* 3		Ex	cempt Organization	Bus	siness Income	Tax Retur	n l	OMB No 1545-0687
Form	990-T		and proxy tax	cun	der section 6033(	e))	1800	
قسر		For cale	ndar year 2017 or other tax year begin				o <u>18</u>	2017
	ment of the Treasury		► Go to www.irs.gov/Form990				-	Onen to Public Inspection for
	Revenue Service	▶ Do	not enter SSN numbers on this form a		<del></del>			Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check be	ox if nai	me changed and see instruction	s)		yer identification number yees' trust, see instructions )
		1	ENDICOTT COLLEGE					
- T	mpt under section	Print	Number, street, and room or suite no 1	fa B O	hov see instructions		04-21	.03567
- ⊢	501( C )(B)	or	Number, street, and foom or suite no a	IAPO	box, see instructions	ì		ited business activity codes
	408(e) 220(e) 408A 530(a)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	376 HALE STREET					structions)
	408A530(a) 529(a)	İ	City or town, state or province, country	v. and 2	ZIP or foreign postal code		90009	9
	k value of all assets	1	BEVERLY, MA 01915	,,			72100	523000
	nd of year	F Gro	up exemption number (See instruct	ions )	<b>&gt;</b>			
37	2,834,246.	401(a) t	trust Other trust					
H De	scribe the organiz		ck organization type X 501 rimary unrelated business activity				1	
			corporation a subsidiary in an affili					▶ Yes X No
If "	Yes," enter the na	ame and	identifying number of the parent co	rporation				
			ANTHONY FERULLO		Telephon	e number ► 97	8-232-	2384
Part	Unrelated	Trade o	or Business Income	,	(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales	7,963,037.			-		,
	Less returns and allowa		c Balance ▶	_1c_	7,963,037.			
			ule A, line 7)	2				
	•		2 from line 1c	3	7,963,037.			7,963,037.
			ttach Schedule D)	4a	1,987.			1,987.
	•		Part II, line 17) (attach Form 4797)	4b				
			rusts	4c	3,196.	7 m C I 1		3,196.
			os and S corporations (attach statement)	5	3,190.	ATCH 1		3,196.
				6 7				·
_			come (Schedule E)	8				
_			its from controlled organizations (Schedule F)					
			1(c)(7), (9), or (17) organization (Schedule G)	10				
		•	lule J)	11				
			tions, attach schedule)	12	14,526.	ATCH 2		14,526.
	-		ough 12	13	7,982,746.			7,982,746.
Part			Taken Elsewhere (See instr		ons for limitations on d	eductions.) (E	xcept fo	or contributions,
	deduction	s must	be directly connected with t	he ur	related business inco	me )	·	
14	Compensation of	officers,	directors, and trustees (Schedule K)				. 14	21,030.
15	Salaries and wage	es		2,5	SEWED	. <b></b>	. 15	560,618.
10	Repairs and main	tenance					. 16	
17	Bad debts,			المديدين	78	. <b></b> .	. 17	
18	Interest (attach so	chedule)		ŅΑŢ.	<b>(2.4)</b> .2019   🍎	<i></i> .	. 18	
19	Taxes and license	s		··			. 19	862.
20	Charitable contrib	outions (S	See instructions for limitation rules	GD	EN: UT I I	056 007	. 20	
21	Depreciation (atta	ich Form	4502)		21	856,094	<b>─</b> - •	856,094.
	•		on Schedule A and elsewhere on re				22b	030,094.
			,					30,237.
			compensation plans					116,463.
			Schedule I).					
			chedule J)					
			chedule)					6,903,745.
			s 14 through 28					8,489,049.
			le income before net operating					-506,303.
			on (limited to the amount on line 30					<del> </del>
			e income before specific deduction					-506,303.
33	Specific deduction	n (Genera	ally \$1,000, but see line 33 instruct	tions fo	or exceptions)		33	
34	Unrelated busine	ess taxal	ble income. Subtract line 33 fro	om lin	ie 32 If line 33 is grea	ter than line 32	2,	
	enter the smaller of	of zero or	line 32	, .	<u></u>	<u>.</u> 2	4) 24	-506,303.
			otice, see instructions.					Form <b>990-T</b> (2017)

Page 2

Pai	rt.III:	Tax Computation					
35	Organi	zations Taxable as Corporations. See instructions for tax computation	n Controlled grou	qı qı			
	membe	rs (sections 1561 and 1563) check here  See instructions and					
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order)				
	(1) \$	(2) \$ (3) \$					
b	Enter o	rganization's share of (1) Additional 5% tax (not more than \$11,750)					
	-	tional 3% tax (not more than \$100,000)					
С		tax on the amount on line 34		. <b>▶</b> 35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax computation	Income tax	on			
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	<i></i>	. ▶ 36			
37	Proxy t	ax. See instructions , , , ,		. ▶ 37			
38	Alterna	tive minimum tax		38_			
39		Non-Compliant Facility Income. See instructions					
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whichever applies	. <b></b>	40			
		Tax and Payments					
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a	<del> </del>		•		
b	Other o	redits (see instructions)					
С	Genera	I business credit Attach Form 3800 (see instructions)					
		or prior year minimum tax (attach Form 8801 or 8827),					
е		redits Add lines 41a through 41d					
42	Subtrac	t line 41e from line 40	<i>.</i>	. 42			
-43_		xes -Check.if.fromForm_4255Form_86.1.1Form_8697Form_8866					
44		x. Add lines 42 and 43		44			0.
		nts A 2016 overpayment credited to 2017		_			
b		stimated tax payments					
С		posited with Form 8868		_			
d		organizations Tax paid or withheld at source (see instructions)		$\dashv$			
e		withholding (see instructions)					
f		or small employer health insurance premiums (Attach Form 8941)		-			
g		redits and payments					
46				46			
46 47		ayments Add lines 45a through 45g		<u>'                                    </u>			
48		e If line 46 is less than the total of lines 44 and 47, enter amount owed					
49		yment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid					
50	•	e amount of line 49 you want Credited to 2018 estimated tax	Refunded				
100	t V	Statements Regarding Certain Activities and Other Informa					
51		time during the 2017 calendar year, did the organization have an interest			authority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES					
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter					
	here ▶						Х
52	During	the tax year, did the organization receive a distribution from, or was it the grantor of	, or transferor to, a f	oreign trus	st?		Х
	_	see instructions for other forms the organization may have to file		_		^	
53		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$					(
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	and statements, and to t	he best of	my knowledge	and bel	ief, it is
Sig	n  ⊾"	14 04 h		May the	IRS discuss	this i	return
Her	'e   🚩 _	5/13/19 VP OF F	INANCE	with the	preparer sh	nown t	
	s	ignature of officer Date Title		(see instruc	tions)? X Ye	es	No
Dair			ate C	heck L	If PTIN		
Paid	a parer			elf-employe			3
	Only	Firm's name ► KPMG LLP	F	ırm's EIN 🕨	13-5565		
		Firm's address ▶ 60 SOUTH STREET, BOSTON, MA 02111	P	hone no	617-988	-100	

Form **990-T** (2017)

Schedule A - Cost of G	oods Sold. Er	ter method	of invent	orv va	aluation	<b></b>		•			age U
1 Inventory at beginning of y				-			ar	6	<del></del>		
2 Purchases							ld. Subtract line				
3 Cost of labor	<del>-  </del>			i .		•	ter here and in	'			
4a Additional section 263A co	· · · <del> </del>			(				7			
(attach schedule)	1 1			l			section 263A (w		pect to	Yes	No
b Other costs (attach schedu				1			or acquired for		· }		
5 Total. Add lines 1 through						•			,		X
Schedule C - Rent Income		roperty a	nd Perso	nal P	roperty	Leased V	Vith Real Proper	ty)	,		
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)		••••••••••									
(4)											
	2 Rent recei	ved or accru	ed								
(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 percentage of rent is 50% or if the rent is			or persó	nal propert	operty exceeds In columns 2(a) and 2(b) (attach					ne	
(1)											
(2)											
(3)											
(4)											
Total		Total					/b) Takal dad				
(c) Total income. Add totals of chere and on page 1, Part I, line 6							(b) Total deduction Enter here and on Part I, line 6, colur	page 1,	•		
Schedule E - Unrelated D			e instruct	tions)			1	( )			
			2 Gross		e from or	3 [	Deductions directly cor			e to	
1 Description of del	ot-financed property		allocable	to debt	-financed	(a) Straint	nt line depreciation	nced property (b) Other deductions		ctions	
			p	property	<i>'</i>		ch schedule)		attach sched		
(1)						]					
(2)										_	
(3)						,					
(4)											
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed debt-financed proper		4	Colum divided columr	d		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns     3(a) and 3(b))		ıs	
(1)					%				Ü	,	
(2)					%	1					
(3)			1		%						
(4)					%						
		-	•				e and on page 1, e 7, column (A)	Enter Part I	here and or , line 7, colu	n page (B)	1,
Totals											

Form **990-T** (2017)

Page 4

Schedule F - Interest, Annu	anico, recyanico				ntrolled Or				<b>5110</b> (000	Wild a dist	31.07	
、1 Name of controlled organization	2 Employer identification numb	er			ated income	4 Total payme	of speci	1	ıncluded	f column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5
(1)												
(2)	522572M + 5231 7 1 2 7					<u> </u>						
(3)												
(4)	•					<u> </u>						
Nonexempt Controlled Organiz	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of specified payments made			inc	lude	of column d in the co ation's gross	ntrolling	cor	Deductions directly nected with income in column 10	
(1)												
(2)					·····							
(3)							_					
(4)									-			
						<b>&gt;</b>	En Pa	iter h art I,	olumns 5 a ere and on line 8, colu	page 1, mn (A)	En:	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
Schedule G - Investment Ir	come of a Sec	tion	301(C	)( <i>1</i> ),	(9), Of (17		nızatı	OH			- 1	5. Total deductions
1 Description of income	2. Amount of	income			directly co (attach sc	nnected	4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)		
(1)				ļ								
(2)						_						
(3)				ļ								
(4)	Enter here and			<u> </u>								Enter here and on page 1
Totals	Part I, line 9, c			er Th	an Advert	ising Ir	come	e (s	ee instru	ctions)		Part I line 9 column (B)
1. Description of exploited activity	2 Gross unrelated business income from trade or business	con	Expense directly nected voluction in related ness inc	with of	4 Net incor from unrela or business 2 minus co If a gain, o cols 5 thr	ted tradé (column lumn 3) ompute	from is n	n act	income livity that prelated income	6 Expe attributa colum	able to	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)	pag	here ar je 1, Par 10, col	tI,			•					Enter here and on page 1, Part II, line 26
Totals	<u> </u>				<u> L </u>							
Schedule J - Advertising Ir						_						
Part I Income From Per	iodicals Report	ted or	ı a Co	nsol	idated Ba	sis	r					
1 Name of periodical	2 Gross advertising income		3. Direct		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		7 Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1)												1
(2)	<u> </u>				1 .							7
(3)	<del> </del>		-		1							
(4)					†							7
<u> </u>												
Totals (carry to Part II, line (5))												Form <b>990-T</b> (2017

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

Schedule K - Compensation of Officers, I	Directors, and Trustees (see ins		
1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 4		%	
(3)		%	
Total. Enter here and on page 1, Part II, line 14		▶	21,030.

Form **990-T** (2017)

## Form 4626

Department of the Treasury Internal Revenue Service

# **Alternative Minimum Tax - Corporations**

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Name		Employe	er iden	tification number	
	ENDICOTT COLLEGE	04	-21	03567	
	Note: See the instructions to find out if the corporation is a small corporation exempt from to alternative minimum tax (AMT) under section 55(e)	he			
1	Taxable income or (loss) before net operating loss deduction	. 1	_	-506 <b>,</b> 303	<u>.</u>
2	Adjustments and preferences:				
а	Depreciation of post-1986 property	. 2a	1	2	
b	Amortization of certified pollution control facilities	. 2t	,		_
С	Amortization of mining exploration and development costs	. 20	;		_
d	Amortization of circulation expenditures (personal holding companies only)				_
е	Adjusted gain or loss	. 2e	<u>;                                    </u>	-7	<u>.</u>
f	Long-term contracts	. 21	-		_
g	Merchant marine capital construction funds	. 20			_
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	. 2h			_
i	Tax shelter farm activities (personal service corporations only)		$\perp$		_
i	Passive activities (closely held corporations and personal service corporations only)	. <u>2</u> j			
k`	Loss limitations	. 24	<u>.                                    </u>		_
i	Depletion	. 21		10	•
m	Tax-exempt interest income from specified private activity bonds	. 2n	<u>ı                                    </u>		_
n	Intangible drilling costs	. <u>2r</u>	<u>-                                     </u>		
0	Other adjustments and preferences	. 20	<u>,                                    </u>	47	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20	. 3	Д.	-506,251	<u>.</u>
4	Adjusted current earnings (ACE) adjustment:				
а	ACE from line 10 of the ACE worksheet in the instructions $4a = -506, 25$	<u>1.</u>			
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference				
	as a negative amount. See instructions				
С	Multiply line 4b by 75% (0 75) Enter the result as a positive amount 4c		-		
d e	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions Note: You must enter an amount on line 4d (even if line 4b is positive)				
·	If line 4b is zero or more, enter the amount from line 4c	46	,_		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount				_
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT	5		-506,251	
6	Alternative tax net operating loss deduction See instructions				_
_					_
7	Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residu	ıal			
•	interest in a REMIC, see instructions			-506 <b>,</b> 251	•
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)				
а	Subtract \$150,000 from line 7 If completing this line for a member of a				
	controlled group, see instructions. If zero or less, enter -0	_			
b	Multiply line 8a by 25% (0 25)	_	ŧ		
С	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled ground	ıp,	_		
	see instructions. If zero or less, enter -0				_
9	Subtract line 8c from line 7 If zero or less, enter -0	. 9	_	<del></del>	
10	Multiply line 9 by 20% (0 20)		$\rightarrow$		_
11	Alternative minimum tax foreign tax credit (AMTFTC) See instructions				_
12	Tentative minimum tax Subtract line 11 from line 10			<del></del>	_
13	Regular tax liability before applying all credits except the foreign tax credit		+	NON	<u>E</u>
14	Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and of				_
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	. 14	Щ_	NON	
or Par	nerwork Reduction Act Notice, see separate instructions.			Form 4626 (201	71

# Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

See ACE Worksheet Instructions

1	Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	1	-506,251.
2	ACE depreciation adjustment		
	a AMT depreciation	1	
	b ACE depreciation		
	(1) Post-1993 property	1	
	(2) Post-1989, pre-1994 property		
	(3) Pre-1990 MACRS property	1	
	(4) Pre-1990 original ACRS property	1	
	(5) Property described in sections 168(f)(1) through		
	(4)		
	(6) Other property		
	(7) Total ACE depreciation Add lines 2b(1) through 2b(6)	1	
	c ACE depreciation adjustment Subtract line 2b(7) from line 2a,		
	•	20	
3	Inclusion in ACE of items included in earnings and profits (E&P)		
	a—Tax-exempt-interest-income	<del> </del>  -	
	b Death benefits from life insurance contracts	-	
	c All other distributions from life insurance contracts (including surrenders) 3c	-	
	d Inside buildup of undistributed income in life insurance contracts	-	
	e Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial		
	list),	- <del></del>	
	f Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P		
	a Certain dividends received	- 1	
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043)		
	c Dividends paid to an ESOP that are deductible under section 404(k)	」 i	
		1	
	d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d		
		1	
	e Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list) 4e		
		7	
	f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P		· · · · ·
-	a Intangible drilling costs	1 . 1	
	b Circulation expenditures	7 I	
	c Organizational expenditures	1	
	d LIFO inventory adjustments	1	
	e Installment sales	-	
		5f	
c	f Total other E&P adjustments Combine lines 5a through 5e	<b>—</b>	
6	• • • • • • • • • • • • • • • • • • • •	<del></del>	·
7	Acquisition expenses of life insurance companies for qualified foreign contracts		
8	Depletion	-	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626	10	-506,251.

### **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-RIC, 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

END.	ICOTT COLLEGE				Ų	14-2103567
Part	Short-Term Capital Gains and Losses	- Assets Held O	ne 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 or loss from Form 8949, Part I, line column (g)	1(s)	(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					
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				•	162.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	37		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	( , )
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	162.
Part						
	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	(e) Cost	(g) Adjustments or loss from Forn 8949, Part II, line	n(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)
8 a	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 Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked				т —	1,142.
11	Enter gain from Form 4797, line 7 or 9				11	683.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	<sup>7</sup>		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	nh		15	1,825.
Par	Summary of Parts I and II				T	<u> </u>
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capit	al loss (line 15)		16	162.
17	Net capital gain Enter excess of net long-term capi				17	1,825.
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also compl	ete Part IV	proper line on other re		18	1,987.
	Note. If losses exceed gains, see Capital losses in the	e instructions				

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

Schedule D (Form 1120) 2017

# Form 8949

# **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 Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return ENDICOTT COLLEGE				Social sec	-	taxpayer identificat 2103567	ion number
Before you check Box A, B, or C below, statement will have the same informati broker and may even tell you which box	on as Form 10						
Short-Term. Transactors, see page Note: You may aggree reported to the IRS a Schedule D, line 1a,	e 2 egate all sho and for whicl	ort-term tran	sactions report nents or codes	ed on Form( are required	s) 1099-B sł Enter the to	nowing basis wa otals directly or	as I
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com  (A) Short-term transactions r  (B) Short-term transactions r  (C) Short-term transactions r	page 1, for e plete as mar eported on F eported on F	ach applicab ny forms with form(s) 1099 form(s) 1099	le box If you han the same box ch -B showing basis -B showing basis	ve more short- lecked as you r was reported	term transac need to the IRS (se	tions than will fit o	
1 (a)	(b)	(c)	(d)	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) -Subtract column-(e)
Description of property (Example 100 sh XYZ Co)	Date acquired (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 SCH K-1 (1065)							162
1							
			-				
<del></del>							
			-				
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·							
					-		
Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above)	here and incl is checked), line	ude on your 2 (if Box B				_	162
above is checked), or line 3 (if Box C abo	ove is checked) l	▶		I	I		

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

Form 8949 (2017)

Page 2 Form\*8949 (2017) Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side ENDICOTT COLLEGE 04-2103567 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

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).

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term

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 <b>Note</b> 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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a co	(h) Gain or (loss) Subtract column (e) from column (d) an	
(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 or instructions adjustmen		combine the result with_column (g)
FROM SCH K-1 (1065)							1,142
							<del></del>
	,						
							····
2 Totals Add the amounts in columns negative amounts) Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if B	I here and include is checked), line	de on your '					1,142

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

Form 8949 (2017)

Part II

transactions, see page 1

Department of the Treasury

Internal Revenue Service

# **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

Name(s) shown on return ENDICOTT COLLEGE

04-2103567

Busi	ness or activity to which this form relates								
G	ENERAL DEPRECIATION	· .							
Pa	rt I Election To Expense Convote: If you have any lis				you comp	lete Part I			
1	Maximum amount (see instructions).		•				[	1	
2	Total cost of section 179 property pla							2	""
3	Threshold cost of section 179 proper							3	
4 5	Reduction in limitation Subtract line 2 Dollar limitation for tax year Subtract line 4 from separately, see instructions	3 from line 2 If zero o	r less, enter -0	)_				5	
6	separately, see instructions		· · · · · · ·		siness use only				
_	(a) Description	or property	-	(b) Cost (bu	311633 436 0111	(c) Electr	<del></del>		1
-									· ·
	Listed property Enter the amount from	m line 20			7	<del></del>			-
	Total elected cost of section 179 proj							8	
	Tentative deduction Enter the smaller							9	
	_Carryover_of_disallowed_deduction_fro							1.0	
11	Business income limitation. Enter the							11	
12	Section 179 expense deduction Add							12	
13	Carryover of disallowed deduction to								
	e: Don't use Part II or Part III below for				, , , , ,				
	rt II. Special Depreciation A			iation (D	on't include	listed propert	ty) (Se	e in	nstructions)
14	Special depreciation allowance fo								<del>.</del>
•	during the tax year (see instructions)							14	
15	Property subject to section 168(f)(1)							15	
16	Other depreciation (including ACRS)							16	
·Pa	rt III MACRS Depreciation (D						-		
			Sec	tion A					
17	MACRS deductions for assets placed	d in service in tax yea	rs beginning b	efore 2017	<u> </u>			17	856,094
18	If you are electing to group any a								
	asset accounts, check here								
	Section B - Assets	Placed in Service				General Dep	reciatio	n S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for ( (business/invi only - see in	estment use	(d) Recovery period	(e) Convention	(f) Meti	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property	1							
е	15-year property								
f	20-year property								
g	25-year property				25 yrs	<u> </u>	S/L	,	
h	Residential rental	,			27 5 yrs	MM	S/L		
	property			_	27 5 yrs	MM	S/L		
1	Nonresidential real				39 yrs	MM	S/L		
	property					MM	S/L		
	Section C - Assets P	laced in Service D	uring 2017	Tax Year	Using the	Alternative De	preciat	ion	System
20a	Class life						S/L		
b	12-year				12 yrs		S/L		
_	40-year				40 yrs	MM	S/L		
På	rt IV Summary (See instruction	ons)							<u> </u>
	Listed property Enter amount from lin						⊢	21	
22	Total. Add amounts from line 12, I								255 25:
	here and on the appropriate lines of ye					ns	<u> </u>	22	856,094
23	For assets shown above and place			-					'
	portion of the basis attributable to se	ction 263A costs	<u></u>	<u></u>	<u>   23</u>				L

													04	-2103	567	_ ^
	m 4562 (2017)	perty (Include a	automobilo	s co	rtain o	ther	vehicle	98 0	·prt-	an air	raft o	ertain	comp	utere	and n	Page 2
Ė		ntertainment, recr					verno	es, c	eric	ani and	Jiail, C	enam	Comp	uleis,	anu p	roperty
	Note: For a	iny vehicle for wh is (a) through (c) of	ich you are	using	the si	tanda	ard mile	age on Cit	rate f app	or ded	lucting	lease e	expense	e, comp	lete or	ıly 24a
	Section A -	Depreciation and	Other Infor	matio	n (Cauti	on: S	See the	ınstrı	uctio	ns for l	mits fo	passe	nger au	ıtomobil	es)	
248	Do you have evidence	e to support the bus	iness/investm	ent use	claimed	?[]	Yes	No	24	4b If "Y	es," is t	he evide	nce writt	en?	Yes	No
	(a)	(b)	(c)	1	(d)		(e	•		(f)	(	g)	(	h)	l	1)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us	e Cost	or other b	asıs	Basis for di (business/i	nvestme		Recovery period		hod/ ention		eciation uction		section 179 ost
	<u> </u>		percentage				use o	•		•		<del></del>				
25	Special depreciation															
26	the tax year and us Property used more					se (se	e ilisti u	CHOTE	s) .			. 25	1			
	Property used mor	Te than 50 % in a qu	1	%		T			$\neg$							
	<del></del> _		<del></del>	/d //d		-+										
_			ļ	/6  /6					+							
27	Property used 50%	6 or less in a qualifi	<u> </u>												l	
_		1	1	%							S/L -			-		
				%							S/L -				1	
			9	%							S/L -					
	Add amounts in co															
29	Add amounts in co	olumn (i), line 26 E	inter here a	nd on	line 7, p	age 1	1 <u></u>						<u></u>	. 29		`
			Sectio													
	mplete this section fo														rovided	vehicles
to y	our employees, first an	iswer the questions in	Section C to			t an e		to cor					T			
					(a) ricle 1	Ι 、	(b) /ehicle 2			c) ıcle 3	, .	d) icle 4		e) iicle 5		f) ıcle 6
30	Total business/inv						55.5							1		
	the year (don't inc	_				<del> </del> -		-			-					
	Total commuting n	_														
32	•	personal (nonco														
22	miles driven Total miles drive					┼		-								
33	lines 30 through 3										ĺ					
31	Was the vehicle			Yes	No	Ye	s No	, Y	es	No	Yes	No	Yes	No	Yes	No
34	use during off-duty		•		111											
35	Was the vehicle		-		1											
	than 5% owner or				Ì											
36	ls another vehic	•	F													
		<u> </u>	•								_			·		
		ction C - Questio		ploye	rs Who	o Pro	ovide V	ehic!	les f	or Use	by Th	eir Em	ploye	es		
An	swer these question	ns to determine if	you meet a	in exc	eption (	to co	mpletin	g Se	ction	B for	vehicle	s used	by em	ployees	who a	ren't
mo	re than 5% owners	or related persons	(see instruct	ions)											ı	1
37	Do you maintain	a written policy s	statement th	nat pr	ohibits	all p	ersonal	use	of v	ehicles	, includ	ling co	mmutir	ng, by	Yes	No
	your employees?								٠:							
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
20							cers, air	ector	s, or	1% or	more o	wners				-
39							tain in							ut the	<b> </b>	<b></b>
40	use of the vehicles				2											İ
41						 e den	 monstra	tion u	 se? (	 (See ins	truction	 s )				
71	Note: If your answ															<u> </u>
.Pa	rt VI Amortizat	<del></del>	<u> </u>							-					1	
	/11/0/11/200		(5)						T			(е	)			
	(a)	of acoto	(b) Date amorti	zation			(c)	nt		(d)		Amorti perio		Amortiza	(f)	ne vear
	Description	UI COSTS	begins		An	noitiza	able amou		$\perp$	Code se	CHOIL	percer		Amortiza	ition for t	ns year
42	Amortization of co	sts that begins dur	ing your 201	17 tax	year (se	e ins	struction	is)								
_																
									<u>L</u>			L				_
43	Amortization of co												43			
44	Total. Add amoun	its in column (f) Se	ee the instru	ictions	for whe	ere to	report	<u></u>		<u></u>	<u></u>	<u></u>	44		455	0 :-
JSA														Fo	rm 456	<b>2</b> (2017)

	ATTACHMENT 1			
•				
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS				
PARTNERSHIP INVESTMENTS	1	3,196.		
INCOME (LOSS) FROM DARTNERSHIRS		3.196		

ATTACHMENT 2			
711 1710 11111111 2	ATTACHMENT	2	

PART I - LINE 12 - OTHER INCOME

UBTI CREATED UNDER IRC 512(A)(7)

PART I - LINE 12 - OTHER INCOME

14,526.

14,526.

### ATTACHMENT 3

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

### DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

OUTSIDE CONTRACTOR/MANAGEMENT	4,949,406.
OPERATIONS AND MAINTENANCE OF FACILITIES ,	1,619,936.
FOOD AND BEVERAGE	127,708.
ALL OTHER MISCELLANEOUS EXPENSES	64,130.
ADVERTISING	35 <b>,</b> 377.
ACCOUNTING FEE	42 <b>,</b> 500.
SUPPLIES	22 <b>,</b> 009.
NON-CAPITALIZED EQUIPMENT	22,407.
INVESTMENT MANAGEMENT FEES	10,434.
MEMBERSHIPS	6,260.
TELEPHONE EXPENSE	3,578.

PART II - LINE 28—-OTHER -DEDUCTIONS 6,903,745.

ENDICOTT COLLEGE 04-2103567

### ATTACHMENT 5

### FEDERAL FORM 990T NET OPERATING LOSS CARRYFORWARD

TAX YEAR	LOSS GENERÁTED	LOSS UTILIZED IN PRIOR YEARS	LOSS UTILIZED IN CURRENT YEAR	AMOUNT REMAINING
6/30/2008	(897,007)	608,913	<del>-</del>	(288,094)
6/30/2009	(784,817)	_	-	(784,817)
6/30/2010	(843,564)	-	-	(843,564)
6/30/2011	(817,624)	_	-	(817,624)
6/30/2012^	(143,382)	-	=	(143, 382)
6/30/2013	(372,073)	-	-	(372,073)
6/30/2014	(9,834)	-	-	(9,834)
6/30/2015	-	-	-	-
6/30/2016	_	, –	-	-
6/30/2017	_	-	-	-
6/30/2018	(506, 303)	<del>-</del>		(506,303)
TOTAL				(3,765,691)

ENDICOTT COLLEGE ATTACHMENT 6

FOR THE YEAR ENDED 06/30/2018

EIN: 04-2103567

ATTACHMENT TO 990-T, IRC SECTION 965 TRANSITION TAX

EXPLANATION OF VARIANCE BETWEEN GROSS INCOME/DEDUCTIONS AND NET INCOME TAX LIABILITY

ENDICOTT COLLEGE RECEIVED SCHEDULES K-1 FROM PARTNERSHIPS REPORTING A TOTAL ALLOCABLE AMOUNT REQUIRED TO BE INCLUDED IN INCOME BY REASON OF SECTION 965(A) OF \$407. HOWEVER, NONE OF THIS AMOUNT WAS IDENTIFIED BY THE PARTNERSHIPS AS BEING UNRELATED BUSINESS TAXABLE INCOME. IN ADDITION, ENDICOTT COLLEGE'S INTERESTS IN THESE PARTNERSHIPS WAS NOT DEBT-FINANCED. ACCORDINGLY, THE NET INCOME TAX LIABILITY UNDER SECTION 965 IS \$0.