F	990-T	Ex	cempt Organization					irn	L	OMB No	1545-0687
Form	330-1		(and proxy tax					الالكرة	'	മ	0 <b>40</b>
		For cale	ndar year 2018 or other tax year begin					20 1 2	-	$\mathbb{Z}$ $\mathbb{U}$	<b>ال</b> الا
	ment of the Treasury Revenue Service	<b>►</b> n.	► Go to www.irs gov/Form990					1/01/31		Open to Pub	olic Inspection for ganizations Only
A	Check box if address changed	<b>₽</b> 00	not enter SSN numbers on this form :  Name of organization ( Check b		me changed and see in			D Er	nploye		ation number
B Exe	mpt under/section	1	WASHINGTON AND LEE	UNIV	ERSITY						
	501( C )( 3)	Print	Number, street, and room or suite no					54	-050	5977	
	408(e) 220(e)	or									s activity code
-	408A 530(a)	Type	204 W WASHINGTON ST	REET	ı			(S	ee instru	uctions)	
	529(a)		City or town, state or province, countr	y, and Z	ZIP or foreign postal co-	de					
	k value of all assets	l	LEXINGTON, VA 24450					52	5990	454	110
at e	nd of year	F Gro	up exemption number (See instruct	ions )	<u> </u>						
2	161435497.	G Che	eck organization type 🕨 🕺 501	(c) co	rporation	501(c)	trust	401	(a) tru	ust	Other trust
H En	ter the number of	the orga	inization's unrelated trades or busine	esses						or first) unr	
	de or business her					•	complete Parts				lescribe the
firs	st in the blank spa	ice at the	e end of the previous sentence, co	mplete	Parts I and II, comp	olete a S	chedule M for e	ach add	litional	J	
	de or business, th								_		
	= -		corporation a subsidiary in an affil			sidiary c	ontrolled group	<sup>7</sup>		. ▶ ∟_	Yes X No
			identifying number of the parent co	rporati	on ►		e number ▶ 5	40-45	50_0	400	
			EBORAH Z. CAYLOR						30-0		C) Net
			or Business Income	Τ	(A) Income		(B) Exp	enses			S) Net.
	Gross receipts or		c Balance ▶								ļ
	Cost of goods and		lule A, line 7)	1c 2			<del></del>				<u>;</u>
2 3	Cross profit Sub	tract line	2 from line 1c	3			•				<del></del>
			attach Schedule D)	4a						<u>-</u>	
			Part II, line 17) (attach Form 4797)	4b	-5,	544.			a +		-5,544.
c			trusts	4c					Se 5	2	
5	,		r an S corporation (attach statement)	5	19,	506.	ATCH	2		Mil.	19,506.
6				6					•		- 1
7	•		ncome (Schedule E)	7							
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F	8					-		
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
10	Exploited exempt	activity i	ncome (Schedule I)	10			_				
11	Advertising incom	ne (Sched	dule J)	11							
12	•		ctions, attach schedule)	12		262		<u></u>			12.062
13	Total Combine lii	nes 3 thr	ough 12	13		962.		<u>/</u>	- 4 6		13,962.
Par			Taken Elsewhere (See inst					(Exce	pt for	COUTUD	utions,
	aeauction	ıs musı	be directly connected with t	ine ur	related busines				14		
14 1515	Compensation of	officers,	directors, and trustees (Seheddie RECIE	VE	0 $1$			⊢	15		
<b>2</b> 16	Penairs and main	tenance		and when the same is not	· · ·  8  · · · ·				16		
>'° ≠17	Rad debts	iteriance		0 202	20. 131			-	17		
<b>2</b> 17 <b>2</b> 18	Interest (attach s	chedule)	(see instructions)	U LY				: : : <b> </b> -	18		
	Taxes and license	s	See instructions for limitation rates	سنسنسند ۱۹۰۰ :	TIT			: : : <b> </b>	19		
20	Charitable contrib	outions (S	See instructions for limitation rules	=14,	1	АŢÇĦ	. 3		20		13.
121	Depreciation (atta	ach Form	4562)		21						
22			I on Schedule A and elsewhere on r						22b		
23	Depletion							[_	23		
24	Contributions to d	deferred	compensation plans					_	24		
<b>3</b> 25			s					1	25		
<b>&gt;</b> 26			Schedule I)						26		
27	Excess readership	costs (S	Schedule J)					·, · ·	27		
28	Other deductions	(attach s	Schedule J)schedule)				. АТСН.	a-	28		725.
									29		738. 13¦224.
30	Unrelated busine	ss taxat	ole income before net operating	loss	deduction Subtra	ct line	29 from line	13	30		13;424.
31	Deduction for net	t operatin	ng loss arising in tax years beginni	ng on (	or after January 1, 2	บาช (see	e instructions)	. الله.	3/1 3/2		13,224
32 For P	Unrelated busine aperwork Reduct	ss taxabl	le income Subtract line 31 from line Notice, see instructions.	e 30 .	<u> </u>	· · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>	/}	3/2	Forn	n <b>990-T</b> (2018)
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Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).  34 Amounts paid for duallowed fringes.  35 Deduction for not operating loss arising in tax years beginning before January 1, 2018 (see instructions), and the properties of the properties		990-T (2018)		_		Page
an Amounts paid for detaillowed frages  34 Amounts paid for detaillowed frages  35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).  36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.  37 Specific deduction (Generally \$1.000, but see line 37 instructions for exceptions).  38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, and 34.  39 Organizations Taxables as Corporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxables as Corporations. Multiply line 38 by 21% (0.21).  31 Trusts Taxable at Trust Rate. See instructions for exceptions).  32 Organizations Taxables at Corporations. Multiply line 38 by 21% (0.21).  39 Organizations Taxables at Corporations. Multiply line 38 by 21% (0.21).  40 Trusts Taxable at Trust Rate. See instructions for line 36 miles and 10 miles 30 miles 41 trusts. And 10 line 30 miles 41 trusts. And 10 miles 41 trusts. And 10 line 30 miles 41 trusts. And 10	Pa	Total Unrelated Business Taxable Income				
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10 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	Pai		<u> </u>			
the amount on line 38 from:	39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		15,	330.
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A   Proxy tax. See instructions		the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
12   Alternative minimum tax (trusts only).	41	•				
13 Tax on Noncemplant Facility Income. See Instructions 1 Total. Add tines 41, 42, and 43 to line 39 or 40, whichever applies 15 a Foreign tax credit (corporations attach Form 118); trusts attach Form 1116). 15 a Foreign tax credit (corporations attach Form 118); trusts attach Form 1116). 15 a Foreign tax credit (corporations attach Form 118); trusts attach Form 1116). 15 a Foreign tax credit (corporations attach Form 118); trusts attach Form 1116). 16 b Other credits (see instructions). 17 a Foreign tax credit (corporations attach Form 1800 (see instructions). 18 c General business credit. Attach Form 3800 (see instructions). 19 c Total tax Add lines 46 and 47 (see instructions). 20 Payments × 2017 coverpayment credited to 2018 21 Portion 4136 22 Portion 4136 23 Portion 4136 24 Portion 4136 25 Portion 4136 26 Portion 4136 27 Portion 4136 28 Portion 4136 29 Portion 4136 20 Portion 4136			<del></del>			
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5 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	•		<del>         </del>		,	<del></del>
b Other credits (see instructions).  General business credit. Attach Form 3800 (see instructions).  Gredit or prory year minimum tax (attach Form 8801 or 8827).  Total tax 45e d  Total tax 5e hour form 18e 44 f  Total tax. Add lines 46 and 47 (see instructions)  Payments 4 2017 overpayment credited to 2018  Total set instructions or tax deposited with Form 8868.  Total set instructions or tax deposited with Form 8868.  Total set instructions or tax deposited with Form 8868.  Total set instructions or tax deposited with Form 8868.  Total payments. Add lines 50 a through 50g.  Total payments. Add lines 50a through 50g.  Total payments. Add lines 50g.  Tota			<del>-                                    </del>			
c General business credit. Attach Form 3800 (see instructions).  d Credit for prior year minimum tax (attach Form 8801 or 8827).  8 Subtract tine 45e from line 44.  15 Other taxes Check if from: Form 4285 Form 8811 Form 8897 Form 8896 Other (attach schedule).  17 Total tax. Add lines 46 and 47 (see instructions).  18 Total tax. Add lines 46 and 47 (see instructions).  19 2018 net 985 tax liability paid from Form 985-A or Form 985-B, Part II, column (tx), line 2.  10 a Payments: A 2017 overpayment credited to 2018 State 1, 591, 1, 591, 000.  10 a Payments: A 2017 overpayment credited to 2018 State 1, 591, 1, 591, 000.  10 a C Tax deposited with Form 8868 State 1, 591, 000.  11 Total payments. Add lines 50 at birrough 50g State 1, 591, 000.  12 Total payments. Add lines 50a through 50g State 1, 591, 000.  13 Total payments. Add lines 50a through 50g State 1, 591, 000.  14 1, 730, 695 State 1, 791, 365 State 1, 791, 36		4 1				
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e Total credits. Add lines 45a through 45d  Subtract line 45e from line 44.  Total taxs. Check if from:	d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
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b 2018 estimated tax payments	-		<del>  78  </del>			
Tax deposited with Form 8868						
d Foreign organizations. Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments:  Form 4136  Other  Total payments. Add lines 50a through 50g  Total payments. Add lines 50a through 50g  Statements are penalty (see instructions). Check if Form 2220 is attached.  Overpayment. If line 51 is leager than the total of lines 48, 49, and 52, enter amount ower.  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file finCEN Form 114, Report of Foreign Bank and Financial Accounts. If Yes, "enter the name of the foreign country here SINGAPORE  Durling the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?						
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Form 4136 Other Total payments. Add lines 50a through 50g			' l			
Total payments. Add lines 50a through 50g.  Estimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  See the the amount of line 54 you want. Creditad to 2019 estimated tax > 915, 365.  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file.  FinceN Form 114, Report of Foreign Bank and Financial Accounts. If Yes," enter the name of the foreign country here SINGAPORE  During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?.  X If Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year.  Sign Under penalty pegus, I declare that I have examined this return, including accompaying schedules and statements, and to the best of my knowledge and betef, it true, corner, and perpayed to posterion of pepagic (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer's name  RAYMOND LY  Firm's name KPMG LLP  Firm's name KPMG LLP  Firm's name KPMG LLP  Firm's name KPMG LLP  Total Country (A) 1, 715, 365  Tax due. If line 51 is larger amount over a mount of lines 48, 49, and 52, enter amount overpaid.  1, 715, 365  1,	9		ŀ			
2 Estimated tax penalty (see instructions). Check if Form 2220 is attached.  3 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  4 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  5 Enter the amount of line 54 you went. Credited to 2019 estimated tax ▶ 915, 365.  8 Refunded ▶ 55 800, 000  9 art VI Statements Regarding Certain Activities and Other Information (see instructions)  6 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yas No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Form 4136 Other Total ▶ 50g	.			
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If line 51 is larger than 1, 715, 365  Tax due. If li	1	Total payments. Add lines 50a through 50g	<b>\$1</b>	1,7	730,	695.
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	2	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52			
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SINGAPORE  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	3	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
Enter the amount of line 54 you want. Credited to 2019 estimated tax > 915, 365.  Refunded > 55		<b>G</b> 7 · 1		1,7	15,	365.
Statements Regarding Certain Activities and Other Information (see instructions)  8 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			_			
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?						
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?					Vac	No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				•	145	140
here ► SINGAPORE  7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			•			
Durling the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		· · · · · · · · · · · · · · · · · · ·	foreign	country		l
If "Yes," see instructions for other forms the organization may have to file.  8 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of pegup, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my knowledge and befer, it true, correct use of personal content of prepare (other than taxpayer) is besed on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Nowledge and befer, it true, correct use of officer   Date   Title   Date   Date   Print/Type preparer's name   Personal Print/Type preparer's signature   Date   Date   Date   Print/Type preparer's name   KPMG LLP   Firm's name   KPMG LL		here SINGAPORE			X	<u> </u>
Enter the amount of tax-exempt interest received or accrued during the tax year    Under penalties of peduty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct as considere. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Now Print/Type preparer's name  Print/Type preparer's name  RAYMOND LY  Firm's name KPMG LLP  Firm's name KPMG LLP  Firm's sell No.	7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust	?		X
Enter the amount of tax-exempt interest received or accrued during the tax year   Sign  Under penalties pedugy, 1 declare that 1 here examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, corner and statements. Declaration of purpage (other than taxpayer) is bested on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Nowledge  Print/Type preparer's name  PayMond Ly  Firm's name KPMG LLP  Firm's name KPMG LLP		if "Yes," see instructions for other forms the organization may have to file.		İ		
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No.  Print/Type preparer's name  RAYMOND LY  Firm's name ► KPMG LLP  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No.  Postparer's signature 05/11/2020 Self-employed P01205643  Firm's name ► KPMG LLP						
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No.    Print/Type preparer's name   Print/Type preparer's signature   Date   Print/Type preparer's signature   Print/Type preparer's signature   Date   Print/Type preparer's signature   Print/Type preparer's name   Print/Type preparer's signature   Print/Ty		Under penalties of pegucy, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of m	/ knowledge a	and best	ef, it is
Signature of officer   Date   Title   See instructions)?   X   Yes   No.   No.   No.   Yes   Yes   No.   Yes	ian				_	
Signature of officer  Date  Title  (see instructions)? X Yes No  Print/Type preparer's name  Print/Type preparer's name  RAYMOND LY  Print's name  KPMG LLP  Signature  Date  O5/11/2020  Check  If  PTIN  Self-employed  P01205643  Firm's name  KPMG LLP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Print/Type preparer's name  RAYMOND LY  Firm's name  KPMG LLP  Preparer's signature  05/11/2020  Check If PTIN POINT POINT SIN P13-5565207			instructio	preparer sh	own_t	7 D
RAYMOND LY  reparer se Only  Firm's name ► KPMG LLP  Firm's name ► KPMG LLP  Firm's name ► KPMG LLP	<del></del>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>3</b>	No
reparer  Firm's name ► KPMG LLP  Firm's name ► KPMG LLP	aid			1		_
Firm's name RENG LLP 13-5565207		Ifer by Whyer yar				3
Firm's address ▶ 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Phone no. 703-286-8000	-	Prim's name Replie LLP				
		Firm's address ▶ 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Phone	no. 70			
SA Form <b>990-T</b> (201	SA			Form 99	10-T	(2018)

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Form 990-T (2018)	Coods Cold =				CDECTE	TO TENTETO	וחדייתי		F	Page 3
Schedule A - Cost o		nter method					T T			
1 Inventory at beginning	· · · ———					ar	6			
2 Purchases						ld Subtract line				
3 Cost of labor						ter here and in	_			
4a Additional section 263	1 1								Vaa	- No
(attach schedule)			`			section 263A (w		•	Yes	No
<b>b</b> Other costs (attach so					•	or acquired for				x
5 Total. Add lines 1 thro			ad Davage	to the orga	inization / .		· · · ·			
(see instructions)	ome (From Real i	roperty a	nu Persona	al Property	Leaseu v	vitti Kedi Fropei	ty)			
Description of property		<del></del>					-			
(1)	<del></del>								-	
(2)	····									
(3)										
(4)	2 Pent rece	ived or accru								
		1			/ <b>/                                  </b>	2(-) Doductions di		الطائدين المجامع ما		
(a) From personal property ( for personal property is m more than	percent	age of rent for p	ersonal property personal property ased on profit or	exceeds	3(a) Deductions di in columns 2(a				ıme	
(1)										
(2)										
(3)										
(4)		1		•						
Total		Total				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(c) Total income. Add totals here and on page 1, Part I, I						(b) Total deductio Enter here and on Part I, line 6, colun	page 1,			
Schedule E - Unrelate			e instruction	ns)		· · · · · · · · · · · · · · · · · · ·	. , ,			
		(4		come from or	3 [	Deductions directly con			le to	
1 Description	of debt-financed property			debt-financed	(a) Steprat	debt-finance of line depreciation		nty o) Other dedu	ctions	
			pro	perty		ch schedule)		(attach sched		
(1)										
(2)	· · ·				•					
(3)								···		
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to debt-financed debt-financed property		4 dı	olumn vided lumn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)		-		%			•			
(2)				%						
(3)				%						
(4)				%						
Totals				·		re and on page 1, le 7, column (A)		here and o I, line 7, colu		
Total dividends-received de						•	_			

Form **990-T** (2018)

Form 990-T (2018)									Page 3
Schedule A - Cost of Go	ods Sold. Er	nter method	of inventory	valuation	> SPECIF	IC IDENTIFIC	ATIO	N	
1 Inventory at beginning of year	ar , 1		6	Inventory	at end of yea	ar	6		
2 Purchases	2		7			ld Subtract line		-	
3 Cost of labor	1			6 from	line 5 En	ter here and in			
4a Additional section 263A cos	ts			Part I, line	2		7		
(attach schedule)	4a		8			section 263A (w	ıth re	espect to	Yes No
<b>b</b> Other costs (attach schedule				property	produced	or acquired for	resal	e) apply	
5 Total Add lines 1 through 4	b . 5			to the orga	anization?	<u> </u>			x
Schedule C - Rent Income	(From Real F	roperty ar	nd Persona	l Property	Leased V	Vith Real Proper	ty)	•	
(see instructions)									
Description of property									
(1)									
(2)								•	
(3)				<del></del> -					_
(4)	•								
	2. Rent rece	ved or accrue	ed						
for personal property is more than 10% but not percenta			rom real and pe age of rent for po if the rent is ba	ersonal property	exceeds	3(a) Deductions dir in columns 2(a		onnected with th (b) (attach sched	
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of col	umns 2(a) and 2	(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6,	column (A)	▶				Part I, line 6, colum			
Schedule E - Unrelated Del	bt-Financed I	<b>ncome</b> (se	e instruction	s)					
1 Description of debt-	financed property		2 Gross inc		3 Deductions directly conn- debt-financed			d property	
			prop	erty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)			-						
(3)									
(4)									
4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Co 4 dıv by colı	ided		income reportable n 2 x column 6)		Allocable deduc mn 6 x total of 3(a) and 3(b)	columns	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					Enter her Part I, lin	e and on page 1, e 7, column (A)		r here and on I, line 7, colur	
Totals									

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	illes, Royalles			ntrolled Org			tions (see	i ii isti uctic	113)		
Name of controlled     organization	2 Employer identification number	er 3 N	let unrela	ted income	4 Total	of specifie	d included	f column 4 the in the contro on's gross in	olling	ng connected with income	
(1)											
(2)											
(3)					<u> </u>		<u> </u>				
(4)					1		ــــــــــــــــــــــــــــــــــــــ	<del></del>			
Nonexempt Controlled Organiz	ations					40.0	art of calumn	O that is	11	Doductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			otal of specific		ınclu	art of column ded in the col ization's gross	ntrolling		Deductions directly nected with income in column 10	
(1)										· ·	
(2)											
(3)	-										
(4)							d columns 5 a			d columns 6 and 11	
Totals	come of a Sec			(9), or (17 3 Deduc	tions			ructions)	Pa	t I, line 8, column (B)  5 Total deductions	
1 Description of income	2 Amount of	ıncome		directly cor (attach sch				et-asides i schedule)		and set-asides (col. 3 plus col. 4)	
(1) (2)		<u>-</u> .								· <del>-</del>	
(3)			+	<del></del>					_		
(4)			_			-					
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	her Tha	an Advert	ising In	come	(see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expendirect connected production unrelated business in	ly d with on of ed	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-		_								
(2)											
(3)	-			-							
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, P line 10, co	art I,					,		Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In Part I Income From Peri			onsoli	dated Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ertising oss) (col col 3) If ompute		Circulation 6 Readincome cost			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)							-				
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2018	

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)						
2)						
3)						
4)						
otals from Part I			}			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		
1 Name		2	Title.	3 Percent of time devoted to	4 Compensation	on attributable to

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

Form **990-T** (2018)

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

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

For calendar year 2018 or other tax year beginning  $\,\underline{\phantom{a}07/01}\,$  , 2018, and ending  $\,\underline{\phantom{a}}$ 

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► 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)

Name of organization

WASHINGTON AND LEE UNIVERSITY

Employer identification number 54-0505977

Unrelated business activity code (see instructions) ▶ 454110

Describe the unrelated trade or business ► COLLEGE BOOK STORE

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 280,093.				
b	Less returns and allowances c Balance	1c	280,093.		
2	Cost of goods sold (Schedule A, line 7) ATCH. 5.	2	170,373.		
3	Gross profit Subtract line 2 from line 1c	3	109,720.		109,720.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	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			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	109,720.		109,720.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15_	45,558.
16	Repairs and maintenance	1	
17	Bad debts	1	515.
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	1	317.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	14,172.
23	Depletion	23	
24	Contributions to deferred compensation plans	1	1,029.
25	Employee benefit programs	1	17,381.
26	Excess exempt expenses (Schedule I)	í	
27	Excess readership costs (Schedule J)	1	
28	Other deductions (attach schedule)	1	14,902.
29	Total deductions Add lines 14 through 28	1	93,874.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	15,846.
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		15,846.

For Paperwork Reduction Act Notice, see instructions

# SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of organization For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30

► 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 AND LEE UNIVERSITY

Employer identification number 54 - 0505977

Unrelated business activity code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ CATERING SERVICES

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 227, 724.				
b	Less returns and allowances C Balance	1c	. 227,724.		
2	Cost of goods sold (Schedule A, line 7)ATCH. 7	2	59,363.		. 1
3	Gross profit Subtract line 2 from line 1c	3	168,361.		168,361.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				<del></del>
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
-	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)				
13	Total. Combine lines 3 through 12		168,361.		168,361.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15_	78,517.
16	Repairs and maintenance	16	1,918.
17	Bad debts		
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses		616.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		3,592.
25	Employee benefit programs		20,700.
26	Excess exempt expenses (Schedule I)	1	
27	Excess readership costs (Schedule J)	1	
28	Other deductions (attach schedule)	28	38,536.
29	Total deductions. Add lines 14 through 28	29	143,879.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	24,482.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	- <b>**</b>
32	Unrelated business taxable income Subtract line 31 from line 30		24,482.

For Paperwork Reduction Act Notice, see instructions

# SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

siness

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning \_\_\_\_07/01\_, 2018, and ending \_\_\_\_06/3

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▶ Go to www.irs gov/Form9901 for instructions and the latest information
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for

OMB No 1545-0687

Name of	organization
---------	--------------

WASHINGTON AND LEE UNIVERSITY

Employer identification number

54-0505977

Unrelated business activity code (see instructions) ▶ 511190

Describe the unrelated trade or business ► COPY SERVICES

Pai	Unrelated Trade or Business Income	İ	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 14,598.				
b	Less returns and allowances c Balance	1c	14,598.		
2	Cost of goods sold (Schedule A, line 7) ATCH. 9.	2	5,619.		
3	Gross profit Subtract line 2 from line 1c	3	8,979.		8,979
4a	Capital gain net income (attach Schedule D)	4a			<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			
С	Capital loss deduction for trusts	4c			
5	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'			
8	Interest, annuities, royalties, and rents from a controlled				
•	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
•	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	-		
3	Total Combine lines 3 through 12	13	8,979.		8,979

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,545.
16	Repairs and maintenance	ı	59.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	1	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	607.
23	Depletion	23	
24	Contributions to deferred compensation plans	l	263.
25	Employee benefit programs		910.
26	Excess exempt expenses (Schedule I).	l	
27	Excess readership costs (Schedule J)	I	
28	Other deductions (attach schedule)	l	757.
29	Total deductions. Add lines 14 through 28		5,141.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	3,838.
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		3,838.

For Paperwork Reduction Act Notice, see instructions

### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

► 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)

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

Name of organization
WASHINGTON AND LEE UNIVERSITY

54-0505977

Employer identification number

Unrelated business activity code (see instructions) ▶ 561499

Describe the unrelated trade or business ▶ SPORTS CAMPS & CONFERENCES

Pai	Unrelated Trade or Business Incom	е		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances	c Balance 🕨	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	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 For	m 4797)	4b			
С	Capital loss deduction for trusts		4c		<b>.</b> -	
5	Income (loss) from a partnership or an S corporati	on (attach				
	statement)		5			
6	Rent income (Schedule C)		6			,
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a cont	trolled				
	organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (					
	organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule)		12	54,559.		54,559.
13	Total. Combine lines 3 through 12		13	54,559.		54,559.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	22,114.
16	Repairs and maintenance	1	336.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	2,211.
25	Employee benefit programs		4,428.
26	Excess exempt expenses (Schedule I).	1	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	1	8,859.
29	Total deductions. Add lines 14 through 28		37,948.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	16,611.
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		16,611.

For Paperwork Reduction Act Notice, see instructions

### SCHEDULE M (Form 990-T)

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

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

▶ 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)

Name of organization WASHINGTON AND LEE UNIVERSITY Employer identification number 54-0505977

Unrelated business activity code (see instructions) ▶ 525990 Describe the unrelated trade or business ► MAKENA PERPETUAL TRADITIONAL NATURAL RES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				,
b	Less returns and allowances C Balance	e ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	. 2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	. 4a	24,834.		24,834
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	. 4b			
С	Capital loss deduction for trusts	. 4c			
5	Income (loss) from a partnership or an S corporation (attack	h			
	statement) ATCH	₹. 5	-567,727.		-567,727
6	Rent income (Schedule C)	. 6			
7	Unrelated debt-financed income (Schedule E)	. 7			
8	Interest, annuities, royalties, and rents from a controlled		,		
	organization (Schedule F)	. 8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	. 9			
0	Exploited exempt activity income (Schedule I)	. 10			
1	Advertising income (Schedule J)	. 11			
2	Other income (See instructions, attach schedule)				
3	Total. Combine lines 3 through 12	. 13	-542,893.		-542,893

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages ,	15	
16	Repairs and maintenance	ı	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	ı	
19	Taxes and licenses	1	
20	Charitable contributions (See instructions for limitation rules)	1	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	ſ	
25	Employee benefit programs	1	
26	Excess exempt expenses (Schedule I).	ı	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	1	
29	Total deductions Add lines 14 through 28	1	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-542,893.
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	-542,893.

For Paperwork Reduction Act Notice, see instructions

# SCHEDULE M

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

OMB No 1545-0687

(Form 990-T)

54-0505977

Department of the Treasury Internal Revenue Service

► 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).

Employer identification number

Name of organization WASHINGTON AND LEE UNIVERSITY

Unrelated business activity code (see instructions) ▶ 525990 Describe the unrelated trade or business ► MAKENA CAPITAL (U.S.), L.P.

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			•	J - 0-
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)				
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a	2,658,309.		2,658,309.
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
С	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
-	statement) ATCH 10	5	-4,640,451.		-4,640,451.
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
•	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	- <del></del>			
3	organization (Schedule G)	9			
10	-				
	Exploited exempt activity income (Schedule I)				1
11	Advertising income (Schedule J)				
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-1,982,142.		-1,982,142.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	l	
19	Taxes and licenses	19	29,479.
20	Charitable contributions (See instructions for limitation rules)	l	
21	Depreciation (attach Form 4562),		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	l	
25	Employee benefit programs	l	
26	Excess exempt expenses (Schedule I).	l	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	l	5,000.
29	Total deductions Add lines 14 through 28		34,479.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-2,016,621.
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	$\overline{}$	-2,016,621.
32	Unrelated business taxable income Subtract line 31 from line 30	32	-2,010,02.

For Paperwork Reduction Act Notice, see instructions

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of organization For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

► 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 AND LEE UNIVERSITY

. 54-0505977

Employer identification number

Unrelated business activity code (see instructions) ► 525990

Describe the unrelated trade or business ► INVESTMENTS <2% SILO

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	-9,615.		-9,615
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 12	5	-10,776.		-10,776
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	-20,391.		-20,391
10 11 12 13 Pai	Advertising income (Schedule J)	11 12 13	mitations on deductions	) (Except for contribut	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
14 15	Salaries and wages				
15 16	Repairs and maintenance			1 1	
17	Bad debts				
18				1 1	
	Interest (attach schedule) (see instructions),				

19 19 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . . . . . . 22a 22 22b 23 23 24 24 25 26 26 27 725. 28 725. 29 -21,116. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 -21,116. 

For Paperwork Reduction Act Notice, see instructions

Partnership Interest in Makena Perpetual US Real Estate Fund, L.P.

ATTACHMENT	2
	<del></del>

# FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

MAKENA PERPETUAL US REAL ESTATE FUND, L.P

19,506.

INCOME (LOSS) FROM PARTNERSHIPS

19,506.

# FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	13,962.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	725.
	0.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	1,324.
CHARITABLE CONTRIBUTION	13.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	13.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

725.

PART II - LINE 28 - OTHER DEDUCTIONS

725.

54-0505977 ATTACHMENT 5

COLLEGE BOOK STORE

# SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

4A B	INVENTORY AT BEGINNING OF YEAR  PURCHASES		
6 7	INVENTORY AT END OF YEAR	170,	373.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES	NO

14,902.

ATTACHMENT 6

## SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ADVERTISING	435.
FEES - OTHER	4,656.
DUES & SUBSCRIPTIONS	146.
EQUIPMENT AND SOFTWARE	1,303.
INSURANCE	184.
PRINTING AND POSTAGE	2,116.
SUPPLIES	3,208.
TRAVEL	1,024.
UTILITIES	755.
TAX PREPARATION FEES	1,075.

PART II - LINE 28 - OTHER DEDUCTIONS

34278U 2502 V 18-7.6F 2373883

54-	05	05977	
ATTACHMENT	7		

CATERING SERVICES

# SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR		
2	PURCHASES		
3	COST OF LABOR		
4A	ADDITIONAL SECTION 263A COSTS		
В	OTHER COSTS		
5	TOTAL. ADD LINES 1 THROUGH 4B		
6	INVENTORY AT END OF YEAR		
7	COST OF GOODS SOLD.		
	(SUBTRACT LINE 6 FROM LINE 5)	59,3	363.
		-	
_			
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO	YES	ИО
	PROPERTY PRODUCED OR ACQUIRED FOR RESALE)		
	APPLY TO THE ORGANIZATION?		

### SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

THE OWNER		604
FEES - OTHER		694.
EQUIPMENT AND SOFTWARE		11,293.
INSURANCE		1,451.
LINENS /UNIFORMS		10,162.
PRINTING AND POSTAGE		643.
SUPPLIES		8,650.
TRAVEL		525.
UTILITIES		4,043.
TAX PREPARATION FEES	`	1,075.

PART II - LINE 28 - OTHER DEDUCTIONS

38,536.

54-05<u>0597</u>7 ATTACHMENT 9

COPY SERVICES

# SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

2 3 4A	INVENTORY AT BEGINNING OF YEAR  PURCHASES			
В	OTHER COSTS			
5	TOTAL. ADD LINES 1 THROUGH 4B			
6 7	INVENTORY AT END OF YEAR			
	(SUBTRACT LINE 6 FROM LINE 5)	5,	619.	
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES	NO	

SCHEDULE	M	-	PART	ΙΙ	-	LINE	28	-	TOTAL	OTHER	DEDUCTIONS
								==			

EQUIPMENT AND SOFTWARE		578.
PRINTING AND POSTAGE		570. 54.
SUPPLIES		18.
TRAVEL		5.
UTILITIES		102.
	PART II - LINE 28 - OTHER DEDUCTIONS	757.

SCHEDULE M - LINE 12 - OTHER INCOME

OTHER REV/FEES

54,559.

LINE 12 - OTHER INCOME

54,559.

SCHEDULE M - PART	ΙI	-	LINE	28	_	TOTAL	OTHER	DEDUCTIONS
-------------------	----	---	------	----	---	-------	-------	------------

FEES - OTHER LINENS /UNIFORMS	904. 4,348.
PRINTING AND POSTAGE	1.
SUPPLIES	621.
TRAVEL	1,910.
TAX PREPARATION FEES	1,075.

54-	-05	05	9	7	7

MAKENA PERPETUAL TRADITIONAL NATURAL RES

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-567,727.

54-0505977

ATTACHMENT 14

MAKENA CAPITAL (U.S.), L.P.

# SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-4,640,451.

54-0505977

ATTACHMENT 15

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

5,000.

PART II - LINE 28 - OTHER DEDUCTIONS

5,000.

	54-05059//	
TTACUMENT	16	

INVESTMENTS <2% SILO

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-10,776.

34278U 2502

	54-0505977
ATTACHMENT	17

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

725.

PART II - LINE 28 - OTHER DEDUCTIONS

725.

### **SCHEDULE D** (Form 1120)

Name

**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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

Employer identification number

was.	nington and Lee University				54-0	1505977
Part	Short-Term Capital Gains and Losses	(See instructions.	)			
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to or loss from Form		(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	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				Ι	-192,624.00
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-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	( )
	Net short-term capital gain or (loss) Combine lines		h	<u></u>	7	-192,624.00
Part	· · · · · · · · · · · · · · · · · · ·	(See instructions )		1		1 42 0-10 42
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(Or other basis)	column (g)		the result with column (g)
8a 	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
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					2,794,747.00
11	Enter gain from Form 4797, line 7 or 9				11	56,186.00
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	, 		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)	14				
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	2,850,933.00
Part	Summary of Parts I and II				I	1
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capital desired and the second of the s				17	2,658,309.00
18	Add lines 16 and 17 Enter here and on Form 1120		proper line on other ref	urns	18	2,658,309.00
	Note: If losses exceed gains, see Capital losses in the	e mstructions				

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

instructions). For long-term transactions, see page 2

Name(s) shown on return

Social security number or taxpayer identification number

WASHINGTON AND LEE UNIVERSITY 54-0505977 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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

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

X (C) Short-term transactions r	ot reported t	o you on For	m 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS				-	192,624.00
						! 	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C above	here and incl is checked), line	ude on your 2 (if Box B					-192,624.00
above is checked), of fille 3 (ii box C abo	ove is cliented)			I .			1,2,024.00

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

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

Social security number or taxpayer identification number

WASHINGTON AND LEE UNIVERSITY

54-0505977

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

<u> </u>		•					
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	2,794,747 00				2,794,747 00
· · · · · · · · · · · · · · · · · · ·		-					
·			_				
						*****	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclins checked), line	ude on your 9 (if Box E	2,794,747 00				2,794,747 00

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

# SCHEDULE D (Form 1120)

**Capital Gains and Losses** 

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

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

2018

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

Employer identification number

Was:	hington and Lee University	54-0505977					
Part	Short-Term Capital Gains and Losses	(See instructions	)				
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments t or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from	
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	the result with column (q)	
1a	whole dollars  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	,		coldinii (g)		and record with consum (4)	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
	· · · · · · · · · · · · · · · · · · ·						
	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					3.00	
4 5	Short-term capital gain from installment sales from l Short-term capital gain or (loss) from like-kind excha-				5		
6	Unused capital loss carryover (attach computation)				6	( )	
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h <u></u>		7	3.00	
Part	Long-Term Capital Gains and Losses	(See instructions)					
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments t		(h) Gain or (loss)	
	the lines below  This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form 8949, Part II, line column (g)		Subtract column (e) from column (d) and 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.			(3)	<u>-</u>	107	
8 b	Totals for all transactions reported on 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				1	1,938.00	
11	Enter gain from Form 4797, line 7 or 9				11	22,893.00	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	7		12		
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	· · · · · · · · · · · · · · · · · · ·	15	24,831.00	
Part	Summary of Parts I and II						
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16	3.00	
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over n	et short-term capital lo	ss (line 7)	17	24,831.00	
18	Add lines 16 and 17 Enter here and on Form 1120				18	24,834.00	
	Note: If losses exceed gains, see Capital losses in the						

# **Sales and Other Dispositions of Capital Assets**

► Go to www irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D Internal Revenue Service

OMB No 1545-0074

Name(s) shown on return		_		Social se	curity number or	taxpayer identificat	ion number
WASHINGTON AND LEE UNIVERSITY					0505977		
Before you check Box A, B, or C below, statement will have the same information broker and may even tell you which box	on as Form 109		, , ,		. ,		
Short-Term. Transact instructions) For long Note: You may aggre	-term transa	actions, see	page 2	•	•	•	
reported to the IRS a Schedule D, line 1a,	and for which	h no adjustr	nents or codes	are required	. Enter the to	otals directly or	1
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short	term transac		
(A) Short-term transactions r (B) Short-term transactions r X (C) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis			e <b>Note</b> above)	
1 (a)	Date acquired Date (Mo. day. vr.)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Con the consents instructions		(h) Gain or (loss). Subtract column (e
Description of property (Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS					3.00

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) 3.00

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

€orm 8949 (2018)	Attachment Sequence No 12A	Page 2
Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number	
WASHINGTON AND LEE UNIVERSITY	54-0505977	
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or	substitute statement(s) from your broker A substitute	
statement will have the same information as Form 1099-B. Either will show whether your	basis (usually your cost) was reported to the IRS by your	
harden and a second to the control hards about		

broker and may even tell you which box to check

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or

nore	ore of the boxes, complete as many forms with the same box checked as you need								
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above)								
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS								

1		(b) (c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and		
		(Mo , day, yr )	(Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM	SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	1,938.00				1,938.00
	·							
	-							
	······································						<del></del> -	
			]   					
ne Sc	tals. Add the amounts in columns in gative amounts) Enter each total hedule D, line 8b (if Box D above ove is checked), or line 10 (if Box	here and inclusion here and inclusion here.	ude on your 9 (if Box E	1,938.00				1,938.00

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

### **SCHEDULE D** (Form 1120)

Department of the Treasury

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.

OMB No 1545-0123

Internal Revenue Service

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

Employer identification number 54-0505977 Washington and Lee University Short-Term Capital Gains and Losses (See instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter or (g) Adjustments to gain (e) or loss from Form(s) Subtract column (e) from Cost Proceeds 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 260.00 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 260.00 Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below Subtract column (e) from or loss from Form(s) Proceeds Cost 8949. Part II. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 -12,300.00 Enter gain from Form 4797, line 7 or 9 2,425.00 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h -9,875.00 Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 -9,615.00

Note. If losses exceed gains, see Capital losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . .

Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

-9,615.00

17

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# Sales and Other Dispositions of Capital Assets

▶ Go to www irs gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

OMB No 1545-0074

Name(s)	shown	on	return
---------	-------	----	--------

▶ 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 number 54-0505977

WASHINGTON	AND	LEE	UNIVERSITY
MUDITINGION	MIND	ظظي	OMIARKSII

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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 loss

(a)	ription of property Date acquired Date sold or	Proceeds	Cost or other basis See the Note below	If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e)		
(Example 100 sh XYZ Co)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS					260.00
	_						
				<u> </u>			
	-						
				-			
	,						
<u> </u>							
						-	
							4
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C above the column and the	here and including the checked), line	lude on your e 2 (if Box B					260.00
above is checked), or line 3 (if Box C ab	ove is checked)	<u> </u>		<u> </u>			260

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

From 8949 (2018)	Attachment Sequence No 12A	Page						
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number							
WASHINGTON AND LEE UNIVERSITY	54-0505977							
Defended to the Description of the second of								

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or

r	nore of the boxes, complete as many forms with the same box checked as you need									
ſ		(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)								
ľ		(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS								
Ī		(F) Long-term transactions not reported to you on Form 1099-B								

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from Amount adjustme		combine the result with column (g)
FROM SCHEDULE K-1 (Form 1065)	VARIOUS	VARIOUS	-12,300.00				-12,300.00
******							
						_	
			,				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion the here and inclusion the here.	ude on your e 9 (if Box E	-12,300.00				-12,300.00

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

**Depreciation and Amortization** (Including Information on Listed Property)

➤ Attach to your tax return.
➤ Go to www irs gov/Form4562 for instructions and the latest information

OMB No\_1545-0172 Attachment Sequence No 179

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

WASHINGTON AND LEE UNIVERSITY

54-0505977

Buşı	ness or activity to which this form relates											
_	ENERAL DEPRECIATION											
Pa	rt I Election To Expense C Note: If you have any lis				you comp	olete Part I.						
1	Maximum amount (see instructions).							1				
2	Total cost of section 179 property pl	aced in service (see ir	nstructions)					2				
3	Threshold cost of section 179 prope	rty before reduction i	n limitation (se	e instructio	ns)			3				
4 5	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-											
6	(a) Description				ısıness use onl							
	V /			,, ,		,, ,,						
									1			
7	Listed property Enter the amount fro	m line 29		l	7				1			
8	Total elected cost of section 179 pro							8	<del> </del>			
9	Tentative deduction Enter the smaller							9				
10	Carryover of disallowed deduction fr							10				
11	Business income limitation. Enter th							11				
12	Section 179 expense deduction Add						•	12	<del></del>			
13	Carryover of disallowed deduction to											
Note	· · · · · · · · · · · · · · · · · · ·				· · · · · ·	•			<u> </u>			
Pa	rt II Special Depreciation A	Ilowance and Ot	her Deprec	iation (D	on't include	listed propert	y Se	e inst	ructions)			
14	Special depreciation allowance for			•			•		<u> </u>			
	during the tax year. See instructions		• •					14				
15	Property subject to section 168(f)(1)							15				
16	Other depreciation (including ACRS)							16				
Рa	rt III MACRS Depreciation (I	Don't include listed	property Se	ee instruc	tions)		<del></del>	L				
		•		tion A								
17	MACRS deductions for assets place	d in service in tax yea	ırs beginning b	efore 2018				17	15,012			
18	If you are electing to group any a asset accounts, check here		-	-			al					
	Section B - Assets						reciat	ion S	ystem			
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for ( business/inve only - see in	esiment use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction			
19a	3-year property											
b	5-year property											
c	7-year property											
d	10-year property											
е	15-year property											
f	20-year property							•				
g	25-year property				25 yrs		S	/L				
h	Residential rental				27 5 yrs	MM	S	/L				
	property	·			27 5 yrs	ММ	S	/L				
$\overline{}$	Nonresidential real				39 yrs	MM	S	/L				
	property					ММ	S	/L				
	Section C - Assets F	Placed in Service D	During 2018	Tax Year	Using the	Alternative De	precia	ation	System			
20a	Class life					. , ,	S	/L				
b	12-year				12 yrs		Si	/L				
c	30-year				30 yrs	MM	S	/L				
d	40-year				40 yrs	ММ	Si	/L				
Pa	rt IV Summary (See instructi	ions )	•		-		•					
	Listed property Enter amount from li							21				
	Total Add amounts from line 12,						nter					
	here and on the appropriate lines of y For assets shown above and plac portion of the basis attributable to se	our return Partnershi	ps and S corp	orations - s	ee instructio	ns		22	15,012			
	Portion of the basis attributable to se		<del></del>	<u> </u>	23				4500			

		<del></del>														
Pa	art V		<b>Property</b> (Inclu			certai	n oth	er ve	hicles,	certa	ıın aır	craft,	and	proper	ty use	ed for
			ment, recreation any vehicle for			a the s	tandard	milea	ae rate	or do	fucting	loaco i	ovnense	e comn	lete on	dv 24a
		24b, colur	mns (a) through (c	of Section A	, all of S	Section	B, and S	Section	Cifap	plicable	aucing	icase i	expense	s, comp	nete on	ii <b>y</b> 24a,
			A - Depreciation a		•					•		passe	nger au	tomobile	es)	
248	Do yo	u have evide	ence to support the t	ousiness/investr	ment use	e claimed	2 Y	es X	No 2	24b  f "`	Yes," is t	he evide	ence writt	en?	Yes	X No
		(a)	(b)	(c)		(d)		(e)		(f)	(	g)		(h)	(	i)
		property (list	Date placed	Business/	se Cost	(d) or other b		sis for depr isiness/inve		Recovery		hod/		eciation	Elected s	
	veh	ıcles first)	in service	percentage			`	use only		period	Conv	ention	aea	uction		ost
25			ation allowance fo													
			used more than 5				se See	instruct	ions .	<u></u>	<u></u>	. 25	}		<u> </u>	
26	Prope	erty used m	nore than 50% in a	qualified bus	ness us	se					T		r		<del>,</del>	
					%								ļ			
					%						ļ					
					%						İ				<u> </u>	
27	Prop	erty used 5	0% or less in a qu	alified busines			<del></del>								1	
					%						S/L -		ļ			
					%						S/L -					
			<u> </u>		%						S/C -		ļ		1	
			column (h), lines 2													
29	Add a	amounts in	column (ı), line 26											. 29	<u> </u>	
						Inform										
	•		for vehicles used	•	,										rovided	vehicles
ю у	our em	pioyees, rirst	answer the question	s in Section C i			1 .		1	<del></del>	T .		T		1 4	
					(a) Vehicle 1			b) icle 2		( <b>c)</b> hicle 3		d) icle 4	(e) Vehicle 5		(f) Vehicle 6	
30			nvestment miles d								10000					
			nclude commuting								1				ļ	
		_	miles driven duri	•	-						<b> </b>					
32	Total		personal (nor	0,												
					<u> </u>	<u> </u>	<del> </del>		ļ						<del> </del>	
33			iven during the	•	1											
		_	32		Voc	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34			icle available fo		Yes	No	res	INO_	162	No	162	No	162	NO	162	NO
۰.		_	uty hours?								ļ		+			
35			e used primarily or related person?.	•				1			ļ					
26			nicle available fo				<del> </del>			+	<del> </del>		<del>                                     </del>			
30				•				ľ		1	ł					
	usc·,		Section C - Ques			re Wh	o Provi	ida Val	aiclas	for He	by Th	oir Em			!!	
Δno	ewar th		ions to determine								_				who a	ren't
			s or related persor			СРПОП	.0 00111	picting	Occilo	11 10 101	VCITICIC	o uscu	by cili	pioyees	**************************************	
			n a written polic			obibite	all por	sonal u	so of	vobiolos	ınclıı	dina co	mmutir	na by	Yes	No
31																
38	Do y	ou maintai	n a written polic	y statement	that pr	ohibits	person	al use	of vel	ncles, e	xcept o	commu	ting, by	y your		
			the instructions for													
39			use of vehicles by													
			more than five										es abo	ut the		
	use o	f the vehicle	es, and retain the	nformation re	eceived	?										
41	Do yo	ou meet the	requirements cor	cerning quali	fied au	tomobile	e demo	nstratio	n use?	See ins	truction	s				
	Note	: If your an	swer to 37, 38, 39	, 40, or 41 is	"Yes,"	don't co	mplete	Section	n B for	the cove	ered vel	nicles				
Рa	rt VI	Amortiz	ation													
(b)										(€			46			
(a) Date an		Date amoi	tızatıon	Ar	(c) mortizable amount			(d) Code section		Amortization period or		(f) Amortization fo		us vear		
	Description of costs begin		s Amortizable amount					Out section			percentage Amortiz					
42	Amor	tization of	costs that begins d	uring your 20	18 tax	year (se	ee instru	uctions)	1							
			costs that began b										43			
44	Total	. Add amo	unts in column (f)	See the instr	uctions	for wh	ere to re	eport .		· · · · ·	<u></u>	<u></u>	44			
ISA														Fo	m 456	<b>2</b> (2018)