C&E 990

EXTENDED TO NOVEMBER 15, 2018

29393280401818

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

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).

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
THE BRUCE E AND ROBBI S TOLL FOUNDATION

D Employer identification number (Employees' trust, see instructions.)
23-2667935

Number, street, and room or suite no. If a P.O. box, see instructions.
754 SOUTH COUNTY ROAD

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
PALM BEACH, FL 33480

900000

C Book value of all assets at end of year
35,020,069.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

4

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 13

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ THE ORGANIZATION Telephone number ▶ 215-938-8222

Part I 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			
4a Capital gain net income (attach Schedule D)	4a	28,649.		28,649.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<91,339.>		<91,339.>
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	8,713.	STMT 14	8,713.
6 Rent income (Schedule C)	6	<3,405.>		<3,405.>
7 Unrelated debt-financed income (Schedule E)	7	12.		12.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8	16.		16.
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) STATEMENT 15	12	18,498.		18,498.
13 **Total.** Combine lines 3 through 12	13	<38,856.>		<38,856.>

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)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 18 SEE STATEMENT 16	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a / 22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 17	28	20,714.
29	**Total deductions.** Add lines 14 through 28	29	20,714.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<59,570.>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<59,570.>
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)	33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<59,570.>

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Part III Tax Computation

35	**Organizations Taxable as Corporations** See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and: a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order). (1) $ (2) $ (3) $ b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $ c Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a	75,000.		
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c	36,000.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	111,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	111,000.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ 111,000. **Refunded** ▶			50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 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 ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer: Bruce E Toll Date: 11-9-18 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: THOMAS EARLEY	Preparer's signature: Thomas J Earley	Date: 11/5/18	Check ☐ if self-employed	PTIN: P00142993
Firm's name ▶ EISNERAMPER LLP			Firm's EIN ▶	13-1639826
Firm's address ▶ 130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757			Phone no.	(215) 881-8800

Form **990-T** (2017)

723711 01-22-18

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average 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 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter 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 included in column 8				▶	0.

Form **990-T** (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	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)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

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)						
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) BRUCE E. TOLL	PRESIDENT	%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2017)

723732 01-22-18

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 13

THE ORGANIZATION HOLDS AN INTEREST IN SEVERAL PARTNERSHIPS THAT PRODUCE TRADE OR BUSINESS INCOME AND/OR RENTAL REAL ESTATE INCOME/LOSS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 14

DESCRIPTION	AMOUNT
BLACKSTONE REAL ESTATE PARTNERS V.TE.2 LP	<294.>
BLACKSTONE REAL ESTATE PARTNERS V OFFSHORE LP	28.
SILVERPEAK LEGACY FUND II LP FKA LEHMAN BROTHERS	<947.>
SILVERPEAK LEGACY PENSION PARTNERS III, LP	<3,857.>
RC GLOBAL ENERGY AND POWER	8,710.
SILVERPEAK LEGACY FUND LP FKA LEHMAN BROTHERS	<14.>
BROOK VENTURE FUND II LP	<4,176.>
MONARCH CAPITAL PARTNERS III LP	6,924.
BLACKSTONE REAL ESTATE PARTNERS V LP	<14.>
AMCO CLASSIC AIV LP	5,144.
AMCO IHB AIV, LP	<3,683.>
AMCO OPTICS AIV LP	1,123.
AMCO PLASTICS AIV LP	<231.>
TOTAL TO FORM 990-T, PAGE 1, LINE 5	8,713.

FORM 990-T OTHER INCOME STATEMENT 15

DESCRIPTION	AMOUNT
BLACKSTONE REAL ESTATE PARTNERS V.TE.2 LP	8,279.
BLACKSTONE REAL ESTATE PARTNERS V OFFSHORE LP	97.
BLACKSTONE REAL ESTATE PARTNERS V LP	430.
RC GLOBAL ENERGY AND POWER	9,692.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	18,498.

FORM 990-T CONTRIBUTIONS STATEMENT 16

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ABINGTON COMMUNITY TASKFORCE	N/A	500.
ABINGTON HEALTH FOUNDATION	N/A	100,100.
ABINGTON TWP. POLICE PENSION ASSOCIATION	N/A	1,000.
ALBERT EINSTEIN	N/A	900.
ALLIANCE FOR CANCER GENE THERAPY	N/A	250.
ALLIANCE FOR EATING DISORDERS	N/A	100.
ALPERT JEWISH FAMILY & CHILDREN	N/A	1,800.
ALZHEIMER'S DRUG DISCOVERY FOUNDATION	N/A	750.
AMERICAN ENTERPRISE INSTITUTE	N/A	10,000.
AMERICAN FRIENDS OF MAGEN DAVID	N/A	2,500.
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY	N/A	100,200.
AMERICAN FRIENDS OF THE ISRAEL MUSEUM	N/A	50,000.
AMERICAN FRIENDS OF THE ISRAEL PHIL	N/A	6,000.
AMERICAN HEART ASSOCIATIONS	N/A	100.
AMERICAN HOSPITAL OF PARIS FOUNDATION	N/A	1,000.
ASSOC FOR FRONTOTEMPORAL DEGENERATION	N/A	200.
AUDI FESTIVAL	N/A	600.
BARNES FOUNDATION	N/A	45,000.
BETH SHOLOM CONGREGATION	N/A	2,970.
BRANDEIS UNIVERSITY	N/A	200.
BREAST CANCER	N/A	2,232.
CANTOR FITZGERALD RELIEF FUND	N/A	100.
CENTRAL PARK CONSERVANCY	N/A	1,000.
CITY HARVEST	N/A	1,050.
CITYMEALS ON WHEELS	N/A	250.
CONGREGATION RODEPH SHALOM	N/A	1,000.
CYCLE FOR SURVIVAL	N/A	1,500.
DEVEREAUX	N/A	13,000.
FOOD ALLERGY RESERACH & EDUCATION	N/A	1,000.
FOOD BANK OF WESTCHESTER	N/A	1,500.
FOUNDCARE	N/A	6,450.
FRICK COLLECTION	N/A	300.
FRIENDS OF FONDATION DE FRANCE	N/A	50,000.
FRIENDS OF RITTENHOUSE SQUARE	N/A	2,650.
HIRE HEROES USA	N/A	500.
HOW	N/A	2,900.

JAZZ AT LINCOLN CENTER	N/A	200.
JDRF	N/A	100.
JEWISH FEDERATION OF PALM BEACH COUNTY	N/A	50,000.
KID ALLIANCE	N/A	170.
KRAVIS CENTER	N/A	4,000.
LINCOLN CENTER FOR THE PERFORMING ARTS	N/A	30,500.
MATHENY SCHOOL	N/A	1,000.
MEALS ON WHEELS OF THE PALM BEACHES	N/A	1,450.
METROPOLITAN MUSEUM OF ART	N/A	200.
MIAMI CANCER INSTITUTE	N/A	5,000.
MOMA LIBRARY COUNCIL	N/A	2,500.
MORSE LIFE FOUNDATION	N/A	6,350.
MULTIPLE MYELOMA RESEARCH FOUNDATION	N/A	2,500.
NANTUCKET ANTHENEUM DANCE FESTIVAL	N/A	1,000.
NANTUCKET BOYS & GIRLS CLUB	N/A	7,500.
NATIONAL CENTER FOR POLICE DEFENSE	N/A	200.
NATIONAL CENTER ON ADDICTION	N/A	1,000.
NATIONAL MS SOCIETY	N/A	500.
NATIONAL MUSEUM OF AM JEWISH HISTORY	N/A	66,500.
NETWORK FOR GOOD	N/A	500.
NEXT FOR AUTISM	N/A	1,000.
NORTON MUSEUM OF ART	N/A	252,909.
PALM BEACH CIVIC ASSOCIATION	N/A	500.
PALM BEACH SYNAGOGUE	N/A	100.
PATRONS OF THE ARTS IN VATICAN MUSEUMS	N/A	13,000.
PHILA FREEDOM VALLEY YMCA	N/A	6,280.
PHILADELPHIA MUSEUM OF ART	N/A	121,991.
PHILLY YOUTH BASKETBALL	N/A	1,500.
PROJECT HOME	N/A	5,000.
PURCHASE COMMUNITY INC	N/A	750.
RIVERDALE COUNTY SCHOOL	N/A	10,000.
SID JACOBSON JCC	N/A	500.
SOLOMON R. GUGGENHEIM FOUNDATION	N/A	140.
ST HILARY OF POITIERS SCHOOL	N/A	25.
STEPHEN WISE FREE SYNAGOGUE	N/A	1,836.
SUNRISE DAY CAMP	N/A	3,000.
THE DRAWING CENTER	N/A	1,500.
THE SOCIETY OF THE FOUR ARTS	N/A	10,000.
THE VALERIE FUND	N/A	2,000.
TOWN OF PALM PEACH UNITED WAY	N/A	10,000.
TRUSTEES OF THE UNIVERSITY OF PA	N/A	25,000.
UJA FEDERATION OF NEW YORK	N/A	2,300.
UNITED STATES HOLOCAUST MEMORIAL MUSEUM	N/A	5,000.

UNIVERSITY OF PENNSYLVANIA	N/A	5,500.
UNIVERSITY OF THE ARTS	N/A	1,000.
WALNUT STREET THEATER	N/A	7,800.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,079,403.

FORM 990-T OTHER DEDUCTIONS STATEMENT 17

DESCRIPTION	AMOUNT
BLACKSTONE REAL ESTATE PARTNERS V.TE.2 LP	1,299.
RC GLOBAL ENERGY AND POWER	19,295.
BLACKSTONE REAL ESTATE PARNTERS V LP	67.
SILVERPEAK LEGACY FUND II, LP	35.
SILVERPEAK LEGACY PENSION PARTNERS III LP	15.
BLACKSTONE REAL ESTATE PARTNERS (OFFSHORE) V LP	3.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	20,714.

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 18

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,079,403	
TOTAL CONTRIBUTIONS AVAILABLE	1,079,403	
TAXABLE INCOME LIMITATION AS ADJUSTED	0	
EXCESS 10% CONTRIBUTIONS	1,079,403	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	1,079,403	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

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

2017

Name

THE BRUCE E AND ROBBI S TOLL FOUNDATION

Employer identification number

23-2667935

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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 whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract 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		211.		<211.>

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	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	<211.>

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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 whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) 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				
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	28,860.			28,860.

11 Enter gain from Form 4797, line 7 or 9	11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind 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	28,860.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	28,649.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	28,649.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Part IV **Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV **only** if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

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)			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) appropriate 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

Form **8949**

Department of the Treasury 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

2017

Attachment Sequence No **12A**

Name(s) shown on return: THE BRUCE E AND ROBBI S TOLL FOUNDATION

Social security number or taxpayer identification no.: 23-2667935

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. 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

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 column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
PASSTHROUGH SHORT TERM	VARIOUS	12/31/17	0.	211.			<211.>
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) ▶				211.			<211.>

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.

723011 11-02-17 LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8949** (2017)

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

THE BRUCE E AND ROBBI S TOLL FOUNDATION

Social security number or taxpayer identification no. 23-2667935

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 long term 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

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

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 column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PASSTHROUGH LONG TERM	VARIOUS	12/31/17	28,860.	0.			28,860.
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 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			28,860.				28,860.

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.