## Support	,	200 T	E	Exempt Organization Busin	ess	Income Tax	Retur	n [	ОМ	IB No. 1545-0687	
Continued to the Taxacov Internal Remove General State of the tax year beginning 07/01 2016, and ending 08/30 20 19    Continued State	Form	1-UE	]						,	2040	
Department of the Teasury Internal Reviews (and the Internal Reviews (and the Internal Reviews (and Internal			For cale	• • •				-	2	20 <b>18</b>	
Contact based   Do not enterly SN numbers on this form as it may be made public if your organization is a OTIC(s).   Single-processing public intervention   Do not enterly state of expensions.   Contact based   Contact b	benartm		or care					<u></u> -'[			
Name of organization   Check host if name changed and see instructions.	•	•	▶Dor					1(c)(3).			
Exempt under specion   Series   Seri		heck box if		Name of organization ( Check box if name cha	anged a	nd see instructions.)		D Emple			_
Soliday   Sol				CULVER EDUCATIONAL FOUNDATION				(Emplo	yees' t	rust, see instructions	š.)
309(s)   309(s)   309(s)   509(s)   700 Per   100 ACADENY ROAD, No. 159   501(s) to row, state or province, country, and 22° of foreign postal code   500 per   501(s) to row, state or province, country, and 22° of foreign postal code   500 per   501(s) to row, state or province, country, and 22° of foreign postal code   501(s) toust   501(s) tous			I '	Number, street, and room or suite no. If a P.O. box	, see ins	structions.			35-0	0868071	
SSRIQ   City or town, state or province, country, and 22P or freelign postals code   453220	□ 40			1300 ACADEMY ROAD, NO. 159							Đ
Service (July and all easers   F Group exemption number (See instructions.)   Seven (July 2014)   Seven	□ 40	8A 🗌 530(a)	-36-	City or town, state or province, country, and ZIP or	foreign	postal code		(200	ISUUCU	ons.)	
Enter the number of the organization trype   □ 501(c) corporation   □ 501(c) trust   □ 401(a) trust   □ 4									4	53220	
HEITER the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MUSEUM STORE first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III and II, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III, complete a Schedule M for each additional trade or business III, complete Parts III, complete Parts III, complete a Schedule M for each additional trade or business III and III, complete Parts IIII, complete Parts	C Book at en	yalue of all assets of year									_
trade or business here ► MUSEUM STORE											st'
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶				-			-		•	*	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?											
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes			-	•	nplete	Parts I and II, com	plete a S	chedule	M fo	r each addition	ıaı
If "Yes," enter the name and identifying number of the parent corporation.   IT be books are in care of   RiCHARD J TOMPOS   Telephone number   (574) 842-8222										<del></del>	
The books are in care of   RiCHARD J TOMPOS   Telephone number   (574) 842-8222							ontrolled g	roup? .	. ▶	☐ Yes ☑ No	0
Part   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net					oratio						—
10   23,527									(5		_
Cost of goods sold (Schedule A, line 7)				<del> </del>		(A) Income	(B) E	tpenses		(C) Net	<del>-</del> 7
Cost of goods sold (Schedule A, line 7)   Cross profit. Subtract line 2 from line 1c   Cross profit. Subtract line 2 from line 1s   Cross profit. Subtract		•			ا ـ ـ ا	22 527			-		-
3   11,763     3   11,763     44   0   0   0   0   0   0   0   0					-		<b> </b>	<del>-                                    </del>			ᆛ
Age   Capital gain net income (attach Schedule D)		_	•		-					44.762	!
Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)   Capital loss deduction for trusts   4c	-	•		, · · ·	-	<del></del>					_
Capital loss deduction for trusts   4c				•	<del></del>						
Income (loss) from a partnership or an S corporation (attach statement)   6   Rent income (Schedule C)   7   Unrelated debt-financed income (Schedule E)   7   0   0   0   0   0   0   0   0   0			-	- · ·					-+-		—
Rent income (Schedule C)	_	•			-		1		+-	<del></del>	—
Total compensation of officers, directors, and trustees (Schedule K)   Total compensation (Schedule K)   Total contributions (See instructions)   Total contri			-		-		<del> </del>	<del>-  -</del>			—
Interest, annutries, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Interest (Schedule G) Interes				· ·	<del></del>			-			—
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)   9	-				-						_
Exploited exempt activity income (Schedule I) 10 0 0 0 0 0 1 1 Advertising income (Schedule J) 11 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0			-	• • • • • • • • • • • • • • • • • • • •	-	· · · · · · · · · · · · · · · · · · ·			$\dashv$		_
Advertising income (Schedule J)	_			*******		<del></del>	-	<del></del>	$\dashv$		_
Other income (See instructions; attach schedule)  13 Total. Combine lines 3 through 12  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  10 Charitable contributions (See instructions for limitation rules)  10 Charitable contributions (See instructions)  11 Depreciation (attach Form 4562)  12 Less depreciation claimed on Schedule A and elsewhere on return  19 Depletion  20 Contributions to deferred compensation plans  21 Excess exempt expenses (Schedule I)  22 Excess readership costs (Schedule J)  23 Other deductions. Add lines 14 through 28  34 Unrelated business taxable income Subtract line 31 from line 30  36 (19,378)  10 Intreated business taxable income. Subtract line 31 from line 30  10 Interest (attach schedule)  14 O Depterior on deductions. (Except for contributions, deductions, and eductions)  14 O Depterior on deductions, interest interactions on deductions, deductions, and eductions, interest interest interactions on deductions, interactions on deductions		•	•	• •	<del></del>						_
Total. Combine lines 3 through 12  Part II  Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Charitable contributions (See instructions for limitation rules) 10 Depreciation (attach Form 4562) 11 Depreciation (attach Form 4562) 12 Less depreciation claimed on Schedule A and elsewhere on return 18 Depletion 19 Depletion 10 Depreciation to deferred compensation plans 10 Contributions to deferred compensation plans 10 Excess exempt expenses (Schedule I) 11 Excess readership costs (Schedule J) 12 Total deductions Add lines 14 through 28 13 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 14 On 15 Initiations on deductions and interest (Schedule J) 15 Initiations on deductions (Initiation rules) 16 O		_	•	•	_	0				0	_
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  10 Charitable contributions (See instructions for limitation rules)  20 Charitable contributions (See instructions for limitation rules)  21 Depreclation (attach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  23 Depletion  24 Contributions to deferred compensation plans  25 Desembly de benefit programs  26 Excess exempt expenses (Schedule J)  27 Excess readership costs (Schedule J)  28 Other deductions Add lines 14 through 28  19 Total deductions. Add lines 14 through 28  10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 Unrelated business taxable income. Subtract line 31 from line 30  32 (19,378)				•	13	11,763		0		11,763	_
deductions must be directly connected with the unrelated busine\$\$ (fincome) (14	Part				r lirpita		ns.) (Exc	ept for o	contri	butions,	_
Salaries and wages  Repairs and maintenance  R								•		·	
Interest (attach schedule) (see instructions)  Interest (attach schedule) (see instructions) (see instructions)  Interest (attach schedule) (see instructions) (see instructions) (see instructions)  Interest (attach schedule) (see instructions) (s	14	Compensation	of offic	cers, directors, and trustees (Schedule K)	· .			. 1	4	0	_
Interest (attach schedule) (see instructions)  Interest (attach schedule) (see instructions) (see instructions)  Interest (attach schedule) (see instructions) (see instructions) (see instructions)  Interest (attach schedule) (see instructions) (s	15				48	. MAY A A . A	! .	. 1	5	19,434	_
Interest (attach schedule) (see instructions)  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Charitable contributions (Stee instructions)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  (19,378)					12	I MAI A A CA	۷			0	_
Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  Charitable contributions (20  0  0  10  10  10  10  10  10  10  10					1	<u> </u>	انقانت	<del></del>	$\rightarrow$		_
Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  Charitable contributions (20  0  0  10  10  10  10  10  10  10  10					.	OGDEN. t	JT		<del></del>		
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Total deductions (attach schedule) Total deductions. Add lines 14 through 28 Depletion								· —			
Less depreciation claimed on Schedule A and elsewhere on return .				•				·   2	0	0	
Depletion				•		<del></del>				]	
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Unrelated business taxable income. Subtract line 31 from line 30  Contributions to deferred compensation plans  24  0  25  0  27  0  28  0  29  31,141  30  19,378)  Unrelated business taxable income. Subtract line 31 from line 30  Contributions to deferred compensation plans  24  0  25  0  27  0  28  0  19,378)		•				<del></del>	0		$\rightarrow$		
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 31 from line 30  (19,378)		•							-		—
Excess exempt expenses (Schedule I)				· · · · · · · · · · · · · · · · · · ·				` ⊢	-		
Excess readership costs (Schedule J)								_	_		—
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 31 from line 30  (19,378)		•	-	· · · · · · · · · · · · · · · · · · ·				· —			—
Total deductions. Add lines 14 through 28				The state of the s							—
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30				*				74 17	<del>-</del>		_
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30				•							_
32 Unrelated business taxable income. Subtract line 31 from line 30				•				-	<del>       </del>	(10,070)	<b>-</b> 1
			-			•				(19.378)	
								<del></del>			181

	5-1 (2018)	<del></del>	Page Z
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	0
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	o
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-	<del></del>
	·	00	
	of lines 33 and 34	36	0
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	0
	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
Part I	V Tax Computation		
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
	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	ļ
	Proxy tax. See instructions	41	<del></del>
		42	
	Alternative minimum tax (trusts only)		
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0
_	V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
b	Other credits (see instructions)	]	
C	General business credit. Attach Form 3800 (see instructions) 45c		į
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	0
	Total tax. Add lines 46 and 47 (see instructions)	48	0
		49	<del></del>
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	48	
50a	Payments: A 2017 overpayment credited to 2018	{	
	2018 estimated tax payments	4 1	
	Tax deposited with Form 8868	]	
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	] ]	
e	Backup withholding (see instructions)	]	
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f		
g	Other credits, adjustments, and payments:   Form 2439	1 1	İ
_		! !	
51	Total payments. Add lines 50a through 50g	51	8,884
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	58	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	8,884
		55	8,884
55			0,004
Part \			Voc. No.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	iner authori	ty Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y nave to fi	ie
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	reign count	ry
	here >		/
57	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a fore	eign trust? .	/
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		0
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beautiful transfer of perjury.		edge and belief, it is
Sign	true, gerrict, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS	discuss this return
Here	(5/12/anai) HEAD OF SCHOOLS		parer shown below
616	Signature of officer Date Title	(see Instruction	ns)? ☑Yes □No
	Details and the same and the sa		DTIN
Paid		eck Lif	PTIN POOZEC10E
Prepa	arer Wicole Bencin	f-employed	P00756195
Use (	Pink Firm's name > CROWE LLP Firm	m's EIN ▶	35-0921680 : 3
	Firm's address > 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224		312) 899-7,000
		Fo	m <b>990-T</b> (2018)

%

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

Form 990-T (2018)

0

Enter here and on page 1,

Part I, line 7, column (B).

(4)

Total dividends-received deductions included in column 8

Schodule E Interest App	ullion Dovellion	ond D	anta Franc	Controlled Ore	onizations (se	a inatmu	-tiona\	- rage 4
Schedule F-Interest, Ann	umes, Royames	s, and H	ents From	d Organizations	janizations (se	e instruc	ctions)	<del></del>
Name of controlled organization	2. Employer identification numbe	3. Net u	inrelated income see instructions)	1	5. Part of column included in the corganization's great control of the control of	controlling	conn	eductions directly ected with Income in column 5
(1)				<del>                                     </del>			<del> </del>	
(2)				<del> </del>			+	<del></del>
(3)				<del> </del>			-	
(4)		<del>                                     </del>		<del>                                     </del>	<del></del>	-		
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated (loss) (see Instri			otal of specified yments made	10. Part of colum included in the corganization's gre	controlling	conne	reductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter t	columns 6 and 11. here and on page 1, line 8, column (B).
Totals	<u> </u>	· •_•	<u>.</u>	. <u></u> <u></u>	<u> </u>	(	)	0
Schedule G-Investment I	Income of a Se	ction 50		or (17) Organi	zation (see inst	tructions		
1. Description of income	2 Amoun	t of income	dire	Deductions ctly connected tach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col 4)
(1)								
(2)								<u> </u>
(3)								
(4)			1					
	Enter here at Part I, line 9	nd on pag , column	e 1,   (A).	•		Ì		re and on page 1, ne 9, column (B).
Totals	. ▶		0					0
Schedule I—Exploited Exe	empt Activity In	come,	Other Than	Advertising Ir	come (see inst	ructions	<u>s)</u>	1
1. Description of exploited activi	2. Gros unrelate business in from trad busines	ed come e or	3. Expenses directly connected with production of unrelated usiness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>			<del> </del>				
(2)								
(3)			<u>.                                    </u>				_	
(4)	Enter here a page 1, Page 10, co	art I,	nter here and on page 1, Part I, ine 10, col. (B).					Enter here and on page 1, Part II, line 26.
Totals	. ▶	0	0	<u> </u>				0
Schedule J-Advertising I								
Part I Income From P	eriodicals Rep	orted o	n a Consoli	idated Basis				· · · · · · · · · · · · · · · · · · ·
1. Name of periodical	2. Gros advertisi incomi	ng a	3. Direct dvertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership ests	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				ļ				
(2)				1				1
(3)				1		1		1
(4)				1			_	1
Totals (carry to Part II, line (5))	. ▶	0	0	0				0 Form <b>990-T</b> (2018

(3)

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

Part II Income From Periodi 2 through 7 on a line-b				————		
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				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).	!			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0	0	•			0
Schedule K-Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		
1. Name	2	2. Title	3. Percent of time devoted to business		ation attributable to ted business	
(1)				%		
(2)		-		%		

Form **990-T** (2018)

0

96

<u>%</u> ▶

#### SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No. 1545-0687

20**18** 

Department of the Treasury Internal Revenue Service

11

12

13

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending , 20 19

▶ Go to www.irs.gov/Form9907 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

0

0

0

0

(27,955)

Name of the organization **Employer identification number CULVER EDUCATIONAL FOUNDATION** 35-0868071 Unrelated business activity code (see instructions) ▶ 531110 Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 0 **b** Less returns and allowances Balance ▶ 1c 0 2 Cost of goods sold (Schedule A, line 7) . 2 0 0 3 3 Gross profit. Subtract line 2 from line 1c. . . 0 0 4a Capital gain net income (attach Schedule D) . . . . . . 4a (46)Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b (46)4c 0 0 Income (loss) from a partnership or an S corporation (attach statement) 5 (27.909)(27.909)Rent income (Schedule C) . . . . . . 6 n 0 6 O 0 7 Unrelated debt-financed income (Schedule E) . . . . 7 0 0 8 Interest, annuities, royalties, and rents from a controlled 0 8 0 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . . . . . . . . . 0 9 0 0 0 0 0 10 10 Exploited exempt activity income (Schedule I) . . . . .

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

11

12

13

0

0

(27,955)

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	0
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	0
20	Charitable contributions (See instructions for limitation rules)	20	0
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a 0	22b	0
23	Depletion	23	0
24	Contributions to deferred compensation plans	24	0
25	Employee benefit programs	25	0
26	Excess exempt expenses (Schedule I)	26	0
27	Excess readership costs (Schedule J)	27	0
28	Other deductions (attach schedule)	28	25,116
29	Total deductions. Add lines 14 through 28	29	25,116
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	(53,071)
31	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	0
32	Unrelated business taxable income. Subtract line 31 from line 30	32	(53,071)

For Paperwork Reduction Act Notice, see instructions.

Advertising income (Schedule J) . . . . . .

Total. Combine lines 3 through 12 . . . . .

Other income (See instructions; attach schedule) . . . .

Cat. No. 71329Y

Schedule M (Form 990-T) 2018

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) ANDEAVOR LOGISTICS, LP (FKA TESORO LOGISTICS, LP)	27-4151603	-8,811
(2) CLEARWATER CAPITAL PARTNERS FUND IV, L.P.	98-0640907	7,383
(3) CRESTWOOD EQUITY PARTNERS LP	43-1918951	-9,992
(4) ENERGY TRANSFER LP (FKA ENERGY TRANSFER EQUITY, L.P.)	30-0108820	-810
(6) ENERGY TRANSFER OPERATING L.P. (FKA ENERGY TRANSFER PARTNERS LP)	73-1493906	-834
(6) HEADLANDS CAPITAL SECONDARY FUND, LP	45-3250354	3,174
(7) KAYNE ANDERSON REAL ESTATE PARTNERS V, L.P.	61-1805345	-10,402
(8) SPECTRA ENERGY PARTNERS LP	41-2232463	-6,974
(9) STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	80-6103053	46
(10) TOP TIER VENTURE CAPITAL V, L.P	27-2326177	-80
(11) TOP TIER VENTURE CAPITAL VI, L.P.	80-0780699	-33
(12) TOP TIER VENTURE CAPITAL VII, LP	46-5291191	-594
(13) TOP TIER VENTURE VELOCITY FUND, LP	30-0751241	18
	Total for Part I, Line 5	-27,909

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
MUSEUM STORE		
(1) SALES TAX		1,539

Form 990T Part II	Line 20	Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	146,302	0			146,302	2021
2016	1,000	0		_	1,000	2022
2017	91	0			91	2023
2018	9	0			9	2024
Totals	147,402	0	0	0	147,402	

## Form 990T Part II, Line 28

Other Deductions

Description	Amount
AIM ACTIVITY	
(1) CLEARWATER CAPITAL PARTNERS FUND IV, L.P. 980640907	4,587
(2) TOP TIER VENTURE CAPITAL VI, L.P. 800780699	89
(3) TOP TIER VENTURE CAPITAL VII, LP 465291191	401
(4) TOP TIER VENTURE VELOCITY FUND, LP 300751241	39
(5) PROFESSIONAL FEES	20,000
Total	25,116

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
MUSEUM STORE					
2018	19,378	0	0	0	19,378
AIM ACTIVITY					
2018	53,071	0	0	0	53,071

Form 990T Part III, Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018
-----------------------------	--

Year Generated	Amount Generated	Converted Contributions	Amount Used In Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2015	27,646				27,646	2035
2016	249,263				249,263	2036
2017	184,934				184,934	2037
Totals	461,843	0	0	0	461,843	

# Form 4136

## **Credit for Federal Tax Paid on Fuels**

OMB No. 1545-0162

2018

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachment Sequence No 23

Name (as shown on your income tax return)
Culver Educational Foundation

Taxpayer identification number 35-0868071

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183	1		
b	Use on a farm for farming purposes	49	.183	} }		362
C	Other nontaxable use (see Caution above line 1)	13	.183	32,848	\$ 6,011 18	
d	Exported		.184			411

#### 2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)		193	_		324
C	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

#### 3 Nontaxable Use of Undyed Diesel Fuel

	Claimant certifies that the diesel fuel did not contain visible evidence of dye.  Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Nontaxable use	13	\$ .243	11,822			
b	Use on a farm for farming purposes		.243		\$ 2,872 75	360	
C	Use in trains		243	·		353	
d	Use in certain intercity and local buses (see Caution above line 1)		17	_		350	
_е	Exported		.244			413	

### 4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible Exception. If any of the kerosene included in this claim d	~	lence of dve	attach an evolen	stion and check here	
	Exception. If any of the kelosede included in this claim d	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$.243	1		
b	Use on a farm for farming purposes		.243		<b>s</b>	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17			347
d	Exported		.244			414
е	Nontaxable use taxed at \$.044		.043			377
_f	Nontaxable use taxed at \$.219		.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Form 4136 (2018)

#### Kerosene Used in Aviation (see Caution above line 1)

_		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$ .200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175	-		355
C	Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369
е	LUST tax on aviation fuels used in foreign trade		001			433

### Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

#### Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of ci	redit	(e) CRN
а	Use by a state or local government	\$ .243		\$		360
b	Use in certain intercity and local buses	17				350

#### Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

#### Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

	Exception. If any of the kerosene included in this claim did of	ontain visible evidence of dye,	attach an explan	ation and check here	
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use by a state or local government	\$ .243			_
b	Sales from a blocked pump	.243	J	\$	346
С	Use in certain intercity and local buses	.17			347

#### Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ 175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$ 244		.200			417
C	Nonexempt use in noncommercial aviation		.025	-		418
d	Other nontaxable uses taxed at \$.244		.243			346
e	Other nontaxable uses taxed at \$.219		.218			369
f	LUST tax on aviation fuels used in foreign trade		001			433

Form 4136 (2018)

Form 4	136 (2018)						Page 3
9	Reserved for future use		Re	gistration No. ▶	<b>&gt;</b>		
				T	-		T
			(b) Rate	(c) Gallons of alcohol	(d) Amount of	credit	(e) CRN
а	Reserved for future use		,	32	\$	$T^{-}$	, ,
b	Reserved for future use		,	-, ,	7	+	-
			L	<u></u>			1
10	Reserved for future use		R	gistration No. I	<u> </u>		
			·	<u> </u>			<del>,</del>
			(b) Rate	(c) Gallons of	(d) Amount of	credit	(e) CRN
				biodiesel or renewable diesel			ł
				lenewable diese			
а	Reserved for future use				\$	T	
b	Reserved for future use		<del> </del>		-	-	
c	Reserved for future use				<del>                                     </del>	†	<del> </del>
				<del></del>			
11	Nontaxable Use of Alternative Fuel						
	Caution: There is a reduced credit rate for use in ce	rtain intercity and	local buse	s (type of use 5)	(see instruction	s).	
		(a) Type of use	(b) Rate	(c) Gallons,	(d) Amount of	credit	(e) CRN
				or gasoline or diesel gallon			
				equivalents			
_	Nicos Sada adada an an A DOV (an instance)		0.400			_	440
a	Liquefied petroleum gas (LPG) (see instructions)  "P Senes" fuels	<del></del>	\$ .183 183	<del> </del>	\$	╁─-	419 420
b C	Compressed natural gas (CNG) (see instructions)		183	<del></del>	<del>                                     </del>	+-	421
d	Liquefied hydrogen	<del> </del>	183			+	422
e	Fischer-Tropsch process liquid fuel from coal (including	<del></del>	100	<del></del>		<del> </del>	<del></del>
•	peat)		.243		]	ŀ	423
f	Liquid fuel derived from biomass		.243			1	424
g	Liquefied natural gas (LNG) (see instructions)		243				425
h	Liquefied gas derived from biomass		.183			1	435
12	Reserved for future use		Re	gistration No. ▶	•		
			(b) Rate	(c) Gailons,	(d) Amount of	credit	(e) CRN
		•	[	or gasoline or diesel gallon	[		[
				equivalents			
_	Reserved for future use		<del> </del>	<del> </del>		-1	
a b	Reserved for future use				\$	+	_
C	Reserved for future use		<del></del>	<del></del>		+	
d	Reserved for future use	<del></del>	<u> </u>	·	<del>                                     </del>	+	<del>                                     </del>
e	Reserved for future use		<u> </u>	<del></del>	<del>                                     </del>	+	<del></del>
f	Reserved for future use					1	<del>                                     </del>
g	Reserved for future use				†		
h	Reserved for future use	-	1	1 -	1	1 -	

Reserved for future use

13	Registered Credit Card Issuers	Registration No. ►					
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN		
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360		
b	Kerosene sold for the exclusive use of a state or local government	.243			346		
c	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	218	<del></del>		369		

#### 14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).													
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN								
а	Nontaxable use		\$ .197		\$	309								
ь	Exported		.198			306								

#### 15 Diesel-Water Fuel Emulsion Blending

## Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$ 046		\$	310

## 16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of cre	dit (e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$ 001		\$	415
b Exported dyed kerosene	001			416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 5 (Form 1040), line 73; Form 1120, Schedule J, line 20b, Form 1120S, line 23c; Form				
	1041, line 25h, or the proper line of other returns ▶	17	\$ 8,883	93	1

Form 4136 (2018)

# Claim for Refund of Excise Taxes

Form 4136 Supporting Documents

**Fuel Qty** 

Tax Unit

**Tax Toal** 

Claiment Name:

**Culver Educational Foundation** 

**Invoice Date** 

Address:

1300 Academy Road Box 159

City, State, Zip:

Culver, IN 46511

EIN:

**Fuel Type** 

35-0868071

Tax Year End:

**BELLMAN OIL COMPANY** 

06/30/19

DEFEIRIVIT OIL C	OMEDIA				
GASOLINE		8/14/2018	6006	0.183	1,099.10
GASOLINE		10/9/2018	3802	0.183	695.77
GASOLINE		10/11/2018	150	0.183	27.45
GASOLINE		12/11/2018	5997	0.183	1,097.45
GASOLINE		2/26/2019	6021	0.183	1,101.84
GASOLINE		5/13/2019	6000	0.183	1,098.00
GASOLINE		5/31/2019	270	0.183	49.41
GOOD OIL COM	PANY				
GASOLINE	•	7/2/2018	530.0	0.183	96.99
GASOLINE		7/5/2018	452.0	0.183	82.72
GASOLINE		7/9/2018	284.0	0.183	51.97
GASOLINE		7/9/2018	284.0	0.183	51.97
GASOLINE		7/12/2018	200.0	0.183	36.60
GASOLINE		7/12/2018	200.0	0.183	36.60
GASOLINE		7/16/2018	500.0	0.183	91.50
GASOLINE		7/16/2018	500.0	0.183	91.50
GASOLINE		7/23/2018	426.0	0.183	77.96
GASOLINE		7/23/2018	426.0	0.183	77.96
GASOLINE		7/26/2018	400.0	0.183	73.20
GASOLINE		7/26/2018	400.0	0.183	73.20
TOTAL		•	32,848.00	\$ 0.183	\$ 6,011.18
Fuel Type	Invoice Date		Fuel Qty	Tax Unit	Tax Toal
BELLMAN OIL C	OMPANY		•		- · · · - · · · · ·
DIESEL		8/14/2018	2009	0.243	488.19
DIESEL		10/9/2018	3802	0.243	923.89
DIESEL		12/11/2018	2000	0.243	486.00
DIESEL		2/26/2019	2008	0.243	487.94
DIESEL	-	5/13/2019	2003	0.243	486.73
DIESEL				0.243	-
DIESEL				0.243	-
TOTAL		•	11,822.00	\$ 0.243	\$ 2,872.75
					\$ 8,883.93

## SCHEDULE D (Form 1120)

**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.

**Employer Identification number** 

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

CUL	VER EDUCATIONAL FOUNDATION				;	35-0868071
Pa	rt I Short-Term Capital Gains and Losses (	See instructions.	.)			
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(a)i	(h) Gain or (loss) 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 I, line : column (g)	2, 	column (d) and combine the result with column (g)
18	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					0
1£	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					0
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked		0			
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	0	110		0	(110)
4	Short-term capital gain from installment sales from For	m 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchang	es from Form 8824			5	
6	Unused capital loss carryover (attach computation) .				6	( 847,597)
7	Net short-term capital gain or (loss). Combine lines 1a t	through 6 in column	nh		7	(847,707)
	t II Long-Term Capital Gains and Losses (S					
	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.	(g) Adjustments to r loss from Form 8949, Part II, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (a)		
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			37		0
8t	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	-	·			0
9						0
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	22,618	0		0	22,618
11	Enter gain from Form 4797, line 7 or 9	· · · · ·	· • • • • •		11	43,294
12	Long-term capital gain from installment sales from Form	n 6252, line 26 or 3	7		12	<u> </u>
13	Long-term capital gain or (loss) from like-kind exchange	es from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss). Combine lines 8a to till Summary of Parts I and II	nrough 14 in colum	nh	· · · · · · · · · · · · · · · · · · ·	15	65,912
16	Enter excess of net short-term capital gain (line 7) over	net long-term capit	tal loss (line 15)		16	0
17 18	Net capital gain. Enter excess of net long-term capital of Add lines 16 and 17. Enter here and on Form 1120, page				17	0
10	Add lines 16 and 17. Enter here and on Form 1120, pag		nober mis on omer	returns	18	<u> </u>

## Schedule D 1120. Line 6 Details UNUSED CAPITAL LOSS CARRYOVER COMPUTATION

Year Generated	Amount Generated	Amount Used in Prior Amount Used in Current Year Amount R			Capital NOL Expires
2015	173,112	165,489	7,623	0	2019
2017	839,974	0	58,289	781,685	2022
2018	110	0	0	110	2023
		781,795			

# 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.

OMB No. 1545-0074

2018 Attachment Sequence No. 12A

Name(s) shown on return
CULVER EDUCATIONAL FOUNDATION

Social security number or taxpayer identification number 35-0868071

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.

Part I

**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☐ (B) Short-term transactions☐	reported on	Form(s) 1099	9-B showing bas				9)
(a)  Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below		(h) Gain or (loss), Subtract column (e)	
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS FROM INVESTMENTS				110			(110)
			•	•			
						<u>.</u> .	
			•				
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc is checked), lir	lude on your ne 2 (if Box B	0	110		0	(110)

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.

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

Social security number or taxpayer identification number 35-0868071

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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

1	(a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds	(e) Cost or other basis. See the Note below and see Column (e) In the separate instructions	Adjustment, if If you enter an enter a co See the sep	(h)  Gain or (loss).  Subtract column (e)	
	(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
	G-TERM GAIN/LOSS M INVESTMENTS			20.040				00.040
	WINANCSTWEINTS	+		22,618				22,618
							<u>.</u>	
		<del> </del>	_					
							<del></del>	
			<del></del>					
	· · · · · · · · · · · · · · · · · · ·						<del></del> ———————————————————————————————————	<u> </u>
							<del> </del>	
		<del>                                     </del>	<del></del>			_		

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.

22,618

0

Form **8949** (2018)

22,618

0

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

# Form 4562

Department of the Treasury

Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

►Attach toy our taxreturn.

▶Gotowww.irs.gov/Form4562 f or instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 179

	ne(s) shown on return JLVER EDUCATIONAL FOUNDATION			siness or activity to w	lates	Identifying number 35-0868071		
					470		L	33-0000071
Pai			rtain Property I			emploto Dort I		
			ed property, con				1 4	4 000 000
1	Maximum amount (s		•				1	1,000,000
2			•	•	•		2	0
3		• •	•		•	ions)	3	1,000,000
4							4	0
5			btract line 4 from	n line 1. If zero	or less, ente	er -0 If married filing		
	separately, see inst	ructions		· · · · · · · · · · · · · · · · · · ·				1,000,000
6	(a) De	scription of proper	t <u>y</u>	(b) Cost (business use only) (c) Elected cost				. 1
						·		] [
								] . ]
7	Listed property. Ent	er the amount	from line 29		7		0	
8	Total elected cost o	f section 179 p	property. Add amo	ounts in column (	c), lines 6 and	17	8	0
9	9 Tentative deduction. Enter the smaller of line 5 or line 8							0
10	Carryover of disallo	wed deduction	from line 13 of yo	our 2017 Form 4	562		10	0
11			_			ine 5. See instructions .	11	0
12				•	-	e 11	12	0
13	Carryover of disallo					13	0	<u> </u>
	: Don't use Part II o					<del>  '</del>		·
						de listed property. See	instr	uctions )
						erty) placed in service		
1-4	during the tax year.			• •			14	0
15	Property subject to						15	0
			•				16	0
	Other depreciation (					<u> </u>	10	
Гаі	WIACKS DE	טן ווטוונוטפונ	On thickude list	<del></del>	instruction	115.7		
	141000 1-1-1-1			Section A			-	40.400
						8	17	10,168
10			•	_	-	o one or more general		
	asset accounts, che		adia Carda - Du				0	<u> </u>
	Section B				ear Using th	e General Depreciation	1 Syst	em
(a) (	Classification of property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment u only—see instructions	ise (d) Recovery	(e) Conventio	ion (f) Method		Depreciation deduction
19a	3-year property							
b	5-year property		<del>-</del>					
C	7-year property							
d	10-year property							
е	15-year property							
	20-year property				-			
	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
	Nonresidential real	-		39 yrs.	MM	S/L	<del>                                     </del>	
•	property				MM	S/L	-	
		Accete Place	d in Service Duri	na 2018 Tay Va		Alternative Depreciation	- Sv	
200	Class life	ASSELS FIACE	a III Gervice Dari	ing zolo lax le	ar Osing the	S/L_	ii Oy.	<u> </u>
				12			┼─-	
	12-year	<del> </del>	<u> </u>	12 yrs.	8484	S/L		
	30-year	<u> </u>		30 yrs.	MM	S/L	-	
$\overline{}$	40-year	Dag in struction		40 yrs.	MM	S/L	Щ_	
	t IV Summary (S						T = -	T = ==================================
	Listed property. Ent			47 6 40			21	0
22						(g), and line 21. Enter		
	here and on the app	•	-	•	•		22	10,168
23	For assets shown a portion of the basis					23 0		

Form -	4562 (2018)															Page 2
Par		Proper	ty (Inc	lude aut	omobi	les, c	ertain o	other	vehicle	s, ce	rtain a	ircraft,	and	prope	rty use	ed for
		ainment, r		-		-										
	Note:	For any ve olumns (a) t	hicle for	which you c) of Section	are us	ing the	standaı	rd mile: and Se	age rate	or ded	ducting cable	lease e	expense	e, comp	olete <b>on</b>	iy 24a,
		— Depreci										for pas	senger	automo	biles.)	
24a	Do you have e							Yes				s the evi				No
	(a)	(b)	(c) Business				(e) s for depre		(f)		(g)		(h)			
	of property (list ehicles first)	Date placed in service	investment in percentag	use Cost or	(d) other basi		iness/inves use only)	stment	Recovery period		ethod/ vention		reciation duction	Ele	cted sect cost	
25	Special depo	reciation al	llowance more tha	for qualifi n 50% in a	ed liste qualifi	ed prop	erty pla iness us	ced in e. See	service instructi	during	25			0		
26	Property use	d more tha	an 50% i	n a qualifie	d busin	ess us	<b>e</b> :									
				%												
				%										_		
-07	Property use	d 500/ or l		%	ucinoss	1100:				_						
	Property use	50 30 76 OF I		%	U2111622	use.		- T		S/L-	•	1				
				%						S/L -						
				%						S/L -	-					
	Add amount				-				_		28			0		
_29_	Add amount	s in columi	n (i), line :				e 7, pag rmation					<u></u>	_•_	29		0
Com to yo	plete this sect ur employees,	ion for vehic first answe	cles used or the que	by a sole p	roprieto	r, partn	er, or oth	ner "mo	re than 5	% own	er," or pleting	related p this sec	erson. tion for	If you pi those ve	ovided v	vehicles
30	O Total business/investment miles driven during			(a) (b) Vehicle 1 Vehicle 2		(c Vehi	cle 3		ď) icle 4		e) icle 5	5 Vehicle 6				
	the year (don'		•	•			-				<u> </u>		<del> </del>			
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven				_											
33	Total miles lines 30 thro		ing the	year. Add	0 0		0		0		0 0		0		)	
34	Was the veh	icle availat	ole for pe	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during of Was the veh	icle used p	orimanly													
06	than 5% ow		•			+	<del> </del>		-		<u> </u>	<u> </u>		<del> </del>		
30	Is another ver		<del></del> -	estions for	r Empl	overs V	Who Pro	vide V	ehicles	for Us	e by Ti	eir Em	plovee	<u>.</u> S		<u> </u>
	wer these que e than 5% ow	stions to d	letermine	if you me	et an ex	ceptio									who ar	en't
37		ntain a writ					its all pe	ersonal	use of	vehicle	s, inclu	ding co	mmutii	ng, by	Yes	No
38	Do you main employees?	ntain a writ												y your		
39	Do you treat					-										
40	Do you provuse of the ve	ehicles, and	d retain t	he informa	tion rec	eived?	·							ut the		
41	Do you mee	t the requir	rements o	concerning	qualific	ed auto	omobile (							• •		
Pa	t VI Amor															
		a) on of costs		(b) Date amorti begins		Am	(c) ortizable a	mount	C	(d) Code section		(e) Amortization period or Au percentage		Amortiza	(f) mortization for this year	
42	Amortization	of costs t	hat begir	ns during y	our 201	8 tax y	ear (see	instruc	ctions):				<u> </u>			
			3"	- 3)		,			<u> </u>							

0

0

43

44

43 Amortization of costs that began before your 2018 tax year . . . . . . 44 Total. Add amounts in column (f). See the instructions for where to report.