	17								761
\cdot	· 元	τ.		V	15 20	10		- 1	(()b)
000 T	60 <u>/</u>		Extended to 1				Toy Botur	<u> </u>	0.000
Form 990-T		xempt Org	anization Bu (and proxy tax und	on ic	ction 603	3(e))	ax netur	"	OMB No 1545-0687
•	For cale		x year beginning JUL 1				N 30, 20	17	2016
Department of the Treasury			t Form 990-T and its instr						2010
Internal Revenue Service	<u> </u>	Do not enter SSN num	nbers on this form as it ma	y be ma	de public if y	our organiz	zation is a 501(c)(3		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization	(Check box if name	changed	and see instr	uctions.)		Emp	loyer identification number ployees' trust, see
address changed		int The College of Wooster						1	uctions)
B Exempt under section X 501(c)(3(1)					atrustia no				34-0714654 lated business activity codes
408(e) 220(e)	Tues	I NUMBEL SUGEL AND TOUR OF SUILE NO. IF A F.O. DOX. SEE MISH DENOTES.						(See	instructions)
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						-	
529(a)		Wooster, C						713	910 451211
C Book value of all assets at end of year		p exemption number (S		•					
			X 501(c) corporate		501(c) tru		401(a) trust		Other trust
H Describe the organization					Statem				
I During the tax year, was t		•		ent-subs	idiary controll	ed group?	•	Y	es X No
If "Yes," enter the name and J The books are in care of					 	Telenh	one number	(330) 263-2018
		le or Business I			(A) Inc		(B) Expense	•	(C) Net
1a Gross receipts or sales		278,650		1			· · · · · · · · · · · · · · · · · · ·		<u> </u>
b Less returns and allow	vances	344	c Balance	1c		,306.			
2 Cost of goods sold (So	chedule .	A, line 7)	_	2		,174.	-		
3 Gross profit. Subtract				3	168	,132.			168,132.
4a Capital gain net incom		·	4707)	4a					
b Net gain (loss) (Form			orm 4797)	4b 4c					
· ·	 c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 				-14	,025.			-14,025.
6 Rent income (Schedul		po ana o corporationo	(utation battomont)	5 6		,286.			3,286.
7 Unrelated debt-finance	•	ie (Schedule E)		7		<u> </u>			, , , , , , , , , , , , , , , , , , , ,
8 Interest, annuities, roy	alties, ai	nd rents from controlle	d organizations (Sch. F)	8					
			') organization (Schedule G				_		
10 Exploited exempt activ	-	, ,		10			<u> </u>		
11 Advertising income (S12 Other income (See ins		•		12					
13 Total. Combine lines				13	157	,393.	-		157,393.
Part II Deduction			nere (See instructions				<u> </u>		
(Except for c	ontribu	tions, deductions m	ust be directly connect	ed with	the unrelate	d busines	s income)		
	cers, dır	ectors, and trustees (S	chedule K)	=	—			14	00.60
15 Salaries and wages			RECEIV	ニリ				15	90,636.
16 Repairs and maintena17 Bad debts	ance	ļ	15		RS-OSC			16	10,449.
18 Interest (attach sched	dule)		MAY 👸 2	018				18	
19 Taxes and licenses	<i>aa.</i> 0,		m .		ا يَدِّ ا			19	
20 Charitable contribution	ons (See	instructions for limitat	on rules OGDEN,	UT	See	Stat	ement 3	20	0.
21 Depreciation (attach I	Form 45	62)	TO GO THE TO SERVICE STATE OF THE SERVICE STATE OF			21	6,537	•	
·	imed on	Schedule A and elsew	here on return			22a		22b	6,537.
23 Depletion								23	2 770
24 Contributions to defe25 Employee benefit pro		ipensation plans						24	2,778.
26 Excess exempt exper	•	hedule I)						26	37,430.
27 Excess readership co	•	•						27	
28 Other deductions (att		•			See	Stat	ement 2	28	49,421.
29 Total deductions. Ad		-						29	197,271.
		•	ting loss deduction. Subtra	act line 2	9 from line 13			30	-39,878.
		(limited to the amount	·	frame to :-	. 00			31	30 070
		•	leduction. Subtract line 31 3 instructions for exception		: 30			32	-39,878. 1,000.
·			3 from line 32. If line 33 is	•	than line 32.	enter the so	naller of zero or	33	1,000.
line 32				5 - 3-51				34	-39,878.

616

Form 990-T	·		ster		34-071	14654	Page 2
Part I	(1	ax Computation					
35	Organ	nizations Taxable as Corporations. See instru	ictions for tax computation				
	Contr	olled group members (sections 1561 and 156	3) check here 🕨 🔲 See instructions	and:		1	
a	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (in that o	rder):			
	(1)	\$ (2) \$	(3) \$			1 1	
b		organization's share of. (1) Additional 5% lax	(not more than \$11,750) \$		<u> </u>		
		dditional 3% tax (not more than \$100,000)					
С						35c	0.
36		s Taxable at Trust Rates. See instructions for					
		Tax rate schedule or Schedule D (For			_	36	
37		tax See instructions				37	
38	Altern					38	
39		n Non-Compliant Facility Income. See instru				39	
40		Add lines 37, 38 and 39 to line 35c or 36, wh	, , , , , , , , , , , , , , , , , , , ,			40	0.
Part I		ax and Payments		 -	······································	-L-'V. I	
		gn tax credit (corporations attach I orm 1118;	trusts attach Form 1116)	41a		Г	
				· -		1	
c		ral business credit. Attach Form 3800		41c		1	
		t for prior year minimum tax (attach Form 880		41d		1	
		credits Add lines 41a through 41d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	تنتا	<u> </u>	41e	
42		act line 41e from line 40		• •		42	0.
43		taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866	Other (attach schedule)	43	
44		tax. Add lines 42 and 43				44	0.
		ents. A 2015 overpayment credited to 2016		45a	20,339		
		estimated tax payments		45b		1	
				45c		1	
		on organizations. Tax paid or withheld at source		45d		1	
				45e		1	
		t for small employer health insurance premiun		45t		1 ∤	
		· · · · · · · · · · · · · · · · · · ·	rm 2439			┪ ┃	
•			her Total	► 45g		1 1	
46		payments. Add lines 45a through 45g			<u> </u>	46	20,339.
47		ated tax penalty (see instructions). Check if Fo			· · · · · · · · · · · · · · · · · · ·	47	
48		lue. If line 46 is less than the total of lines 44 a	ad 47 automora at a cod		•	48	
49	Over	payment. If line 46 is larger than the total of lir				49	20,339.
50		the amount of line 49 you want: Credited to 2	_	0,339	■ Refunded ►	50	0.
Part \	7 3	Statements Regarding Certain	Activities and Other Informa	ation (se	e instructions)		
51	At an	y time during the 2016 calendar year, did the c	organization have an interest in or a signat	ure or othe	er authority		Yes No
	over	a financial account (bank, securities, or other)	in a foreign country? If YES, the organization	tion may ha	ave to file		
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter the name of t	the foreign	country		
	here	>					X
52	Durin	g the tax year, did the organization receive a d	istribution from, or was it the grantor of, o	or transfero	r to, a foreign trust?		. X
	If YES	S, see instructions for other forms the organiza	ation may have to file.				
53		the amount of tax-exempt interest received or			-		
ο.	Ur	ider penalties of perjury, I declare that I have examined meet, and consplete. Declaration of preparer (other than	this return, including accompanying schedules a n taxpayer) is based on all information of which pr	and statemer reporer has a	its, and to the best of my kno ny knowladge	owledge and b	elief, it is true
Sign	١.	N. O. S				lay the IRS dis	cuss this return with
Here		July	14 May 2018 Finan	ce&Bu			own below (see
		Stynature of officer	Date · Fille		ı tr	nstructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	rt PTIN	
Paid		L ,	12/11/20	5.11.	self- employed	ľ	
Prepa	arer	Zachary Fortsch	Jany Janes				052725
Use C		Firm's name ► RSM US LLP	· /		Firm's EIN	42-	0714325
	-		ide Avenue E, Suit	e 200			
		Firm's address ► Cleveland,	OH 44114-1152	 	Phone no.		3-1900
						F	orm 990-T (2016)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation Low	er	of Cost or	Market	
1 Inventory at beginning of year	1	43,626.	6 Inventory at end of year			6 33,819.	
2 Purchases	2	100,367.	7 Cost of goods sold. St		line 6		
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs			line 2			7 110,174.	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5	143,993.	the organization?			X_	
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leas	ed With Real Pro	perty)	
(see instructions)	<u>-</u>						
1. Description of property							
(1) Wooster Inn & Re	stauran	t, 801 E.	Wayne Ave.,	Woo	ster, OH 44	691	
(2)							
(3)					_ _		
(4)							
		ed or accrued			3/2) Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	age	columns 2(a) ar	nd 2(b) (attach schedule)			
(1)			3,2	86.			
(2)							
(3)							
(4)							
Total	0.	Total	3,2	86.		-	
(c) Total income. Add totals of columns		iter			(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column				86.	Part I, line 6, column (B)	▶ 0.	
Schedule E - Unrelated Del	ot-Financec	Income (see	instructions)				
			2. Gross income from	Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions	
·			imandod property		(attach schedule)	(attach schedule)	
<u></u>			 			 	
(1)							
(2)			 	 		 	
(4)						 	
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	8. Allocable deductions	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
(1)	-		%			 	
(2)			%	l —		 	
(3)			%				
(4)			%				
				L	nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			•		0	0.	
Total dividends-received deductions in	cluded in columi	18					
						Fa 000 T (0040)	

			Exempt C	Controlled O	rganızatı	ons				
1 Name of controlled organiz	ıdenti	mployer ification mber	3. Net unre (loss) (see	elated income instructions)	4. Tot payr	al of specified ments made	ınclud	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			 						$\neg +$	
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated inco (see instructio		9. Total o	of specified pay made	ments	10. Part of colu in the controll gross		nization's	11. De	ductions directly connected income in column 10
(1)	 						_			
(2)										
(3)										
(4)			<u> </u>							
.,						Add colur Enter here and line 8, 0		9 1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0
Schedule G - Investm	nent Income of a structions)	Sectio	n 501(c)(ī	7), (9), or	(17) Or	ganizatior	1			
-	scription of income			2. Amount of	ıncome	3. Deduction	ected	4. Set-	asides chedule)	5. Total deductions and set-asides
(1)						(attach sched	iule)	<u> </u>		(col 3 plus col 4)
(2)								 		
(3)										
(4)						-		 		
(4)	-			Enter here and Part I, line 9, co	on page 1, dumn (A)	<u> </u>		<u></u>		Enter here and on page Part I, line 9, column (B)
Totals					0.					0
Schedule I - Exploited	d Exempt Activit	y Incon	ne, Other	Than Ac		ng Income				<u> </u>
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	xpenses connected production nrelated sss income	4. Net incon from unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	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)	page line 1	nere and on 1, Part I, 0, col (B)					•		Enter here and on page 1, Part II, line 26
Schedule J - Advertis										<u>_</u>
Part I Income From				solidated	Basis		_	.		
1 Name of periodical	2. Gross advertising income	ad	3. Direct lvertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput nrough 7	5. Circulate		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)				\exists						
(3)										
(4)										
Totals (carry to Part II, line (5))	<u> </u>	0.	0							0
									_	Form 990-T (2016

Part II	Income I	From Pei	riodicals l	Reported or	n a Separate	Basis	(For each pe	riodical listed	n Part II, fil	ll in
	columns 21	through 7 o	n a line-hv-lir	ne hasis)						

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							†
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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		▶	0	

Form 990-T (2016)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs gov/form4626.

2016

	The College of Wooster		34-0714654
	Note: See the instructions to find out if the corporation is a small corporation exempt		
	from the alternative minimum tax (AMT) under section 55(e).	j	
	Tavable income or (less) before not consisting less deduction	1.	20 070
1	Taxable income or (loss) before net operating loss deduction	1	-39,878.
2	Adjustments and preferences:] _	
a		2a	<u> </u>
р	Amortization of certified pollution control facilities	2b	
C	Amortization of mining exploration and development costs	2c	ļ
đ	Amortization of circulation expenditures (personal holding companies only)	2d	
е	Adjusted gain or loss	_2e	
f	Long-term contracts	<u>2f</u>	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
j	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	<u>2j</u>	
k	Loss limitations	2k	
ì	Depletion	21	
u	Tax-exempt interest income from specified private activity bonds	2m	
n	· · · · · · · · · · · · · · · · · · ·	2n	
-	Other adjustments and preferences	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	3	-39,878.
4	Adjusted current earnings (ACE) adjustment:		
_	ACE from line 10 of the ACE worksheet in the instructions 4a -33, 341	-	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a		
	negative amount. See instructions 4b 6,537		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c 4, 903	ᅴ	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior	ł	
	year ACE adjustments over its total reductions in AMTI from prior year ACE	ļ	
	adjustments. See instructions. Note: You must enter an amount on line 4d	ſ	
	(even if line 4b is positive) See Statement 6 4d 20,831	-	
е	ACE adjustment.	ł	
	If line 4b is zero or more, enter the amount from line 4c		
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	4,903.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	-34,975.
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual	İ	
_	interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	-	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	1	
	group, see instructions). If zero or less, enter -0-	_	
	Multiply line 8a by 25% (0.25)	_	
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled		
_	group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (0.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	<u> </u>
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and on		li de la companya de
DA/A	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	Form 4000 (00 10)
JWA	For Paperwork Reduction Act Notice, see separate instructions.		Form 4626 (2016)

* See also

Statement 5

-33,341.

	Α	djusted Current Earning See ACE Worksheet	-	heet 		
1	Pre-adjustment AMTI. Enter the amount from In	1_	-39,878.			
2	ACE depreciation adjustment:		1 - 1	6 535		
	AMT depreciation		2a	6,537.	<u> </u>	
t	ACE depreciation:					
	(1) Post-1993 property	2b(1)			1 1	i
	(2) Post-1989, pre-1994 property	2b(2)				
	(3) Pre-1990 MACRS property	2b(3)				
	(4) Pre-1990 original ACRS property	2b(4)			1 1	
	(5) Property described in sections					
	168(f)(1) through (4)	2b(5)				
	(6) Other property	2b(6)			1 1	
	(7) Total ACE depreciation. Add lines 2b(1) t	hrough 2b(6)	2b(7)			
	ACE depreciation adjustment. Subtract line 2b(7	') from line 2a			2c	6,537.
3	Inclusion in ACE of items included in earnings a	nd profits (E&P):				_
ŧ	a Tax-exempt interest income		3a		l l	
t	Death benefits from life insurance contracts		3b		1 [
	All other distributions from life insurance contra	cts (including surrenders)	3c		1 1	
	Inside buildup of undistributed income in life in:		3d		1 1	
	Other items (see Regulations sections 1.56(g)-		<u> </u>		1	
	for a partial list)		3e		ll	
1	Total increase to ACE from inclusion in ACE of i	tems included in E&P. Add lines 3a	through 3e		3f	
4	Disallowance of items not deductible from E&P:				· · · ·	
	Certain dividends received		4a			
	Dividends paid on certain preferred stock of public utilit	es that are deductible under section 247 (1 1	
	affected by P L 113-295, Div A, section 221(a)(41)(A), D		46			
(Dividends paid to an ESOP that are deductible u		4c		1	
	Nonpatronage dividends that are paid and dedu	• •			1 1	
•	1382(c)		4d			
	• Other items (see Regulations sections 1.56(g)-	I(d)(3)(ı) and (ıı) for a			1	
•	partial list)	((0)(0)(1) und (11) (0) u	4e			
•	Total increase to ACE because of disallowance of	of items not deductible from F&P A	 _		41	
5	Other adjustments based on rules for figuring E		da iiilos ta tiirougii to	i	- -" -	
	Intangible drilling costs	ui .	5a		1	
	O Circulation expenditures		5b		1 1	
	Organizational expenditures		5c		{	
	•		50		ł	
	d LIFO inventory adjustments Installment sales		5e			
		through 50	36			
	Total other E&P adjustments. Combine lines 5a	•			5f	
6	Disallowance of loss on exchange of debt pools				6	
7	Acquisition expenses of life insurance companie	s for quantieu foreign contracts			7	
8	Depletion				8	
9	Basis adjustments in determining gain or loss fi	<u> </u>	, -		9	

Form 4626

					===
Form 990-T	Description o	f Organization's	Primary Unrelated	Statement	1
		Business Activi	ty		

College bookstore; golf course operations; rentals and investment in partnerships which generated unrelated business taxable income

To Form 990-T, Page 1

Form 990-T	Other Deductions	Statement 2
Description		Amount
Supplies General Services Advertising Utilities Rental Equipment Small Equipment Credit Card Fees Other Expenses		18,857. 7,367. 674. 11,622. 646. 3,908. 4,194. 2,153.
Total to Form 990-T, Page 1,	, line 28	49,421.

Form 990-T	Contrib	outions Summary		Statement	3
Qualified	Contributions Subject t	o 100% Limit			
For Tax For Tax For Tax For Tax	of Prior Years Unused O Year 2011 Year 2012 Year 2013 Year 2014	6,562 22,000			
Total Carr	Year 2015 — Yover Tent Year 10% Contributi	35,438 .ons	64,000		
	ributions Available acome Limitation as Adju	usted	64,000		
Excess 100	Contributions Contributions Contributions		64,000 0 64,000		
Allowable	Contributions Deduction	<u> </u>			0
Total Cont	ribution Deduction				0

Form 990-T Income (Loss)	from Partners	Statement 4	
Partnership Name	Gross Income	Deductions	Net Income or (Loss)
Buckeye Partners, L.P.	-832.	0.	-832.
Cedar Fair LP	7,984.	18,634.	-10,650.
Fortress Secured Lending Fund I (A) LP	6,301.	0.	6,301.
NB Secondary Opportunities Fund II LP Northwood Real Estate Partners TE	-22,996.	0.	-22,996.
(NR AIV) Feeder LP Northwood Real Estate Partners TE	6,646.	0.	6,646.
(AIV 4) Feeder LP Northwood Real Estate Partners TE	5,844.	0.	5,844.
(HOTEL AIV) Feeder LP Northwood Real Estate Partners TE	-2,643.	0.	-2,643.
(AIV 5) Feeder LP	6,667.	0.	6,667.
Valero Energy Partners LP	-2,362.	0.	-2,362.
Total to Form 990-T, Page 1, line 5	4,609.	18,634.	-14,025.

Form 4626	AMT Contributions		Statement	5
	Years Unused Contributions			
For Tax Year 2011 For Tax Year 2012 For Tax Year 2013		5,570		
For Tax Year 2014 For Tax Year 2015		34,982		
Total Carryover Current Year Contrib	outions		40,5	552
Total Contributions 10% of Taxable Incom	ne as Adjusted		40,!	552 0
Excess Contributions	3		40,5	552
Allowable Contributi	ons			0
AMT charitable deduc Regular contribution				0
AMT contribution adj	ustment			0

	Net Positive	ACE Adjustment	From Prior Years	Statement
Tax Year	Original	Previously Applied	Remaining	Available This Year
06/30/13	6,346.	0.	6,346.	6,346.
06/30/14	4,820.	0.	4,820.	4,820.
06/30/15	5,102.	0.	5,102.	5,102.
06/30/16	4,563.	0.	4,563.	4,563.
Available fo	or Credit		20,831.	20,831.

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.
Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Name

Employer identification number

The College of Woo				34-	0/14034
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Yea	r or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	ın	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	19, 3) -	column (e) from 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					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			<u> </u>		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin				7	
Part II Long-Term Capital Gai	ins and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	9, 9)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
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				İ	
Form(s) 8949 with Box F checked					-85.
11 Enter gain from Form 4797, line 7 or 9				11	1.
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15	
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lii				16	
17 Net capital gain. Enter excess of net long-term	. •	•	'	17	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns. If			_
the corporation has qualified timber gain, also	· ·			18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

JWA

Schedule D (Form 1120) 2016

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Part IV Alternative Tax for Corporations with Qualified T	mber Gain. Complete P	art IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	nons	_
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	1 1	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	,	
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the			
return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		30	

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

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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)