Exempt Organization Business Income Tax Return

1

923711 01-27-20

NY 10017

THIRD AVENUE,

757

Firm's address NEW YORK,

Form 990-T (2019)

Phone no. 212-599-0100

9TH FLOOR

| Schedule A - Cost of Good | s Sold. Enter | method of inve | ntory valuation N/A | A | | _ | | |
|--|--|--|--|--------------|--|----------------|--|----------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of ye | ar | | 6 | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. S | Subtract lin | e 6 | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | e and in Pa | ırt 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 acquired for resale) apply to | | | | | |
| _5 Total. Add lines 1 through 4b | 5 | | the organization? | | | | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Personal Property I | Leased | With Real Prop | erty) | | |
| 1. Description of property | | | | | | | | |
| _(1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| _(4) | | | | | | | | |
| | | ed or accrued | | | 3(a) Deductions directly | connected | with the income in | |
| ` rent for personal property is more | (a) From personal property (if the percentage of rent for personal property is more than of rent for personal property is more than 10% but not more than 50%) | | | age | columns 2(a) ar | id 2(b) (attac | ch schedule) | 1 |
| _(1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | n (A) | > | | ا م | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <u> </u> | | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | nstructions) | | | | | |
| | | | Gross income from or allocable to debt- | <u></u> | 3. Deductions directly coni to debt-finance | ed property | | |
| 1. Description of debt-fil | nanced property | | financed property | (a) s | traight line depreciation (attach schedule) | |) Other deduction attach schedule) | S |
| _(1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | _ | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property a schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | Allocable deducte mn 6 x total of col 3(a) and 3(b)) | |
| (1) | | | % | | | | | |
| (2) | | | % | | | | | |
| (3) | | | % | I | | L^{-} | | |
| (4) | | | % | | | | | |
| | | | · | | er here and on page 1, rt I, line 7, column (A) | | r here and on page I, line 7, column (| |
| Totals | | | • | . | 0 | . | | 0. |
| Total dividends-received deductions in | ncluded in column | 1.8 | | | | | | 0. |

| Schedule F - Interest, A | nnuities | , Royaltie | s, and Rents | From Co | ntrolle | d Organiza | ations | (see ınstr | uctions |) |
|-------------------------------------|---|-----------------------------------|---|---|---|---|--|---|------------------|---|
| | | | Exempt | Controlled O | rganızatı | ons | | | | |
| 1. Name of controlled organizati | on | 2. Employ identification number | | related income e instructions) | | al of specified ments made | include | of column 4 that d in the controll tion's gross inc | ling | 6. Deductions directly connected with income in column 5 |
| (1) | _ | | | | | | ļ — | | - - | |
| (2) | | | - | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | <u>-</u> | | | <u> </u> | | | |
| Nonexempt Controlled Organiz | zations | | | | <u> </u> | | <u>. </u> | | | |
| 7. Taxable Income | | elated income (lo | Total | l of specified payr | nents | 10. Part of colu | mn 9 that i | s included | 11 Dedi | uctions directly connected |
| , | | e instructions) | 3 . 101a. | made | | in the controlli | ing organiz s income | zation's | with | ncome in column 10 |
| (1) | | | | | | | | | - | |
| (2) | | | | | - | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | · · | | | , | | | | |
| | | | | | | Add colun Enter here and line 8, c | | I, Part I, | Enter he | columns 6 and 11 re and on page 1, Part I, ne 8, column (B) |
| Totals | | | | | _ | | | 0. | | 0. |
| Schedule G - Investme | nt Incom | e of a Sec | ction 501(c)(7 | 7), (9), or (| 17) Org | anization | | | | |
| (see instr | uctions) | | | | | | | | | |
| 1. Desc | ription of incomi | e | • | 2. Amount of | income | 3. Deduction directly connect (attach scheduction) | ected | 4. Set-asi | | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | · | | | | | | | |
| (4) | | | <u> </u> | | | | | | | |
| Totals | | | • | Enter here and o Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| Schedule I - Exploited (see instru | _ | Activity In | come, Other | Than Adv | ertisin | g Income | | | | , |
| Description of exploited activity | 2. Gro unrelated by income t trade or bu | usiness from | 3. Expenses directly connected with production of unrelated business income | 4. Net incomfrom unrelated business (cominus column gain, compute through | I trade or dumn 2 n 3) If a e cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | 6. Expenatorial | le to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | ^ | | | | Î | | | |
| (2) | | | | | | | | • | | |
| (3) | | | | , | | | | | | |
| (4) | | | | | | | | | | |
| | Enter here page 1, F line 10, co | Parti, ol (A) | Enter here and on page 1, Part I, line 10, col (B) | | | | | | | Enter here and on page 1, Part II, line 25 |
| Totals Schodulo L. Advertisir | a lecer | 0. | 0. | | J. 1867, 45 | 3638. 138 | 1663 S. 17) | | <u> </u> | 0. |
| Schedule J - Advertisir | | | | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | 3. Direct advertising costs | or (loss) (co | ain, compute | 5. Circulate income | | 6. Readers costs | hip | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | ;¥ | | | 3 | |
| (2) | _ _ | | | | | <u> </u> | | | | |
| (3) | | | | | ŠŽŽŽ | | | _ | · | |
| (4) | | | | | | * | | | Į. | |
| Totals (carry to Part II, line (5)) | • | 0. | 0 | | | | | | | 0. Form 990-T (2019) |
| | | | | | | | | | | 1 Julii 200 1 (2019) |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical | í | 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. | KARANA KARANA | | de Carlo | 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 26 |
| Totals, Part II (lines 1-5) | ▶] | 0. | 0. | 】 ^^\\\^\\\\ | the sail sheet not been | | U. |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | - |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

1

ENTITY

Employer identification number

52-0591691

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

WASHINGTON COLLEGE Unrelated Business Activity Code (see instructions) ► CONFERENCE CENTER Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 36,333. 1 a Gross receipts or sales 36,333 c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 36,333. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 36,333. 36,333. 13 Total, Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 5,902. 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

21b

22

24

25

26

27

28

29

30

21

22

23

24

25

26

27

28

29

30

Depletion

instructions)

SEE STATEMENT 5

58.

1,547.

21,197.

28,704.

7,629.

| WASHINGTO | N COLLEG | E | | | | 52-0591 | 691 | · | · ago · |
|--|----------------------|--|----------|--|-----------|---|---|-------------------------------------|---------------|
| Schedule A - Cost of Goods | s Sold. Enter | method of inven | tory v | aluation N/A | | | | | - |
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of yea | r | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | ıbtract l | ine 6 | | | |
| 3 Cost of labor | 3 | |] | from line 5. Enter here | and in F | Part I, | | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | vith respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | |] | property produced or a | cquired | for resale) apply to | | 10 m | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | | X |
| Schedule C - Rent Income (| (From Real | Property and | Per | sonal Property L | ease | d With Real Prope | rty) | | |
| (see instructions) | | | | | | | | | |
| Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | - | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | <u> </u> | | | | | |
| | | ed or accrued | | | | 3(a) Deductions directly c | nanected with the i | ncome in | 1 |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | of rent for p | personal | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | columns 2(a) and | 2(b) (attach sched | ıle) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns | | ter | | | | (b) Total deductions. Enter here and on page 1, | | | |
| here and on page 1, Part I, line 6, column | | <u> </u> | | | 0. | Part I, line 6, column (B) | <u> </u> | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | ınstru | ctions) | | | | | |
| | | | , | . Gross income from | | Deductions directly conne to debt-finance | | ble | |
| Description of debt-fit | nanced property | | - | or allocable to debt- | (a) | Straight line depreciation | (b) Other o | | ıs |
| r. Description of deat in | nanced property | | | financed property | | (attach schedule) | (attach se | chedule) | |
| (1) | | | 1 | | | | | | |
| (2) | _ | | | | | | | | |
| (3) | | | | | | ··· | | | |
| (4) | · | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property h schedule) | 6 | Golumn 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8, Allocabl (column 6 x to 3(a) a | e deducti otal of co nd 3(b)) | ions lumns |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here an Part I, line 7, | | |

Form 990-T (2019)

Totals

Total dividends-received deductions included in column 8

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

WASHINGTON COLLEGE (THE "COLLEGE") IS A COLLEGE LOCATED SOLELY IN MARYLAND. THEIR PRIMARY EXEMPT PURPOSE IS EDUCATION. THE COLLEGE GENERATES UNRELATED BUSINESS TAXABLE INCOME ("UBTI") FROM INVESTMENTS IN VARIOUS LIMITED PARTNERSHIPS AND CONFERENCE CENTER ACTIVITIES.

TO FORM 990-T, PAGE 1

| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|-------------------------------|----------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| INCOME FROM LP PARTNER (LOSS) | SHIPS - ORDINARY BUSINESS INCOME | -96,652 |
| TOTAL INCLUDED ON FORM | 990-T, PAGE 1, LINE 5 | -96,652. |
| FORM 990-T | INTEREST PAID | STATEMENT 3 |
| DESCRIPTION | | AMOUNT |
| INTEREST EXPENSE FROM | K-1S | 25,369 |
| TOTAL TO FORM 990-T, P. | AGE 1, LINE 18 | 25,369 |
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 4 |
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 21,425. |
| TOTAL TO FORM 990-T, P. | AGE 1, LINE 27 | 21,425 |

| FORM 990-T (M) | OTHER I | DEDUCTIONS | STATEMENT 5 |
|---|------------|------------|--|
| DESCRIPTION | | | AMOUNT |
| TAX PREPARATION FEES COST OF PROVIDING MEALS SUPPLIES PAYROLL TAXES CONTRACTUAL EXPENSES REPAIRS AND MAINTENANCE MISC. EXPENSES | | | 2,750. 15,706. 73. 429. 2,096. 131. |
| TOTAL TO SCHEDULE M, PART I | I, LINE 27 | | 21,197. |

Washington College

EIN 52-0591691

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 06/30/2020

FORM 990-T PART III, LINE 36
DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING BEFORE 1/1/2018

| Year | NOL Generated | NOL Utilized | NOL Utilized | NOL Carryforward |
|---------------|---------------------|--------------|--------------|---------------------|
| 6/30/2009 | 142,412 | 74,655 | 7,629 | 60,128 |
| 6/30/2010 | 167,127 | - | - | 167,127 |
| 6/30/2011 | 32,896 | - | - | 32,896 |
| 6/30/2012 | 386,333 | - | - | 386,333 |
| 6/30/2013 | 135,425 | - | - | 135,425 |
| 6/30/2016 | 78,558 | - | - | 78,558 |
| 6/30/2017 | 44,864 | - | - | 44,864 |
| 6/30/2018 | 142,850 | - | - | 142,850 |
| Totals | 1,159,709 | 103,899 | 7,629 | 1,048,181 |
| Current Year | UBI Income (Loss) k | pefore NOL | | 7,629 |
| Current Year | NOL Utilized | | | 7,629 |
| TOTAL CARRYOV | /ER TO 2020 | | | 1,048,181 |

Washington College

EIN: 52-0591691

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 06/30/2020

ACTIVITY:

QUALIFIED INVESTMENT ACTIVITIES

SILO SCH M #:

FORM 990-T PART II, LINE 30

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

| Year | NOL Generated | NOL Utilized PY | NOL Utilized CY | NOL Carryforward |
|---------------|---------------|-----------------|--------------------|---------------------|
| 6/30/2019 | 403,682 | - | - | 403,682 |
| 6/30/2020 | 193,362 | - | - | 193,362 |
| Totals | 597,044 | | | 597,044 |
| TOTAL CARRYOV | ER TO 2020 | | | 597,044 |

ACTIVITY: CONFERENCE CENTER

SILO SCH M #:

1

FORM 990-T PART II, LINE 30

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER 1/1/2018

| Year | NOL Generated | NOL Utilized | NOL Utilized CY | NOL Carryforward |
|-----------------|---------------|--------------|-----------------|---------------------|
| 6/30/2019 | | - | | |
| 6/30/2020 | _ | - | - | _ |
| Totals | | | | |
| TOTAL CARRYOVER | R TO 2020 | | | |

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No 1545-0123

Name

Employer identification number

| WASHINGTON COLLEGE | | | | <u> 52 -</u> | 0591691 |
|---|-------------------------------|----------------------------|---|--------------|--|
| Did the corporation dispose of any investmen | nt(s) in a qualified opportur | nity fund during the tax | year [?] | | ▶ Yes X No |
| If "Yes," attach Form 8949 and see its instru- | ctions for additional require | ements for reporting you | ur gain or loss | | |
| ি Part্থী Short-Term Capital Gai | ns 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 gair or loss from Form(s) 894 | י 9, | (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 (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | |
| 1b Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box A checked | | | | | -10,541. |
| 2 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box B checked | | | | | |
| 3 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box C checked | | | | | |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 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 | | | | 7 | -10,541. |
| ু Part II Long-Term Capital Gai | ns and Losses (See | nstructions) | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss from Form(s) 894 | 9, | (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 II, line 2, column (g | 1) | combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| 8b Totals for all transactions reported on | | | | | 40.506 |
| Form(s) 8949 with Box D checked | | | | | 18,526. |
| 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 | | | | | 0.056 |
| 11 Enter gain from Form 4797, line 7 or 9 | | _ | | 11 | 9,956. |
| 12 Long-term capital gain from installment sales | | 7 | | 12_ | |
| 13 Long-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | 14 | 20 402 |
| 15 Net long-term capital gain or (loss). Combini | | n h | | 15 | 28,482. |
| Rantilli Summary of Parts I and | | | | 1 | |
| 16 Enter excess of net short-term capital gain (lii | • | | | 16 | 17 041 |
| 17 Net capital gain Enter excess of net long-tern | | | ine 7) | 17 | 17,941. |
| 18 Add lines 16 and 17. Enter here and on Form | · · · - | oper line on other returns | | 18 | 17,941. |
| Note: If losses exceed gains, see Capital Los | ises in the instructions. | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form | 1120. | | s | Schedule D (Form 1120) 2019 |

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

Social security number or taxpayer identification no.

52-0591691

WASHINGTON COLLEGE

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount **Proceeds** Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co.) disposed of (Mo, day, yr.) column (f). See instructions. Note below and from column (d) & (Mo, day, yr) see *Column (e)* ın combine the result Amount of Code(s) with column (g) the instructions adjustment ST CAPITAL GAIN (LOSS) <10,541. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (If Box A above is checked), line 2 (If Box B above is checked), or line 3 (if Box C above is checked)

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

'Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or

| That we construct the state of | id Corv or taxpay | | | onomi on page . | | taxpayer ide | ntification no. |
|---|---|---|---|---|--|---|--|
| WASHINGTON COI | LLEGE | | | | | 52-0 | 591691 |
| Before you check Box D, E, or F be statement will have the same inform broker and may even tell you which | low, see whether nation as Form 10 | you received any 99-B Either will s | Form(s) 1099-B o show whether you | or substitute statem er basis (usually you | ent(s) from r cost) was | your broker A sur reported to the IF | bstitute S by your _, |
| Part II Long-Term. Transact | | al assets you held n | nore than 1 year are | generally long term (s | ee instruction | ns) For short-term to | ransactions, |
| Note: You may aggregate a codes are required. Enter the | ne totals directly on t | Schedule D, line 8a | i, yoù aren't required | I to report these trans | actions on Fo | orm 8949 (see instru | ctions) |
| You must check Box D, E, or F below. If you have more long-term transactions than we | Check only one boild fit on this page for one | x. If more than one be or more of the boxes | ox applies for your long complete as many forn | term transactions, compl is with the same box chec | ete a separate l cked as you nee | Form 8949, page 2, for e | each applicable box |
| X (D) Long-term transactions re | ported on Form(s |) 1099-B showing | g basis was repor | ted to the IRS (see | Note abo | ve) | |
| (E) Long-term transactions re | ported on Form(s |) 1099⋅B showing | g basis wasn't r e | ported to the IRS | | | |
| (F) Long-term transactions no | ot reported to you | on Form 1099-B | <u> </u> | - | T | | |
| Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed of | (d) Proceeds (sales price) | Cost or other | loss. If yo in column (| t, if any, to gain or u enter an amount (g), enter a code in See instructions. | (h) Gain or (loss). Subtract column (e) |
| (Example 100 dir XIII 00) | (, 22), y. , | (Mo , day, yr.) | | Note below and see Column (e) In the instructions | (4) | (g) Amount of adjustment | from column (d) & combine the result with column (g) |
| LT CAPITAL GAIN | | | | | | adjudition | |
| (LOSS) | | | | | | | 18,526. |
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| 2 Totals. Add the amounts in colu | | | |] . |]] | | |
| negative amounts) Enter each to | | ' - ' | | | | | |
| Schedule D, line 8b (if Box D ab | | | | | | | 10 526 |
| above is checked), or line 10 (if | DUX F above is cr | ieckeu) | | L | LL | | 18,526. |

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 (2019)