Purchases	2	129,603.	] 7	Cost of goods sold	Subtract	line 6			
3 Cost of labor	3		]	from line 5. Enter he	re and in l	Part I,			
4a Additional section 263A costs			7	line 2			7	131,473.	
(attach schedule)	4a		8	Do the rules of section	on 263A (	with respect to		Yes No	
b Other costs (attach schedule)	4b		]	property produced o	r acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5	179,025.		the organization?				X	
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property	Lease	d With Real Prop	erty)		
(see instructions)		<del> </del>				<del> </del>		<del></del>	
1. Description of property									
(1)									
(2)									
(3)					,				
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than than	of rent for p	ersonal	nnal property (If the percer property exceeds 50% or i ed on profit or income)	tage f	3(a) Deductions directly columns 2(a) ai	r connected with nd 2(b) (attach so	the income in hedule)	
(1)									
(2)									
(3)			., .					·	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>.</b>	0.	
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		[1 44 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
		,		. Gross income from		3. Deductions directly con to debt-finance		locable	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreclation (attach schedule)	( <b>b</b> ) Ot (atta	ner deductions ch schedule)	
(1)					-				
(2)			Î		1				
(3)									
(4)				•					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5			(column	cable deductions 5 x total of columns (a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)	I			%				·	
						inter here and on page 1, Part I, line 7, column (A)		e and on page 1, le 7, column (B)	
Totals				<b>b</b>	•	0	.	0.	
Total dividends-received deductions in	ncluded in column	8				<b>b</b>		0.	
				<del></del>				222 = (2247)	

Form 990-T (2017)

Schedule F - Interest, A	Annuitte	S, Royal	ues, an	<del>,</del>	Controlled O			llion	s (see in:	structio	ns)
1. Name of controlled organizat	ion	2. Em identif num	cation	3. Net uni	related income a instructions)	4. Tot	tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	Deductions directly connected with income in column 5
(1)		····									
(2)									•		
(3)											
(4)											
Nonexempt Controlled Organi	zations									,	
7. Taxable Income		unrelated incon see Instruction		9. Total	of specified payi made	nents	10 Part of colur in the controlli gross	mn 9 tha ing orga s income	nization's		eductions directly connected th income in column 10
(1)				<u> </u>							
(2)											
(3)		•									
(4)											-
							Add colun Enter here and line 8, c		9 1, Part I,	l	ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals	<u></u>					▶			0.	<u></u>	0.
Schedule G - Investme		me of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization				
1. Desc	ription of inco	ome			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)	-										
		•			Enter here and Part I, line 9, co			,			Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.	•				0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	unrelated incon	Gross I business ne from business	directly o with pro of unr	penses , onnected oduction elated s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	page '	re and on 1, Part I, , col (A)	Enter her page 1 line 10,	col (B)			,	_		-	Enter here and on page 1, Part II, line 26
Totals Advantage	 	0.		0.			<del></del>		<del>_</del>		0.
Schedule J - Advertising			nstruction			<del></del>					
Part I Income From I	Periodic	als Rep	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)					<u> </u>						
Totals (carry to Part II, line (5))	<b>•</b>			0							0.

Form 990-T (2017) BRUCE MUS	EUM INC.					23	<u>-7105</u> 90	4 Page 9
Part II Income From Perio			a Separ	ate Basis (For eac	ch perio	dical listed in F	Part II, fill in	
columns 2 through 7 on a	line-by-line basis.	)						
1. Name of periodical	2. Gross advertising income		Direct Ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				, and the second				
(2)								
(3)								
(4)				1				
Totals from Part I	0.		0.	•				0.
	Enter here and on page 1, Part I, line 11, col (A)	page	nere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	n of Officers, I	Direct	ors, and	Trustees (see ins	structio	ns)		<del></del>
1. Name				2. Title		3. Percent of time devoted to business		pensation attributable prelated business
(1) WILLIAM F. FERENCE				OF FINANCE/	CFO	5.00	%	7,782.
(2)							%	
(3)							%	
(4)							%	
Total Enter here and on page 1 Part II la	ne 14						<b>•</b>	7.782.

Form 990-T (2017)

113.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
	RSHIPS, MUSEUM STORE AND SPORTATION FRINGE BENEFITS	
TO FORM 990-T,	PAGE 1	•
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 2
DESCRIPTION	•	AMOUNT
ORDINARY INCOME COMMONFUND CAPI MILLBURN MCO PA PORTFOLIO INCOM	TAL PARTNERS IV, LP RNTERS, LP	-2 1,318 -749 2
	TAL PARTNERS IV, LP	741
TOTAL TO FORM 9	90-T, PAGE 1, LINE 5	1,310
		•
FORM 990-T	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
QUALIFIED TRANS SECTION 512(A)(	PORTATION FRINGE BENEFITS PURSUAN TO IRC 7)	. 8,857
COTAL TO FORM 9	90-T, PAGE 1, LINE 12.	8,857
FORM 990-T	INTEREST PAID	STATEMENT 4
DESCRIPTION		AMOUNT
INVESTMENT INTE	REST EXPENSE	113

TOTAL TO FORM 990-T, PAGE 1, LINE 18

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH FROM COMMONFUND CAPITAL PARTNERS IV, LP	N/A	19.
PASSTHROUGH FROM MILLBURN MCO PARTNERS, LP	N/A	1.
		` <u> </u>
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	
		STATEMENT 6
TOTAL TO FORM 990-T, PAGE 1, L: FORM 990-T DESCRIPTION	•	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 6

FORM 990-T	CONTRIBUTI	ONS SUMMARY	ST	ATEMENT 7
QUALIFIED	CONTRIBUTIONS SUBJECT TO 1	00% LIMIT	,	
	OF PRIOR YEARS UNUSED CONTI	RIBUTIONS		•
FOR TAX	YEAR 2013 YEAR 2014	•		
	YEAR 2015 YEAR 2016	22		
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS		· 22	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTE		42	
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS		42 0 42	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	<u> </u>		. 0
TOTAL CONT	RIBUTION DEDUCTION .			.0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	21,721.	12,054.	9,667.	9,667.
06/30/15	365.	0.	365.	365.
06/30/16	17,534.	0.	17,534.	17,534.
06/30/17	8,864.	0.	8,864.	8,864.
NOL CARRYO	VER AVAILABLE THIS	YEAR	36,430.	36,430.

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

## **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 
☐ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

BRUCE MUSEUM INC.			•	23-	7105904
Part I 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.  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 to gai or loss from Form(s) 894 Part I, line 2, column (g	n 19,	(h) Gain 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					i
Form(s) 8949 with Box C checked	686.				686.
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	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	•			6	(
7 Net short-term capital gain or (loss). Combine				7	686.
Part II   Long-Term Capital Gai	ns and Losses - Asse	ets Held More Than	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 gain or loss from Form(s) 894	n 9,	(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 (g	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	,		<u> </u>		1-
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	6,603.				6,603.
11 Enter gain from Form 4797, line 7 or 9				_11	1,096.
12 Long-term capital gain from installment sales		,		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		ı h		15	7,699.
Part III   Summary of Parts I and	· <del></del>				
16 Enter excess of net short-term capital gain (lin	· · · · · · · · · · · · · · · · · · ·			16	686.
17 Net capital gain. Enter excess of net long-term		•	·	17	7,699.
18 Add lines 16 and 17. Enter here and on Form	•	per line on other returns. If	the corporation		2 22-
has qualified timber gain, also complete Part I			l	18	8,385.
Note: If losses exceed gains, see Capital losse	es in the instructions.				
JWA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2017

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017

BROCE MOSEOM INC.		23 1103704	raye z
Part IV Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete Pa	rt IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruction	ons	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	!		
of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		1	
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)		22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for	<u> </u>	
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		
20 Mac Into 2 Maria 20		• • • • • • • • • • • • • • • • • • • •	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)		27	
E. Manapi mie ze ej oore (elooj		<b>-</b>	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return	-	30	

Department of the Treasur Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

BRUCE MUSEUM INC

23-7105904

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 Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box 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 J (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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) disposed of (Mo., day, yr.) column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see *Column (e)* In Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL PARTNERS IV, 712. 712. MILLBURN MCO <26. <26. PARTNERS, LP 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 686 686. above is checked), or line 3 (if Box C above is checked) Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Social security number or taxpayer identification no.

BRUCE MUSEUM INC. 23-7105904 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 Part II | Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example, 100 sh. XYZ Co) (Mo., day, yr.) disposed of from column (d) & Note below and (Mo., day, yr.) (g) Amount of adjustment combine the result see Column (e) ın Code(s) the instructions with column (g) COMMONFUND CAPITAL PARTNERS IV, LP 3,604. 3,604. MILLBURN MCO 2,999 PARTNERS, LP 2,999 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 8b (if Box D above is checked), line 9 (if Box E

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)

6,603.

above is checked), or line 10 (if Box F above is checked)

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