<sub>500</sub> 990-T	Exempt Orga	anization Bus	sine	ss Inco	me T	ax Retur	n I	· OMB No 1545-0047·	
· · · · · · · · · · · · · · · · · · ·		and proxy tax und				2000		00.45	
	For calendar year 2019 or other tax y							2019	
Department of the Treasury		w.irs.gov/Form990T for i					.	Open to Public Inspection for	
Internal Revenue Service	Do not enter SSN numb					ation is a 501(c)(3		501(c)(3) Organizations Only oyer identification number	
A Check box if address changed	Name of organization (	Name of organization ( Check box if name changed and see instructions.)							
B Exempt under section	Print UNION PRESI	SYTERIAN SEM	TNAI	RY				4-0506428	
X 501(c 03_)	or Number, street, and roo	m or suite no. If a P.O. bo				-	E Unrel	ated business activity code	
408(e) 220(e)	Type 3401 BROOK						. (286)	nstructions)	
408A 530(a)		ovince, country, and ZIP o	or foreig	n postal code					
C Book value of all assets	RICHMOND, V			-			525	990	
at end of year 168,758,9	66. G Check organization ty		noration		(a) truct	404/	n\ +vn+	00000	
	organization's unrelated trades or		2 2	1 [] 301	(c) trust	the only (or first) u	a) trust	Other trust	
	▶ INVESTMENTS IN	· -				, complete Parts I-V			
· ·	lank space at the end of the previ								
business, then complete	Parts III-V.								
	the corporation a subsidiary in ar	• • •	nt-subs	idiary controlled	group?	<b>&gt;</b>	Ye	es X No	
	nd identifying number of the pare						001	000 4000	
	► JENNIFER BRI			(A) Inco		one number			
1a Gross receipts or sale		1		(A) INCO	1116	(B) Expense	ه. د د د	(C) Net	
<b>b</b> Less returns and allow		c Balance	1c				<b>y</b>		
2 Cost of goods sold (S		_ 0 20.01100	2						
3 Gross profit. Subtract	· ·		3			5-6-7			
4 a Capital gain net incon	ne (attach Schedule D)		4a				/		
	4797, Part II, line 17) (attach For	m 4797)	4b		<u>&lt;2.&gt;</u>			<2.>	
c Capital loss deduction			4c	-071 1	E 2 .		1717	-071 150	
5 Income (loss) from a 6 Rent income (Schedu	partnership or an S corporation (.	attach statement)*	6	<4/1,1	23,2	STMT	Tr ATEN	<271,153.>	
• •	ie 6) ed income (Schedule E)		7						
	alties, and rents from a controlled	organization (Schedule F)	-					-	
-	a section 501(c)(7), (9), or (17)		استعار	J					
	vity income (Schedule I)		10						
11 Advertising income (S	•		11			Same particular, 1200 contro	14 dags 20 20 20		
•	structions; attach schedule)		12	2071 1	C C		Munic.	.071 155	
13 Total. Combine lines	3 through 12 ns Not Taken Elsewhe	TO (See instructions for	13	<271,1				<271,155.>	
(Deductions	must be directly connected v	ith the unrelated busin	ess inc	come)	iouoris )				
14 Compensation of off	cers, directors, and trustees (Sch	edule K	<del>ruə S</del>	SIVICO		<del></del>	14		
15 Salaries and wages				• נוסם			15		
16 Repairs and mainten	ance	<u></u> 330	9	**			16		
17 Bad debts		NOV 1	2 2U	LÜ			17		
	dule) (see instructions)	1046-0 8 4					18	·	
19 Taxes and licenses 20 Depreciation (attach	Form 4562)			, 1.	n I		19		
21 Less depreciation cla	Form 4562) imed on Schedule A and elsewhe	<sub>re on return</sub> <b>Ogder</b>	ı, UT	وا .	20 1a		21b		
22 Depletion	·····································	ie on return 2		٤			22		
· ,	rred compensation plans	- ***					23		
24 Employée benefit pro					١		24		
25 Excess exempt exper	•						25		
26 Expess readership co					a=		26		
27 Other deductions (at	· ·			SEE	STAT	EMENT 2	27	1,800.	
/	ld lines 14 through 27	a loce deducation. Cultive of	t lina aa	from line 40			28	<u>1,800.</u> <272,955.>	
1	exable income before net operatin Erating loss arising in tax years be	=					29	<u> </u>	
(see instructions)	g 1000 ariolity ill tax years be	gaming on or alter dallud	ıy ı, 20		STAT	EMENT 3	30	0.	
<i>'</i>	xable income. Subtract line 30 fro	om line 29					31	<272,955.>	
	Paperwork Reduction Act Notic							Form <b>990-T</b> (2019)	





1					
Form 990-T	2019) UNION PRESBYTERIAN SEMINARY		54-	050642	8 Page 2
	Total Unrelated Business Taxable Income			000011	O rugo Z
32 /To	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32		0.
	nounts paid for disallowed fringes		33		
34 Ch	aritable contributions (see instructions for limitation rules)		34		0.
<b>35</b> To	tal unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum	of lines 32 and 33	35		
	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	36		0.
<b>37</b> To	tal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	ביים	37		
<b>38</b> Sp	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,	000.
39 Un	related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	U			
	er the smaller of zero or line 37		39		0.
	Tax Computation				
	ganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		►_ <u>40</u>		0.
41 Tr	ists Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:				
	Tax rate schedule or Schedule D (Form 1041)	•	► <u>41</u>		
	oxy tax. See instructions	•	<b>42</b>		
	ernative minimum tax (trusts only)		43		
	x on Noncompliant Facility Income. See instructions		44		
	tal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments		45		0.
Part V			<del></del>		
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-		
	ner credits (see instructions)  46b		$\dashv$ $\vdash$		
-	neral business credit. Attach Form 3800 46c		<b>⊣</b> ∣		
	edit for prior year minimum tax (attach Form 8801 or 8827)				
	tal credits. Add lines 46a through 46d		46e		
	btract line 46e from line 45 ner taxes. Check if from:		47		0.
	tal tax. Add lines 47 and 48 (see instructions)	er (attach schedule	<u> </u>		0.
	19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		49		0.
	ments: A 2018 overpayment credited to 2019		50		<del></del>
	19 estimated tax payments 51b		-		
	deposited with Form 8868		$\dashv$ $\vdash$		
	eign organizations: Tax paid or withheld at source (see instructions)  51d		-i i		
	ckup withholding (see instructions)  51e		<b>-</b>		
	dit for small employer health insurance premiums (attach Form 8941)  51f				
	ner credits, adjustments, and payments; Form 2439		7		
• 🗀	Form 4136 Other Total ▶ 51g				
52 To	al payments. Add lines 51a through 51g		52		
	imated tax penalty (see instructions). Check if Form 2220 is attached		53		
	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54		<del></del>
	erpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	•	- 55		
	er the amount of line 55 you want: Credited to 2020 estimated tax	Refunded <b>•</b>	- 56		
Part VI					
57 At	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authorit	у		Yes	s No
ove	r a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				-
Fın	CEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				_
her	e <b>&gt;</b>				X
<b>58</b> Du	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?			X
If "	es," see instructions for other forms the organization may have to file.				1 1
<b>59</b> Ent	er the amount of tax-exempt interest received or accrued during the tax year 🕒 💲				
C:	Under penalties of pour f, I declare that I have examined this return, including accompanying schedules and statements, and to t correct, and complete Declaration of grouper (other han taxpayer) is based on all information of which preparer has any knowled TREASURER / VP	he best of my know lae	ledge and bel	ief, it is true,	
Sign Here		<sup>FIN</sup> [	May the IRS	discuss this return	with
пеге	AND ADMIN		the preparer :	shown below (see	
	Signature of office V Date Title		instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature 2020. 10te 6	Check	if PTIN		
Paid	Amanle Alam 10,40/11, 04/00/	self- employe		004055	_
Prepar	er Handell Historia			0748038	
Use Or	lly Firm's name ► CHERRY BEKAERT LLP	Firm's EIN	<u>&gt; 56</u>	-057 <b>44</b> 4	44
	200 SOUTH 10TH ST., STE. 900	Dhor	004 6	72 576	1
923711 01-2	Firm's address ► RICHMOND, VA 23219	į rnone no.		73-570(	
523/ II UI-2	-zu			Form 990-1	(2019) ا

Schedule A - Cost of Good	ds Sold. Ente	r method of inve	ntory valuation N/A	7			
1 Inventory at beginning of year	_1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6		
3 Cost of labor	3		from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to	Yes	No
b Other costs (attach schedule)	4Ь		property produced or	acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	_ease	d With Real Prop	erty)	
				-		<del></del>	
1. Description of property			<del>-</del>				
(1)					<del> </del>		
(2)			<del></del>				
(3)							
(4)						<del></del>	
		ed or accrued			2(a) Dadustions disastly	connected with the income	
(a) From personal property (if the per rent for personal property is mon 10% but not more than 50%	re than	of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ige	columns 2(a) ar	d 2(b) (attach schedule)	ın
(1)						-	
(2)							
(3)							
(4)							
Total	0.	Total		0.	†	· · ·	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	s 2(a) and 2(b). Er	nter	*	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0.
Schedule E - Unrelated De		Income (see	instructions)		(2)		
		-	2. Gross income from		3. Deductions directly conr to debt-finance	nected with or allocable ed property	
1. Description of debt-	financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductio (attach schedule)	
(1)	<del>-</del>	•	<u> </u>				
(2)		**					
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			<u> </u>			1	
(2)			%		<del>,</del>		
(3)			%				
(4)	<del></del>		%			<del>-</del>	
		•			nter here and on page 1, Part I, line 7, column (A)	Enter here and on pag Part I, line 7, column	
Tabela				Ι ΄			_
Totals		. 0	•		0.		0.
Total dividends-received deductions i	ncluded in column	1 R				1	

Form 990-T (2019)

				Exempt (	Controlled O	rganızat	ions				
	1. Name of controlled organizat	oon	Employer identification number		elated income instructions)	<b>4</b> , To pay	ital of specified ments made	ınclud	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)-											•
(4)-											
None	exempt Controlled Organi	zations									
	7. Taxable Income		ted income (loss)	9. Total	of specified paym	nents	10. Part of colum in the controllin gross	nn 9 thai ng organ income	t is_included ization's		ductions directly connected - income in column 10
(1)											
(2)											
(3)											
(4)											
						9	Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Sch	edule G - Investme		of a Secti	on 501(c)(7	), (9), or ( <sup>-</sup>	17) Org	ganization				
	(see instr	<u> </u>					3. Deduction	ıs	4 -		5. Total deductions
	1. Desc	iption of income			2. Amount of	ілсоте	directly connec (attach schedi	cted	4. Set-a (attach s		and set-asides (col 3 plus col 4)
(1)			1								
(2)			_								
(3)											
(4)	***										
Totals				<b>•</b>	Enter here and o Part I, line 9, col	on page 1, umn (A)					Enter here and on page 1, Part I, line 9, column (B)
Sch	edule I - Exploited I	•	tivity Inco	me, Other	Than Adv	ertisin	g Income				
	(see instru  1. Description of exploited activity	2. Gross unrelated busin income fror trade or busin	less dire	Expenses ctly connected th production of unrelated siness income	4. Net incom from unvelated business (col minus column gain, compute through	trade or lumn 2 i 3) if a cols 5	5. Gross incor from activity the is not unrelate business incor	nat ed	6. Expanding	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del></del>										
(2)											
(3)	•		<u> </u>						<del></del>		
(4)											
Totals		Enter here and page 1, Part line 10, col (/	l, pa	er here and on age 1, Part I, e 10, col (B)							Enter here and on page 1, Part II, line 25
	edule J - Advertisin	a Income			8552545 <del>82575</del> 94	** -43°, <del>19</del> 88\$** `	(**%)	8/5°C 38	13 FARES 1980	<b>\$20.57.75.8</b>	0.
Par					olidated I	Basis	シュ				
	1, Name of periodical	adve	Gross artising come	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thr	1 2 minus in, compute	5. Circulation income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					148°69		id.				
(2)						Verific	<b>3</b>				
(3)							\$				
(4)							<b>#</b>	$\Box$			
[ntale	(carry to Part II, line (5))		0.	0.						ĺ	0.
	() to . art ii, iiiio (0//	,	<u>~•</u>	<u> </u>	·.L	-	<u></u>	1		1	Form <b>990-T</b> (2019)

Form 990-T (2019) UNION PRESBYTERIAN SEMINARY

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)

00/0/////02	9	Time by time basis ,	<b>'</b>				
1. Name of periodical		2. Gross — advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	·						
(3)							
(4)							-
Totals from Part I	•	0.	0.				0.
ann, air ann aig ainm a ainmitire ann ann a t-ainm		Enter here and on page-1, Part I, line 11, cot (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)	<b>•</b>	0.	0.				0.

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)

FORM 990-T	INCOME (LOSS) FROM P	PARTNERSHIPS	STATEMENT 1
DESCRIPTION			NET INCOME OR (LOSS)
DAVIDSON KEMPNER INS	LP - OTHER INCOME (LOSS) STITUTIONAL PARTNERS LP -		<59,424.
(LOSS)	TAL PARTNERS SCS - OTHER	TNCOME (LOSS)	472. <6,945.
	LPOTHER_INCOME_(LOSS		<del></del>
	SSED OPPORTUNITIES FUND -	OTHER INCOME	
(LOSS)	RICE FUND X - OTHER INCO	ME (IOCC)	<2.: <798.:
CHAITON, DUBINIER &	RICE FOND X - OTHER INCO	ME (HOSS)	~/JO•.
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	5	<271,153.
			-
TODA 000 T	OMITTO DEDITOR		STATEMENT 2
FORM 990-T	OTHER DEDUCT	'10NS 	STATEMENT Z
	OTHER DEDUCT	TIONS	AMOUNT
DESCRIPTION		·IONS	
DESCRIPTION  TAX PREPARATION FEES  TOTAL TO FORM 990-T	3	·IONS	AMOUNT
DESCRIPTION TAX PREPARATION FEES TOTAL TO FORM 990-T	PAGE 1, LINE 27		AMOUNT 1,800.
DESCRIPTION TAX PREPARATION FEES	PAGE 1, LINE 27  NET OPERATING LOSS		AMOUNT 1,800.
DESCRIPTION TAX PREPARATION FEES TOTAL TO FORM 990-T	PAGE 1, LINE 27  NET OPERATING LOSS  LOSS PREVIOUSLY		AMOUNT 1,800.
DESCRIPTION  TAX PREPARATION FEES  TOTAL TO FORM 990-T  FORM 990-T  TAX YEAR LOSS SUS	PAGE 1, LINE 27  NET OPERATING LOSS  LOSS PREVIOUSLY	DEDUCTION LOSS	AMOUNT 1,800.  1,800.  STATEMENT 3  AVAILABLE

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	86,845.	526.	86,319.	86,319.
06/30/18	288,968.	0.	288,968.	288,968.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	375,287.	375,287.

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\underline{JUL~1}$ ,  $\underline{2019}$ , and ending  $\underline{JUN~30}$ ,  $\underline{2020}$ 

► 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). Open to Public Inspection for 50 1(c)(3) Organizations Only

OMB No 1545-0047

Name	of the organization UNION PRESBYTERIAN SEMI	NAR	Y	Employer ide				
	Inrelated Business Activity Code (see instructions)   54180	0						
	Describe the unrelated trade or business ADVERTISI	NG	1	<del>.</del>				
Pa	तु 📔 Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) N	C) Net	
1a	Gross receipts or sales							
b	Less returns and allowances c Balance >	1c		90		visit in the second	Callina	
2	Cost of goods sold (Schedule A, line 7)	2					1886	
3	Gross profit Subtract line 2 from line 1c	3	<u></u>					
4 a	Capital gain net income (attach Schedule D)	4a						
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		· ivide	<b>A. 3</b>			
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	1		15				
	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				- 1			
	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	8,509.		)41.		468.	
12	Other income (See instructions, attach schedule)	12						
13	Total. Combine lines 3 through 12	13	8,509.	8,0	041.		468.	
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions.) (De	· ·	ons must be	•	
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) Taxes and licenses				18			
19			20		19			
20 21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21a		21b			
22	Depletion		[218]	<del></del>	22			
23	Contributions to deferred compensation plans				23			
24	Employee benefit programs				24	***		
25	Excess exempt expenses (Schedule I)				25	<del></del>		
	Excess readership costs (Schedule J)				26		468.	
26 27	Other deductions (attach schedule)		ያፑፑ ያጥል፣	rement 5	-		200.	
27 28	Total deductions. Add lines 14 through 27		DEE SIA.		27		668.	
29	Unrelated business taxable income before net operating loss deductions.	ction (	Subtract line 28 from lin	13 م	29	·····	200.>	
30	Deduction for net operating loss arising in tax years beginning on c			E 13	29		200.7	
30	instructions)	" ailei	January 1, 2010 (588		30		0.	
31	Unrelated business taxable income Subtract line 30 from line 29				31		200.>	
	For Paperwork Reduction Act Notice, see instructions.			.5		e M (Form 99)		

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		200.
TOTAL TO SCHEDULE M, PART II	, LINE 27	200.

· UNION PRESBYTERIAN SEMINARY
Schedule J - Advertising Income (see instructions)
Part识 Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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 (carry to Part II, line (5))	0.	0.				0.
Partill Income From Perio	odicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical lister	d 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) INTERPRETATION	8,509.	8,041.	468.	110,124.	112,112.	468.
(2)		-				
(3)						
(4)						
Totals from Part I	0.	0.		######################################		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part i, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	8.509	8.041.				468.

## 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

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14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h    Part III   Summary of Parts   and   II    Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)   Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)   Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)   17   Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns   18   0.	12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	•		12	
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15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h    Part   III   Summary of Parts   and   II    Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)    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    18   0.	14 Capital gain distributions				14	
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16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)1617 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1718 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns180 .						
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns  18 0.		<del></del>	l loss (line 15)		16	
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Internal Revenue Service

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

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

Name(s) shown on return

Social security number or taxpayer identification no.

UNION PRESBYTERIAN SEMINARY							54-0506428	
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	box to check						ibstitute RS by your	
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	nstruction:	s) For long-term		
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	e totals directly on	Schedule D, line 1a	i, you aren't required	I to report these trans	actions on F	orm 8949 (see instru	ictions)	
You must check Box A, B, or C below. If you have more short-term transactions than will  (A) Short-term transactions re	ll fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	cked as you n	eed	each applicable box	
(B) Short-term transactions re		•	•	•		,		
X (C) Short-term transactions no		•	-					
1 (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)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in		Gain or (loss)	
					column (f). See instructions.			
					(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
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2 Totals. Add the amounts in colun	nns (d), (e), (o), ar	nd (h) (subtract					-	
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Schedule D, line 1b (if Box A abo		· 1						
above is checked), or line 3 (if Bo				[		i	<699.>	