| Form       | €90- <del>1</del>                                  | E           | Exempt Orga   | rended to Mandation Bus  |  |                           | ax Retu           | ırn <sup>^</sup> | C<br>OMB No 1545-0687                 |
|------------|--|-------------|---|--|--|---------------------------|-------------------|------------------|---------------------------------------|
|            | - tr - tr  |             | · ·   | nd proxy tax und   |  |                           |                   | Ian.             | 2010                                  |
|            |  | For ca      | lendar year 2018 or other tax ye                        |  |  | , and ending JUN          |                   | 1100             | <b>ZU 18</b>                          |
|            | rtment of the Treasury<br>all Revenue Service      |             | ► Go to www<br>Do not enter SSN numbe                   | irs gov/Form990T for in  |  |                           |                   | 1(3)             | Open to Public Inspection for         |
| A [        | Check box if address changed                       |             | Name of organization (                                  | D Emp  | 501(c)(3) Organizations Only<br>over identification number<br>iloyees' trust, see<br>uctions ) |                           |                   |                  |                                       |
|            |  | Davas       | BELOIT COLLEGE  | ,,,,,,,  | 39-0808497   |                           |                   |                  |                                       |
| R E        | xempt under section 501(c)(3)                      | Print<br>or | Number, street, and room                                | n or suite no. If a P.O. ho  | Y SPP IN   | structions                |                   |                  | lated business activity code          |
| Ë          | 408(e) 220(e)                                      | Туре        | 700 COLLEGE ST.   | or salte no. If a 1.0 box  | A, 300 III.  | Structions                |                   | (See             | instructions)                         |
|            | 408A 530(a)<br>529(a)                              | ,           | City or town, state or pro                              |  | r foreign  | postal code               |                   | 5230             | 00                                    |
| C Bo       | ook value of all assets                            | L           | F Group exemption num                                   |  | <b>&gt;</b>  |                           | _                 |                  | · · · · · · · · · · · · · · · · · · · |
| at         | end of year<br>225,318,                            | 936.        | G Check organization typ                                |  | poration   | 501(c) trust              | 40                | 01(a) trust      | Other trust                           |
| H Er       | nter the number of the                             | organiza    | tion's unrelated trades or t                            | ousinesses.  | 2  | Describe                  | the only (or firs | t) unrelated     |                                       |
| tra        | ide or business here 🕽                             | ALTE        | ERNATIVE INVESTMEN                                      | TS   |  | If only one               | , complete Parts  | I-V If more      | e than one,                           |
| do         | scribo the first in the b                          | lank spa    | ice at the end of the previo                            | uc centence, complete Pa   | irts I and   | l II, complete a Schedule | c M for cach add  | itional trade    | Or                                    |
|            | siness, then complete                              |             |   |  |  |                           |                   |                  | <u> </u>                              |
|            | • • •  |             | oration a subsidiary in an                              |  | nt-subsid  | diary controlled group?   | ,                 | ► Y              | es X No                               |
|            | "Yes," enter the name a<br>ne books are in care of |             | tifying number of the parer                             | it corporation   |  | Telenh                    | none number       | 608-36           | 3-2250                                |
|            |  |             | de or Business Inc                                      | ome  | Т  | (A) Income                | (B) Expe          |                  | (C) Net                               |
| 3          |  | s           | ·   |  |  |                           |                   |                  |                                       |
| NE NE      | Less returns and allow                             |             |   | c Balance  | 1c   |                           | . 44              |                  |                                       |
| Ø          | Cost of goods sold (S                              | chedule     | A, line 7)  | ١٨٨  | 2  |                           | 1 * 2             |                  |                                       |
| <u>58−</u> | Gross profit. Subtract                             | line 2 fr   | rom line 1c   | l ly   | 3  |                           | , -               |                  |                                       |
| Æa.        | Capital gain net incom                             | -           |   |  | 4a   | 2,820.                    | 4                 |                  | 2,820.                                |
| <b>⊢</b> b | Net gain (loss) (Form                              | 4797, P     | 'art II, line 17) (attach Forn                          | n 4797)  | 4b   | -778.                     | . #               |                  | -778.                                 |
| <b>►</b> C | Capital loss deduction                             |             |   |  | 4c   |                           | - cmvm            | 2                | 6.065                                 |
| 2021       |  |             | ship or an S corporation (a                             | ttach statement)   | 5  | 6,065.                    | 5 STMT            |                  | 6,065.                                |
| Sã         | Rent income (Schedu                                |             | (Cabadula E)  |  | 6  |                           |                   |                  |                                       |
| ,          | Unrelated debt-finance                             |             | ` '   | prespiration (Cabadida E)  | 8  |                           |                   |                  |                                       |
| 8<br>9     | •  |             | nd rents from a controlled on 501(c)(7), (9), or (17) o | -  | -  |                           |                   |                  |                                       |
| 10         | Exploited exempt activ                             |             |   | rganization (ochedule of   | 10   |                           |                   |                  |                                       |
| 11         | Advertising income (S                              |             |   |  | 11   | -                         |                   |                  |                                       |
| 12         | Other income (See ins                              |             | =   |  | 12   |                           | -                 |                  |                                       |
| 13         | Total. Combine lines                               | 3 throu     | gh 12   |  | 13   | 8,107.                    |                   |                  | 8,107.                                |
| Pa         |  |             | t Taken Elsewher  |  |  |                           |                   |                  |                                       |
| _          | (Except for d                                      | contribu    | utions, deductions must                                 | be directly connected  | with th  | ne unrelated business     | income)           |                  |                                       |
| 14         |  | icers, dii  | rectors, and trustees (Sche                             | edule K)   | Г  | RECEIVE                   | Ð                 | 14               |                                       |
| 15         | Salaries and wages                                 |             |   |  | 1  |                           | <del></del>       | 15               |                                       |
| 16         | Repairs and mainten                                | ance        |   |  | 340  | MAR <b>09</b> 20          | 20 00             | 16               |                                       |
| 17         | Bad debts  | dula) /a    | no voetruotione)  |  | 8  | WAR U 3 CU                | 20 S              | 17<br>18         |                                       |
| , 18<br>19 | Interest (attach schei<br>Taxes and licenses       | uule) (Si   | ee mstructions)   |  | Ì  |                           |                   | 19               |                                       |
| 20         |  | ons (See    | e instructions for limitation                           | rules) STATEMENT   | 4  | OGDEN.                    | MT 3              | 20               | 0.                                    |
| 21         | Depreciation (attach                               |             |   | 14103)   | -  | 21                        |                   | 120              |                                       |
| 22         | •  |             | n Schedule A and elsewher                               | e on return  |  | 22a                       |                   | 22b              |                                       |
| 23         | Depletion  |             |   |  |  | \ <u></u>                 |                   | 23               |                                       |
| 24         | Contributions to defe                              | erred co    | mpensation plans  |  |  |                           |                   | 24               |                                       |
| 25         | Employee benefit pro                               | grams       |   |  |  |                           |                   | 25               |                                       |
| 26         | Excess exempt exper                                | nses (Sc    | chedule I)  |  |  |                           |                   | _26              |                                       |
| 27         | Excess readership co                               |             |   |  |  |                           |                   | 27               |                                       |
| 28         | Other deductions (at                               |             |   |  |  |                           |                   | 28_              |                                       |
| 29         | Total deductions A                                 |             |   | a land day of the control of the con |  | form him 40               |                   | 29               | 0.<br>8,107.                          |
| 30         |  |             | ncome before net operating                              |  |  |                           |                   | 30               | 8,107.                                |
| 31         | ·  | -           | oss arising in tax years be                             |  | ıy I, 201  | io (see ilistructions)    | 1                 | $\frac{31}{32}$  | 8,107.                                |
| 32         | Unrelated business to                              | axaDie ir   | ncome Subtract line 31 fro                              | in mie ov  |  | <del></del>               | <u> </u>          | <u>/  34</u>     | Form <b>990-T</b> (2019               |

| Form 990 T (20 | 018) BELOIT COLLEGE   |  |  | 39-0808                   | 4<br>3497                 | Page               |
|----------------|---|--|--|---------------------------|---------------------------|--------------------|
| Part III       | Total Unrelated Business Taxal  | ole Income   | <u></u>  |                           | -                         |                    |
| 33 To          | otal of unrelated business taxable income comput  | ed from all unrelated trades or businesses   | s (see instructions)                               |                           | 33                        | 8,107              |
|                | mounts paid for disallowed fringes  |  | ,  |                           | 34                        |                    |
|                | eduction for net operating loss arising in tax years  | s beginning before January 1, 2018 (see ii   | nstructions) st                                    | гмт 6                     | 35                        | 8,107              |
|                | otal of unrelated business taxable income before s  |  | •  |                           |                           |                    |
|                | nes 33 and 34   | poomo deducation dubitation into de mem t  |  |                           | 36                        |                    |
|                | pecific deduction (Generally \$1,000, but see line 3  | 7 (petructions for exceptions)   |  | 38                        | 37                        | 1,000              |
|                | nrelated business taxable income Subtract line  | •  | line 36  | , ,                       |                           |                    |
|                | iter the smaller of zero or line 36   | or nomine of mine or is greater than   | iii 00,  |                           | 38                        | 0                  |
|                | Tax Computation   |  |  | ···                       | 1 40 1                    |                    |
|                | rganizations Taxable as Corporations Multiply   | ine 38 by 21% (0.21)   |  |                           | 39                        |                    |
|                | usts Taxable at Trust Rates See instructions for  |  | unt on line 38 from                                |                           |                           |                    |
| 70 11          | Tax rate schedule or Schedule D (Fo.  | •  |  |                           | 40                        |                    |
| 41 Pr          | roxy tax See instructions   | 1111 1041)   |  |                           | 1                         |                    |
|                | ternative minimum tax (trusts only)   |  |  |                           | <del>  <u> </u> </del>    |                    |
|                | ux on Noncompliant Facility Income. See instruc   | tions  |  |                           | 43                        |                    |
|                | otal Add lines 41, 42, and 43 to line 39 or 40, wh  |  |  |                           | 1 1 1                     | 0                  |
|                | Tax and Payments  | ichiever applies   |  |                           | 1 99 1 .                  |                    |
|                | preign tax credit (corporations attach Form 1118,   | trusts attach Form 1116)   | 45a  |                           |                           |                    |
|                | ther credits (see instructions)   | indsis attacini oniii 1110)  | 45b  |                           | <b>⊣:■■</b>               |                    |
|                | eneral business credit Attach Form 3800   |  | 45c  |                           | <b>- </b> : <b>      </b> |                    |
|                | redit for prior year minimum tax (attach Form 880   | 11 or 9927)  | 45d  |                           | -                         |                    |
|                |   | 11 01 0027)  | 430  | -                         | 450                       |                    |
|                | otal credits Add lines 45a through 45d  |  |  |                           | 45e                       | 0                  |
|                | ubtract line 45e from line 44<br>her taxes Check if from: Form 4255   | Form 8611 Form 8697 Form   | n 8866 Other                                       | (attach schedule)         | 47                        |                    |
|                |   | FOIII 6037 FOIII 6037 FOIII  | ii 0000 Other                                      | (attach scriedule)        | 48                        | 0                  |
|                | otal tax Add lines 46 and 47 (see instructions)   | Form OCE B. Dart II. column (k) line 2   |  |                           | 49                        | 0                  |
|                | 118 net 965 tax liability paid from Form 965-A or l   |  | a   s4a  | 2,283,                    |                           |                    |
|                | syments: A 2017 overpayment credited to 2018  | 5/   | A 50a 50b  | 2,203.                    |                           |                    |
|                | 018 estimated tax payments  |  |  |                           |                           |                    |
|                | x deposited with Form 8868  | (  | 50c  |                           |                           |                    |
|                | reign organizations. Tax paid or withheld at source   | ce (see instructions)  | 50d  |                           | <b>-</b>                  |                    |
|                | ackup withholding (see instructions)  | ( W t- 5 0044)   | 50e<br>50f   |                           | -                         |                    |
|                | edit for small employer health insurance premiun  | •  | 1  |                           |                           |                    |
| g Ut           |   | orm 2439   | 29]]   | 109.                      |                           |                    |
|                |   |  | TEMENT 5   | 109,                      | d                         | 2,392              |
|                | otal payments Add lines 50a through 50g   |  | TEMENT 5   |                           | <u>1</u> 1                | 2,392              |
|                | timated tax penalty (see instructions) Check if Fo  |  |  | _                         | 32                        |                    |
|                | x due. If line 51 is less than the total of lines 48,   |  |  | CC .                      | 33                        | 2 202              |
|                | verpayment If line 51 is larger than the total of line  |  | 1  | 77 >                      | 54                        | 2,392              |
|                | ter the amount of line 54 you want. Credited to 2   |  |  | efunded >                 | \$5                       |                    |
| [PartiVI]      | Statements Regarding Certain  |  |  |                           |                           |                    |
|                | any time during the 2018 calendar year, did the d   | •  |  | -                         |                           | Yes No             |
|                | er a financial account (bank, securities, or other)   |  |  |                           |                           |                    |
|                | nCEN Form 114, Report of Foreign Bank and Final   | ncial Accounts. If "Yes," enter the name of  | the foreign country                                |                           |                           |                    |
|                | re TTALY  |  |  |                           |                           | _ X                |
|                | uring the tax year, did the organization receive a d  |  | or transferor to, a to                             | reign trust?              |                           | X 2528 2 25 - 3    |
|                | "Yes," see instructions for other forms the organiz   |  |  |                           |                           | 1                  |
| <b>58</b>      | ter the amount of tax exempt interest received or   |  |  |                           |                           | 4 40 6 7 12        |
| Sign           | Under penalties of perjury. I declare that I have examined correct, and complete. Declaration of preparer (other than | this return, including accompanying schedules an<br>taxpayer) is based on all information of which pre | d statements, and to the<br>parer has any knowledg | e best of my knowle<br>le | edge and bellet, it is    | ; true,            |
| Here           | Mayara 16 and   | 101.04   |  | Ν                         | ay the IRS discuss        | s this return with |
| 11616          | State J. Scalt  | THEAS/VI   | P FINANCE & P                                      |                           | ne preparer shown         |                    |
|                | - Signature of officer  | Date Fille   | Ι  |                           | nstructions)? X           | Yes No             |
|                | Print/Type preparer's name  | Preparer's signature   | Date   |                           | if PTIN                   |                    |
| Paid           |   | lebetuh Elex   | 2/13/2020  | self- employed            | 1                         |                    |
| Prepare        | r REBEKUH ELEY  |  | 2/13/2020  |                           | P012476                   |                    |
| Use Onl        | V Firm's name ► RSM US LLP  |  |  | Firm's EIN                | 42-07                     | 14325              |
|                | 1 S WACKER DR,  |  |  |                           |                           |                    |
|                | Firm's address > CHICAGO, IL 606  | 06   |  | Phone no (                | 312) 384-6                | 000                |

Form 990-T (2018)

823711 01-09-19

| Schedule A - Cost of Good  | Is Sold. Enter                         | method of invei  | ntory valuation N/A   |          |   |  |  |
|--|--|--|---|----------|---|--|--|
| 1 Inventory at beginning of year   | g of year 1 6 Inventory at end of year |  |   |          | 6   |  |  |
| 2 Purchases  | 2                                      |  | 7 Cost of goods sold Su   | ubtract  | line 6  |  |  |
| 3 Cost of labor  | 3                                      |  | from line 5. Enter here   | and in   | Part I,   |  |  |
| 4a Additional section 263A costs   |  |  | line 2  |          |   | 7  |  |
| (attach schedule)  | 4a                                     |  | 8 Do the rules of section   | 263A (   | with respect to   |  | Yes No   |
| b Other costs (attach schedule)  | 4b                                     |  | property produced or a  | acquired | d for resale) apply to  |  |  |
| 5 Total. Add lines 1 through 4b  | 5                                      |  | the organization?   |          |   |  |  |
| Schedule C - Rent Income   | (From Real                             | Property and   | d Personal Property L   | .ease    | d With Real Prop  | erty)  |  |
| (see instructions)   | <del>-</del>                           |  |   |          |   |  |  |
| 1 Description of property  |  |  |   |          |   |  |  |
| (1)  |  |  |   |          |   |  | <u>.</u>   |
| (2)  |  |  |   |          |   |  |  |
| (3)  |  | _  | · <del>-</del> ··   |          |   |  |  |
| (4)  |  |  |   |          |   |  |  |
|  | 2 Rent receiv                          | ed or accrued  |   |          |   |  |  |
| (a) From personal property (if the per<br>rent for personal property is mor<br>10% but not more than 50% | e than                                 | ` of rent for  | and personal property (if the percenta<br>personal property exceeds 50% or if<br>nt is based on profit or income) | ge       | 3(a) Deductions directly columns 2(a) ar                                  | connected with the connected wit | ie income in<br>edule)                               |
| (1)  | ·                                      |  | <u> </u>  |          |   |  | •  |
| (2)  |  |  |   |          |   |  |  |
| (3)  |  |  |   |          |   | <u>u</u> <u></u>   |  |
| (4)  |  |  |   |          |   |  |  |
| Total  | 0.                                     | Total  |   | 0.       |   |  |  |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, columns                       | ın (A)                                 | •  |   | 0.       | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | <b>•</b>   | 0.   |
| Schedule E - Unrelated Del   | bt-Financed                            | Income (see  | instructions)   |          |   |  |  |
|  |  |  | 2 Gross income from   |          | 3 Deductions directly conto debt-finance                                  |  | cable  |
| 1 Description of debt-fi   | inanced property                       |  | or allocable to debt-<br>financed property  | (a)      | Straight line depreciation (attach schedule)                              | ( <b>b</b> ) Othe<br>(attacl   | er deductions<br>n schedule)                         |
| (1)  |  |  |   |          |   |  |  |
| (2)  |  |  | <u></u>   |          |   |  |  |
| (3)  |  |  |   |          |   |  |  |
| (4)  |  |  |   |          |   |  |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)         | of or a debt-fina                      | adjusted basis<br>allocable to<br>nced property<br>h schedule) | 6 Column 4 divided<br>by column 5   |          | 7 Gross income reportable (column 2 x column 6)                           | (column 6  | able deductions<br>x total of columns<br>) and 3(b)) |
| (1)  | 1                                      |  | %   |          |   |  |  |
| (2)  | 1                                      |  | %   |          |   | 1  |  |
| (3)  |  |  | %   | -        |   |  |  |
| (4)  |  |  | %   |          |   |  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |  |   |          | inter here and on page 1<br>Part I, line 7, column (A)                    |  | and on page 1,<br>7, column (B)                      |
| Totals   |  |  | <b>.</b>  |          | 0   |  | 0.   |
| Total dividende-received deductions  | neluded in columi                      | n 8  |   |          |   |  | 0  |

| Schedule F - Interest,                    | 1   |                                      |  | Controlled O   |  |  |  | nstructions                    |  |
|---|---|--------------------------------------|--|--|--|--|--|--------------------------------|--|
| 1 Name of controlled organiza             |   |                                      |  |  |  | tal of specified ments made 5 Part of column included in the colorganization's gross |  | ntrolling                      | 6 Deductions directly connected with income in column 5                                    |
| (1)                                       |   |                                      |  |  |  |  |  |                                |  |
| (2)                                       |   |                                      |  |  |  |  |  |                                |  |
| (3)                                       |   |                                      |  |  |  |  |  |                                |  |
| (4)                                       |   |                                      |  |  |  |  |  |                                |  |
| Nonexempt Controlled Organ                | nizations                                   |                                      |  |  |  |  |  |                                |  |
| 7 Taxable Income                          |   | lated income (loss)<br>instructions) | 9 Total  | of specified payr<br>made  | nents                                      | in the controllii  | nn 9 that is included<br>ng organization's<br>income | 11 Dec                         | fuctions directly connected income in column 10  |
| (1)                                       |   |                                      |  |  |  |  |  |                                |  |
| (2)                                       |   |                                      |  |  |  |  |  |                                |  |
| (3)                                       |   |                                      |  |  |  |  |  |                                |  |
| (4)                                       |   |                                      |  |  |  |  |  |                                |  |
|   |   |                                      |  |  |  | Enter here and   | ns 5 and 10<br>on page 1, Part I,<br>olumn (A)       | Enter he                       | d columns 6 and 11<br>ere and on page 1, Part I,<br>une 8, column (B)                      |
| Totals                                    |   |                                      |  |  | <b>&gt;</b>                                |  | 0  | •                              | 0  |
| Schedule G - Investme<br>(see ins         | ent Income<br>tructions)                    | of a Section                         | n 501(c)(7   | '), (9), or ( <sup>-</sup>   | 17) Org                                    | anization  |  |                                |  |
| <b>1</b> Des                              | scription of income                         |                                      |  | 2 Amount of  | ıncome                                     | 3 Deduction<br>directly connect<br>(attach schedule)                                 | ted 4 Se   | et-asides<br>n schedule)       | 5 Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| (1)                                       |   |                                      |  |  |  |  |  |                                |  |
| (2)                                       |   |                                      |  |  | Ī  |  |  |                                |  |
| (3)                                       |   |                                      |  |  |  |  |  |                                |  |
| (4)                                       |   |                                      |  |  |  |  |  |                                |  |
| Totals                                    |   |                                      |  | Enter here and o<br>Part I, line 9, co                                   |  | 4 , 1  |  |                                | Enter here and on page<br>Part I, line 9, column (B)                                       |
| Schedule I - Exploited                    | =   | ctivity Incor                        | ne, Other  | Than Adv   |  | g Income   |  | <u> </u>                       | 1 -  |
| 1 Description of exploited activity       | 2 Gros<br>unrelated bus<br>income fro       | siness direct om with                | Expenses ly connected production unrelated ness income | 4 Net incomfrom unrelated business (cominus columingain, compute through | trade or<br>lumn 2<br>13) If a<br>1 cols 5 | 5 Gross inco<br>from activity the<br>is not unrelate<br>business income              | nat attrib   | xpenses<br>utable to<br>lumn 5 | 7 Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                                       | 1   |                                      |  |  |  |  |  |                                |  |
| (2)                                       |   |                                      |  |  |  |  |  |                                |  |
| (3)                                       |   |                                      |  |  | -  |  |  |                                |  |
| (4)                                       |   |                                      |  |  | -  |  |  |                                |  |
|   | Enter here at<br>page 1, Pa<br>line 10, col | rt I, pag<br>(A) line                | here and on<br>ge 1, Part I,<br>10, col (B)            |  | 1  |  | ·············  |                                | Enter here and<br>on page 1,<br>Part II, line 26   |
| Totals                                    | <u> </u>                                    | 0,                                   | 0.   | <u> </u>   |  |  |  |                                | 0  |
| Schedule J - Advertisi Part I Income From |   |                                      |  | solidated  | Basis                                      |  |  |                                |  |
| 1 Name of periodical                      | ac  | Gross<br>dvertising<br>income        | 3 Direct advertising costs                             | 4 Advert<br>or (loss) (co<br>col 3) If a ga<br>cols 5 th                 | l 2 minus<br>in, compute                   | 5 Circulati<br>income  |  | dership<br>sts                 | 7 Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)                                       |   |                                      |  |  | ·  | -  |  |                                |  |
| (2)                                       |   |                                      |  | $\dashv$   |  |  |  |                                |  |
| (4)                                       |   |                                      |  | -  |  | <del></del>  | -  |                                |  |
| (7)                                       |   | +-                                   |  |  |  | <del>-</del>   | -  |                                |  |
| Totals (carry to Part II, line (5))       |   | 0.                                   | 0  |  |  | 1  |  |                                | 0  |

14550213 148922 3793311-3793311

# 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<br>advertising<br>income                         | 3 Direct advertising costs                               | 4 Advertising gain<br>or (loss) (col. 2 minus<br>col. 3) if a gain, compute<br>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<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  |                      |                    | Enter here and<br>on page 1,<br>Part II, line 27                                |
| Totals, Part II (lines 1-5) | <b>•</b> | 0.   | 0.   |  | 1000                 |                    | 0.  |

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

| 1 Name   | 2 Title | 3 Percent of<br>time devoted to<br>business | 4 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 (2018)

| FOOTNOTES   | STATEMENT 1         |
|---|---------------------|
| NET OPERATING LOSS ADJUSTMENT - REPEAL OF 512(A)(7)   |                     |
| 05/31/06 LOSS PREVIOUSLY APPLIED WITH 512(A)(7) 512(A)(7) PARKING FRINGE RETROACTIVELY REPEALED   | 517,809.<br>-282.   |
| 05/31/06 LOSS PREVIOUSLY APPLIED WITHOUT 512(A)(7)  | 517,527.            |
|   |                     |
|   |                     |
| NET OPERATING LOSS ADJUSTMENT - ADJUSTMENT OF 2017 IN   | ICOME               |
| 2017 INCOME FROM PARTNERSHIPS ERRONEOUSLY INCLUDED DE FINANCED INCOME FOR QUALIFIED ORGANIZATION. | CBT                 |
| 2017 UBI BEFORE NOL<br>ADJUSTMENT FOR ERRONEOUSLY INCLUDED INCOME                                 | 43,150.<br>-9,453.  |
| 2017 CORRECTED UBI BEFORE NOL   | 33,697.             |
| 05/31/06 LOSS PREVIOUSLY APPLIED WITHOUT 512(A)(7)<br>2017 NOL DEDUCTION ADJUSTMENT               | 517,527.<br>-9,453. |
| 05/31/06 CORRECTED LOSS PREVIOUSLY APPLIED  | 508,074.            |

| FORM 990-T INCOME   | (LOSS) FROM PARTNERSHIPS     | STATEMENT 2             |
|---|------------------------------|-------------------------|
| DESCRIPTION   |                              | NET INCOME<br>OR (LOSS) |
| ABBOTT CAPITAL PRIVATE EQUITY DESCRIPTION OF LOSS ABBOTT CAPITAL PRIVATE EQUITY DESCRIPTION OF LOSS |                              | 19,831                  |
| REAL ESTATE INCOME ABBOTT CAPITAL PRIVATE EQUITY I RENTAL INCOME (LOSS)                             |                              | 140                     |
| ABBOTT CAPITAL PRIVATE EQUITY I<br>INCOME<br>ABBOTT CAPITAL PRIVATE EQUITY I<br>INCOME              | ·                            | 451                     |
| ABBOTT CAPITAL PRIVATE EQUITY I<br>ABBOTT CAPITAL PRIVATE EQUITY I<br>(LOSS)                        |                              | -14,878                 |
| CROW HOLDINGS REALTY PARTNERS T<br>BUSINESS INCOME (LOSS)   | VII-A, LP - ORDINARY         | 4                       |
| TOTAL INCLUDED ON FORM 990-T, 1   | PAGE 1, LINE 5               | 6,065                   |
| FORM 990-T  | CONTRIBUTIONS                | STATEMENT 3             |
| DESCRIPTION/KIND OF PROPERTY  | METHOD USED TO DETERMINE FMV | TRUOMA                  |
| CASH ONLY   | N/A                          | 41                      |
| TOTAL TO FORM 990-T, PAGE 1, L  | INE 20                       | 41                      |

| FORM 990-T   | CONTRIBUTIONS SUMMARY | STATE         | MENT 4 |
|--|-----------------------|---------------|--------|
| QUALIFIED CONTRIBUTIONS SU   | BJECT TO 100% LIMIT   |               |        |
| CARRYOVER OF PRIOR YEARS UNFOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 | NUSED CONTRIBUTIONS   |               |        |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONT  | TRIBUTIONS            | 41            |        |
| TOTAL CONTRIBUTIONS AVAILARTED TAXABLE INCOME LIMITATION A   | <del></del>           | 41            |        |
| EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS  |                       | 41<br>0<br>41 |        |
| ALLOWABLE CONTRIBUTIONS DEL  | DUCTION               | <del> </del>  | 0      |
| TOTAL CONTRIBUTION DEDUCTION   | ON                    |               | 0      |

| FORM 990-T                                    | ОТН                              | ER CREDITS AND PA                 | YMENTS                                  | STATEMENT 5                      |
|---|----------------------------------|-----------------------------------|---|----------------------------------|
| DESCRIPTIO                                    | DN                               |                                   |   | AMOUNT                           |
| FORM 8827,                                    | LINE 8C                          |                                   |   | 10                               |
| TOTAL INCL                                    | JUDED ON FORM 990-T              | , PAGE 2, PART V,                 | LINE 50G                                | 10                               |
|   |                                  |                                   |   |                                  |
| FORM 990-T                                    | NET NET                          | OPERATING LOSS D                  | EDUCTION                                | STATEMENT 6                      |
|   | LOSS SUSTAINED                   | LOSS PREVIOUSLY APPLIED           | LOSS<br>REMAINING                       | STATEMENT 6  AVAILABLE THIS YEAR |
| TAX YEAR                                      | LOSS SUSTAINED                   | LOSS<br>PREVIOUSLY<br>APPLIED     | LOSS<br>REMAINING                       | AVAILABLE<br>THIS YEAR           |
| TAX YEAR<br>05/31/06                          | LOSS SUSTAINED                   | LOSS<br>PREVIOUSLY                | LOSS                                    | AVAILABLE                        |
| TAX YEAR 05/31/06 05/31/14                    | LOSS SUSTAINED  564,996. 14,540. | LOSS PREVIOUSLY APPLIED  508,074. | LOSS<br>REMAINING                       | AVAILABLE<br>THIS YEAR           |
| TAX YEAR  05/31/06 05/31/14 05/31/15 06/30/16 | LOSS SUSTAINED                   | LOSS PREVIOUSLY APPLIED  508,074. | LOSS<br>REMAINING<br>56,922.<br>14,540. | AVAILABLE<br>THIS YEAR  56,922.  |

### **SCHEDULE M** (Form 990-T) ·

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

For calendar year 2018 or other tax year beginning  $\,$  JUL 1 , 2018  $\,$ 

\_ ,and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization

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

| BELOIT COLLEGE  |                       |          |                  | 39-0808497   |                  |
|---|-----------------------|----------|------------------|--------------|------------------|
| Unrelated business activity code (see instructions)  Describe the unrelated trade or business  CO.  | 532000<br>NFERENCES & | RENTAL   | TNCOME           |              |                  |
| Part I Unrelated Trade or Business Incom  |                       |          | (A) Income       | (B) Expenses | (C) Net          |
| 1a Gross receipts or sales b Less returns and allowances  | c Balance ▶           | 1c       |                  |              |                  |
| <ul><li>Cost of goods sold (Schedule A, line 7)</li><li>Gross profit Subtract line 2 from line 1c</li></ul>                                     |                       | 3        |                  |              |                  |
| <ul> <li>4 a Capital gain net income (attach Schedule D)</li> <li>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</li> </ul> | orm 4797)             | 4a<br>4b |                  |              |                  |
| <ul> <li>c Capital loss deduction for trusts</li> <li>5 Income (loss) from a partnership or an S corporation statement)</li> </ul>              | n (attach             | 4c 5     |                  |              |                  |
| 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E)  |                       | 6 7      |                  |              |                  |
| 8 Interest, annuities, royalties, and rents from a control organization (Schedule F)  | olled                 | 8        |                  |              |                  |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  |                       | 9        |                  |              |                  |
| <ul><li>Exploited exempt activity income (Schedule I)</li><li>Advertising income (Schedule J)</li></ul>   |                       | 10<br>11 |                  |              |                  |
| <ul><li>Other income (See instructions, attach schedule)</li><li>Total. Combine lines 3 through 12</li></ul>                                    | STMT 7                | 12       | 3,505.<br>3,505. |              | 3,505.<br>3,505. |
| B. J. Dadwations Not Token Flooryborn (   |                       |          |                  |              |                  |

Part | 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)                                       | 14  |        |
|----|--|-----|--------|
| 15 | Salaries and wages   | 15  |        |
| 16 | Repairs and maintenance  | 16  |        |
| 17 | Bad debts  | 17  |        |
| 18 | Interest (attach schedule) (see instructions)  | 18  |        |
| 19 | Taxes and licenses   | 19  |        |
| 20 | Charitable contributions (See instructions for limitation rules)                                     | 20  |        |
| 21 | Depreciation (attach Form 4562) 21 64.   |     |        |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a                                  | 22b | 64.    |
| 23 | Depletion  | 23_ |        |
| 24 | Contributions to deferred compensation plans   | 24  |        |
| 25 | Employee benefit programs  | 25  |        |
| 26 | Excess exempt expenses (Schedule I)  | 26  |        |
| 27 | Excess readership costs (Schedule J)   | 27  |        |
| 28 | Other deductions (attach schedule) SEE STATEMENT 8   | 28  | 3,644. |
| 29 | Total deductions. Add lines 14 through 28  | 29  | 3,708. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30  | -203.  |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     |        |
|    | instructions)  | 31  |        |
| 32 | Unrelated business taxable income Subtract line 31 from line 30                                      | 32  | -203.  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| FORM 990-T (M)            | OTHER         | INCOME     | STATEMENT 7   |  |
|---------------------------|---------------|------------|---------------|--|
| DESCRIPTION               |               |            | AMOUNT        |  |
| CONFERENCE REVENUES       |               |            | 3,505.        |  |
| TOTAL TO SCHEDULE M, PART | 3,505         |            |               |  |
| FORM 990-T (M)            | OTHER         | DEDUCTIONS | STATEMENT 8   |  |
| DESCRIPTION               |               |            | AMOUNT        |  |
| DIRECT CONFERENCE EXPENSI | 3S            |            | 3,570.<br>74. |  |
| TOTAL TO SCHEDULE M, PART | r tt. Line 28 |            | 3,644.        |  |

### 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

BELOIT COLLEGE

Employer identification number

39-0808497

| BELUIT COLLEGE   |   |   |  | 39-                  |  |
|--|---|---|--|----------------------|--|
| ■PartlI■ Short-Term Capital Ga   | ns and Losses (See  | instructions)   |  |                      |  |
| See instructions for how to figure the amounts to enter on the lines below   | (d)<br>Proceeds   | (e)<br>Cost   | (g) Adjustments to ga<br>or loss from Form(s) 894  | n<br>so              | (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 (g                          |                      | combine the result with column (o                          |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b  |   |   |  |                      |  |
| 1b Totals for all transactions reported on   |   |   |  |                      |  |
| Form(s) 8949 with Box A checked  |   |   |  |                      |  |
| 2 Totals for all transactions reported on  |   |   |  |                      |  |
| Form(s) 8949 with Box B checked  |   |   |  |                      |  |
| 3 Totals for all transactions reported on  |   |   |  |                      |  |
| Form(s) 8949 with Box C checked  |   |   |  |                      | -83  |
| 4 Short-term capital gain from installment sales   | from Form 6252, line 26 or 3  | 7   |  | 4                    |  |
| 5 Short-term capital gain or (loss) from like-king   | d exchanges from Form 8824  |   |  | 5                    |  |
| 6 Unused capital loss carryover (attach computa  | ation)  |   |  | 6                    | (  |
| 7 Net short-term capital gain or (loss) Combin   | e lines 1a through 6 in column  | n h   |  | 7                    | -83  |
| Partill Long-Term Capital Gai  | ns and Losses (See  | instructions)   |  |                      | •  |
| See instructions for how to figure the amounts o enter on the lines below  | ( <b>d)</b><br>Proceeds   | (e)<br>Cost   | (g) Adjustments to gai<br>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<br>cound off cents to whole dollars   | (sales price)   | (or other basis)  | Part II, line 2, column (s                         |                      | combine the result with column (                           |
| 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   |   |   |  |                      |  |
|  |   | L   |  |                      |  |
| 8b Totals for all transactions reported on   |   |   |  |                      |  |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked   |   |   |  |                      |  |
|  |   |   |  |                      |  |
| Form(s) 8949 with Box D checked  |   |   |  |                      |  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked   |   |   |  |                      |  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked   |   |   |  | -                    | 2,903  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked   |   |   |  | 11                   | 2,903  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  | from Form 6252, line 26 or 3  | 7   |  | 11<br>12             | 2,903  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales  | •   | 7   |  |                      | 2,903  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales  13 Long-term capital gain or (loss) from like-kind  | •   | 7   |  | 12                   |  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales  13 Long-term capital gain or (loss) from like-kind  14 Capital gain distributions  15 Net long-term capital gain or (loss) Combine  | d exchanges from Form 8824  |   |  | 12<br>13             |  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales  13 Long-term capital gain or (loss) from like-kind  14 Capital gain distributions  15 Net long-term capital gain or (loss) Combine  | d exchanges from Form 8824<br>lines 8a through 14 in colum  | n h   |  | 12<br>13<br>14<br>15 |  |
| Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales  13 Long-term capital gain or (loss) from like-kind  14 Capital gain distributions  15 Net long-term capital gain or (loss) Combine  17 Partilli Summary of Parts I and  16 Enter excess of net short-term capital gain (lir | d exchanges from Form 8824<br>lines 8a through 14 in colum<br>I II<br>e 7) over net long-term capita                        | n h<br>al loss (line 15)                                    | 0.7)   | 12<br>13<br>14<br>15 | 2,903  |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on  | l exchanges from Form 8824 lines 8a through 14 in colum I II e 7) over net long-term capita capital gain (line 15) over net | n h<br>al loss (line 15)<br>t short-term capital loss (line | e 7)   | 12<br>13<br>14<br>15 | 2,903<br>2,903<br>2,820<br>2,820                           |

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120 Schedule D (Form 1120) 2018

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

Name(s) shown on return

Social security number or taxpayer identification no.

| BELOIT COLLEGE   |  |   |                                      |   |                             | 39-08                                      | 308497  |
|--|--|---|--------------------------------------|---|-----------------------------|--|---|
| Before you check Box A, B, or C bel<br>statement will have the same inform<br>broker and may even tell you which | atıon as Form 109                                | you received any<br>99-B Either will s  | / Form(s) 1099-B<br>show whether you | or substitute statem<br>ir basis (usually you                   | nent(s) from<br>r cost) was | your broker A su<br>reported to the IF     | bstitute<br>S by your                                       |
| Part I Short-Term. Transact  |  | al assets you held                      | 1 year or less are ge                | enerally short term (see  | nstructions                 | ) For long term                            |   |
| transactions, see page 2  Note: You may aggregate all codes are required. Enter the                              | ll short-term transac                            | ctions reported on f                    | Form(s) 1099 B show                  | ving basis was reporte  | d to the IRS                | and for which no ad                        | justments or  |
| You must check Box A. B. or C below  | Check only one bo                                | X If more than one b                    | ox applies for your sho              | rt-term transactions, comp                                      | lete a separate             | Form 8949, page 1, for                     | each applicable box   |
| If you have more short-term transactions than wi   | II fit on this page for on                       | e or more of the boxes                  | , complete as many for               | ms with the same box che  | cked as you ne              | ed   |   |
| (A) Short-term transactions re   |  |   |                                      |   | Note abo                    | ive)                                       |   |
| (B) Short-term transactions re   |  | -                                       | -                                    | eported to the IRS  |                             |  |   |
| X (C) Short-term transactions no   | ot reported to you                               | on Form 1099-E                          | 3                                    |   |                             |  |   |
| 1 (a)  | (b)  | (c)                                     | (d)<br>Proceeds                      | (e)<br>Cost or other  | Adjustment                  | t, if any, to gain or<br>u enter an amount | (h)   |
| Description of property  | Date acquired (Mo , day, yr )                    | Date sold or disposed of (Mo , day, yr) | (sales price)                        | basis See the Note below and see Column (e) in the instructions | in column (                 | (g), enter a code in                       | Gain or (loss).<br>Subtract column (e)<br>from column (d) & |
| (Example 100 sh XYZ Co)  |  |   |                                      |   | · · · ·                     | See ilistructions                          |   |
|  |  |   |                                      |   | (f) (g)<br>Amount of        |  | combine the result  |
|  |  |   |                                      |   | Code(s)                     | adjustment                                 | with column (g)   |
| ABBOTT CAPITAL PRIVATE   |  |   |                                      |   |                             |  |   |
| EQUITY FUND VI, L  |  |   | <u> </u>                             |   |                             |  | <83.>   |
|  |  |   |                                      |   |                             |  |   |
|  |  |   |                                      |   |                             |  |   |
|  |  |   |                                      |   |                             |  |   |
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|  |  |   |                                      |   |                             |  |   |
|  |  |   |                                      |   |                             |  |   |
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|  |  |   |                                      |   |                             |  | -   |
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|  |  | 1                                       |                                      |   |                             |  |   |
| 2 Totals. Add the amounts in colu  |  |   |                                      |   |                             |  |   |
| negative amounts) Enter each to  |  | •                                       |                                      |   |                             |  |   |
| Schedule D, line 1b (if Box A abo  |  |   |                                      |   |                             |  | .0.2  |
| above is checked), or line 3 (if B   |  |   |                                      | <u>J </u>   |                             |  | <83.>   |
| Note: If you checked Box A above b   | out the basis repo                               | orted to the IRS v                      | was incorrect, ent                   | er in column (e) the  | basis as re                 | ported to the IRS                          | , and enter an  |

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

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 page 1

Social security number or taxpayer identification no.

|  |  |  |                                      |  |   | taxpayer ide                          | nuncation no.                         |
|--|--|--|--------------------------------------|--|---|---------------------------------------|---------------------------------------|
| BELOIT COLLEGE   |  |  |                                      |  |   | 39-08                                 | 08497                                 |
| Before you check Box D, E, or F belo<br>statement will have the same informa     | ition as Form 109  | you received any<br>99-B Either will s | Form(s) 1099-B o<br>show whether you | r substitute statem<br>r basis (usually you      | ent(s) from yo<br>r cost) was re                            | our broker A sub<br>eported to the IR | ostitute<br>S by your                 |
| broker and may even tell you which be<br>Part II Long-Term. Transaction          |  | al assets you held n                   | nore than 1 year are                 | generally long term (s                           | ee instructions   | s) For short term tr                  | ansactions,                           |
| see page 1  Note: You may aggregate all codes are required. Enter the            | long term transact   | ions reported on Fe                    | orm(s) 1099-B shows                  | ng basis was reported                            | to the IRS an   | id for which no adji                  | ustments or                           |
| You must check Box D. E. or F below, C   | heck only one bo   | x If more than one be                  | ox applies for your long-            | term transactions, comple                        | ete a separate Fo   | rm 8949, page 2, for e                | ach applicable box                    |
| If you have more long-term transactions than will (D) Long-term transactions rep |  |  |                                      |  |   |                                       |                                       |
|  |  |  |                                      |  | Note above  | <del>=</del> )                        |                                       |
| (E) Long-term transactions rep   |  |  |                                      | ported to the ins                                |   |                                       |                                       |
| 11 / Eorig terri trancactione net  | ons not reported to you on Form 1099-B  (b) (c) (d) (e) Adjustment, if any, to gain or (h) |  |                                      |  |   |                                       |                                       |
| 1 (a) Description of property  | (b) Date acquired  | (c) Date sold or                       | (d)<br>Proceeds                      | (e)<br>Cost or other                             | loss If you   | Gain or (loss).                       |                                       |
| (Example 100 sh XYZ Co)  | (Mo , day, yr)   | disposed of                            | (sales price)                        | basis See the                                    | in column (g), enter a code in column (f). See instructions |                                       | Subtract column (e)                   |
| (Example 100 on XIII of )  | (  , , , , ,   | (Mo , day, yr)                         |                                      | Note below and                                   | (f)   | (g)                                   | from column (d) & combine the result  |
|  |  |  |                                      | see Column (e) In the instructions               | Code(s)   | Amount of                             | with column (g)                       |
| ABBOTT CAPITAL PRIVATE   |  |  | <del></del>                          |  |   | adjustment                            | (3)                                   |
| EQUITY FUND VI L   |  |  | -                                    | <del>                                     </del> |   |                                       | 2,903.                                |
| EQUITI FORD VI, D  |  |  |                                      | <del> </del>                                     |   |                                       |                                       |
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| O Tabela Addition and  | (-1) (-) (-)   | nel (h) (n) him n                      |                                      | -  |   |                                       |                                       |
| 2 Totals. Add the amounts in colum   |  |  |                                      |  |   |                                       |                                       |
| negative amounts) Enter each tot   |  | -                                      |                                      |  |   |                                       |                                       |
| Schedule D, line 8b (if Box D abo  |  |  |                                      |  |   |                                       | 2,903.                                |
| above is checked), or line 10 (if B  | ox F above is cr   | recked)                                |                                      | ar in only man (a) #5 =                          | basis as ===  | orted to the IPS                      |                                       |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)