Exempt Organization Business Income Tax Return Fr. 990-T 2018 For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization ( Check box if name changed and see instructions.) Check box if address changed The College of Wooster 34-0714654 **B** Exempt under section Print X 501(c)(3 ) Number, street, and room or suite no. If a P.O. box. see instructions. Type 7408(a) 220(e) 1101 N. Bever Street 30(a) 408A City or town, state or province, country, and ZIP or foreign postal code Wooster, OH 44691 713910 451211 529(a) Book value of all seests F Group exemption number (See instructions.) 567, 169, 021. 

© Check organization type 

X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. See Statement 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. 263-2018 Telephone number ► (330) The books are in care of Eileen Walker

Part 명 Unrelated Trade or Business Income (C) Not (A) Income (B) Expenses 276,405. 108,248. 168,157. 276,496. 1a Gross receipts or sales 91. c Balance ...... b Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) 2 168,157. Gross profit. Subtract line 2 from line 1c 3 35,100. 4a Capital gain net income (attach Schedule D) 35,100. 42 -181. b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c -177,940. -177,940. 5 Income (loss) from partnerships and S corporations (attach statement) 5 3,286. 3,286. Rent income (Schedule C) 8 Unrelated debt-financed income (Schedule E) 7 8 Interest, annulties, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) ۵ Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See Instructions; attach schedule) 12 28.422. 13 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business accoming Compensation of officers, directors, and trustees (Schedule K) 14 98,286. Salaries and wages 5,281. Repairs and maintenance

15 16 17 Bad debts 18 Interest (attach schedule) 19 19 Taxes and licenses 0. Charitable contributions (See instructions for limitation rules) Statement 4 See Statement 2 20 Depreciation (attach Form 4562) 21 5,550. Less depreciation claimed on Schedule A and elsewhere on return 22a 22 23 23 Depletion <u>5,</u>575. 24 Contributions to deferred compensation plans 28,240. 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 53,200. Other deductions (attach schedule)

See Statement 3 28 28 196,132. 29 Total deductions. Add lines 14 through 28 29 -167,710. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Net operating loss deduction (limited to the amount on line 30) See Statement 5 31 31 -167,710.Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Specific deduction (Generally \$1,000, but see line 33 insurations for exceptions,

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 3. -167,710.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

	(2017) The College of Wooster				34-07	146	54 Page 2
	Tax Computation					The same	
	Organizations Taxable as Corporations. See instructions for tax computation.		1			,	
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See Instruction						4
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	t order)	):			3.1	
	(1) \$ (2) \$ (3) \$						
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		}			2.5	Ē
	(2) Additional 3% tax (not more than \$100,000)			_		A <sub>1</sub>	
6	Income tax on the amount on line 34				<b>&gt;</b>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the an	nount c	on line 3	34 from:		4	
	Tax rate schedule or Schedule D (Form 1041)				•	36	7
37	Prexy tax. See Instructions					37	<del>                                     </del>
38			•			38	<del>                                     </del>
			••••••				<del> </del>
40	Tax on Non-Compliant Facility Income. See instructions		·····i		<i>-</i>	39	0.
40 40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  Tax and Payments		<u></u>			40	
			T 1	-		-2.60	<del></del>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a			- 35	
	Other credits (see instructions)		41b				
C	General business credit. Attach Form 3800		41c			100	1
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		41d			1	
	Total credits. Add lines 41a through 41d		a	l 	••••••	43 e	
42	Subtract line 41e from line 40			[		42	0.
43	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Fo	orm 88	66 🔲	Other @	attach schedule).	43	
44	Total tax. Add lines 42 and 43				4४	44	0.
45 a	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017	0~	452		20,339	. 3	
	2017 estimated tax payments		45b	:		3	
	Tax deposited with Form 8868		45c	-			
	Foreign organizations; Tax paid or withheld at source (see instructions)		45d			7.3	
	• • • • • • • • • • • • • • • • • • • •		H-122-H			4	
	Backup withholding (see instructions)		456	<u> </u>		1	
	Credit for small employer health insurance premiums (Attach Form 8941)		45f			(6)	
0	Other credits and payments: Form 2439		1				
	Form 4136 Other Tota	ı 🕨	450	<u> </u>			00 220
46	Total payments. Add lines 45a through 45g	••••		ļ		46	20,339.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲					47	<del> </del>
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			; ;		48	<del> </del>
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			<b>ŀ</b> γ······		49	
50					unded 🔂 🕨	50	0.
'Rárt'y							<del></del>
51	At any time during the 2017 calendar year, did the organization have an interest in or a sign	nature (	or other	authority	1		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organi	ization	may hay	ve to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of	of the f	oreign c	ountry			
	here >			1			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor or	rf, or tra	ansferoi	to, a for	eign trust?		X_
	If YES, see instructions for other forms the organization may have to file.			l I			
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			•			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	end stat	tements,	and to the	best of my knowl	edge and	d belief, it is true,
Sign	correct, and complete Decisration of propers (other than texpayer) is based on all information of which p	rim	VP (	, Fi	nance r	Acres of the control	IRS discuss this return with
Here	Man 1. 1 2 Bu	sin	ess	ì		•	erer shown below (see
	Signature of officer Date Title					netructic	ma)? X Yes No
	Print/Type preparer's name Preparer's signature	Dat	 te	1	Check	if P	TIN
D-!-	- The state of the	ſ		.	self- employed		
Paid	zer Zachary Fortsch Zanhang futur	5	-13 -		pio/oc		P00052725
Prepa	Contract N DCM HC TTD			<del></del>	Firm's EIN		42-0714325
Use C	1001 Lakeside Avenue E, Suit	te '	200	<del>;                                    </del>	THIN & CIM		
	Firm's address  Cleveland, OH 44114-1152	4	_ , ,	:	Phone no	21'6-	-523-1900
	I I III I GUUICOO P CICVETATIO, UN 44114-1174		_	<del>!                                    </del>	i ilone ilo.	<u> </u>	Form <b>990-T</b> (2017)
				§ .			FORM 880-1 (2017)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	aluation >	Low	er i	of Cost or	Maı	cket	
1 Inventory at beginning of year	1	33,819.		Inventory at e						351.
2 Purchases	1 1	101,780.	7						3	
3 Cost of labor	3		]	from line 5. Er		rq.		\$	Ē	
4 a Additional section 263A costs			]	line 2		·. !!		. 7	108,	248.
(attach schedule)	4a		8	Do the rules of					Ye	8 No
b Other costs (attach schedule)	4b			property produ	iced or a	cquire	I for resale) apply to		- <u>\$</u>	
5 Total. Add lines 1 through 4b		135,599.		the organization						X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Prop	erty L	ease	d With Real Pro	operty	<b>y</b> )	
1. Description of property						1	·· <u> </u>			
(1) Wooster Inn & Re	gtaurant	801 R.	Wa	vne Ave	. W	OOR	ter, OH 44	691		
(2)	Deagrane	, 001 11	774	<u> </u>	• , "	<u> </u>	CCI, CII 11	.071		
(3)										
(4)		<del></del>				<u> </u>				
	2. Rent receiv	ed or accrued				<u>.</u>				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	then	"of rent for pe	raonal	onel property (if the property exceeds : ed on profit or inco	50% ar If	<b>90</b>	3(a) Deductions dire columns 2(	ctly conn a) and 2(b	acted with the income ) (attach achedule)	in in
(1)	<del></del>				3,2	86.			<del></del>	
(2)						:				
(3)						1		-		
(4)						ļ				
Total	Ō.	Total			3,2	86.				
(e) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			3,2	- 86	(b) Total deductions Enter here and on page Part I, line 6, column (8)			0.
Schedule E - Unrelated Det	ot-Financed	Income (see i	nstru	ctions)		;				
			],	2. Gross income to		į	3. Deductions directly to debt-fir	connecter	d with or allocable operty	
1. Description of debt-fi	nunced property			or allocable to del financed properi	ot-	(a)	Straight line depreciation (attach achedule)		(b) Other deduct (ettach echedu	
(1)										
(2)						4 7				
(3)						-:				
(4)								_  _		
Amount of average acquisition debt on or allocable to dabt-financed property (attach achedula)	of or a	adjusted basis allocable to need property h achedule)	•	B. Column 4 divide by column 5	ed		7. Gross income reportable (column 2 x column 6)		8, Allocable deck (column 6 x total of 3(a) and 3(b	columns
(1)					%	;				
(2)					%	1				
(3)					%					
(4)		·			%					
<del></del>							inter here and on page 1, Part i, line 7, column (A).		Enter here and on p Part I, line 7, colum	-
Totals					▶	i		0.		0.
Total dividends-received deductions in						<u>j</u>				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 achedule)	4_ Set-seldes (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					
(2)	_				
(3)			j		
(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)

Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of urreleted business income	4. Net income (lose) from urrelated 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 exampt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)				<u> </u>		<u></u>
(3)				1		
(4)						
	Enter here and on page 1, Part I, tine 10, col (A).	Enter here and on page 1, Pert I, line 10, col (B).				Enter here and on page 1, Part II, line 28.
Totals -	0.	0.				0.

Schedule J - Advertising Income (see instructions)

記記: 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	Excess rendership costs (column 5 minus column 5, but not more than column 4).
(1)						
(2)						
(3)				1		
(4)						
				1		
Totals (carry to Part II, line (5))	0.	0.			<u> </u>	0.

Form 990-T (2017)

Form 990-1 (2017) The COLLE				Į.		<u>4-0714654</u>	L Page 5
Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch perio	dical listed i	n Part II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (lose) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		reuletion come	6. Readership costs	Excess readership costs (column 5 minus column 5, but not more than column 4).
(1) (2) (3)							
(2)				;			
(3)					i		
(4)					]		
Totals from Part I	0.	0.	12.30	1			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) Schedule K - Compensation	0. n of Officers. I		Trustees (see in	nstructio	ns)	S AND CO. OF THE PARTY	
1. Name	,		2. Title		3. Percent of time devoted business	_   4. Comp	enestion attributable elated business
(1)					•	%	
(2)						%	
(3)					t	%	
(4)						%	
Total. Enter here and on page 1, Part II, I	ine 14					<b>D</b>	0.

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4826 for instructions and the latest Information.

OMB No. 1545-0123

20	4	7
ZU		1

Employer identification number 34-0714654 The College of Wooster 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). -167,710. Taxable income or (loss) before net operating loss deduction Adjustments and preferences: Depreciation of post-1986 property 2= Amortization of certified pollution control facilities 2b ..... e Amortization of mining exploration and development costs \_\_\_\_\_\_ 2c d Amortization of circulation expenditures (personal holding companies only) **2**d e Adjusted gain or loss 2e f Long-term contracts 2f Merchant marine capital construction funds 2a h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2ħ Tax shelter farm activities (personal service corporations only) 21 Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations 2k 21 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n Other adjustments and preferences 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 -167,710. Adjusted current earnings (ACE) adjustment: ACE from line 10 of the ACE worksheet in the instructions b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 5,550 negative amount. See instructions 4e e Multiply line 4b by 75% (0.75). Enter the result as a positive amount d 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 25,734 (even if line 4b is positive) See Statement 10 e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c 4,163. • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount -163,547.Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT Atternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): 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) e 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-Subtract line 8c from line 7. If zero or less, enter -0-Multiply line 9 by 20% (0.20) 10 Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 11 12 12 Regular tax liability before applying all credits except the foreign tax credit 13 13 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

\* See also

Statement 7 Statement 8

-162,160.

<del>-</del> ·	See ACE Worksheet Ins	•	1001		
.  1 Pre-adjustment AMTI. Enter the amount from I	ine 3 of Form 4626		1	,	-167,710.
2 ACE depreciation adjustment		••••••	:	<b>14.5</b>	
		20	5,550.		
b ACE depreciation;		···		25	
	2b(1)				
(1) Post-1993 property				400	
			'		
				35	
(5) Property described in sections  168(f)(1) through (4)	25/53	-			
			اً ا		
		2b(7)	i	2.4	
<ul> <li>(7) Total ACE depreciation. Add lines 2b(1)</li> <li>e ACE depreciation adjustment. Subtract line 2b(</li> </ul>				2c	5,550.
	•		· · · · · · · · · · · · · · · · · · ·	20%	373300
	· · · · · · · · · · · · · · · · · · ·	3a	·		
		····			
	note (including oursedors)	····  - <del></del>	<del>-</del>		
e All other distributions from life insurance contr	,		· · · · · · · · · · · · · · · · · · ·		
d Inside buildup of undistributed Income in life in		3d			
Other items (see Regulations sections 1.56(g)-		-			
	tament included to COD Add these On About			264	
f Total increase to ACE from inclusion in ACE of		ougn 3e		3f <u> </u>	<del></del>
4 Disallowance of items not deductible from E&F		الما			
		48	<del></del>		
Dividends paid on certain preferred stock of public utilities				1	
affected by P.L. 113-295, Div. A, section 221(a)(41)(A), D					
e Dividends paid to an ESOP that are deductible		4c	_ <del></del>		
d Nonpatronage dividends that are paid and dedu	ectible under section	1 1			
		4d			
<ul> <li>Other items (see Regulations sections 1.56(g)-</li> </ul>			E	<b>3</b> 1	
partial list)		40		55-C	
f Total increase to ACE because of disallowance		ines 4a through 4e		41	
5 Other adjustments based on rules for figuring l		1 - 1	l <sup>3</sup>		
• • • • • • • • • • • • • • • • • • • •			<u></u>		
c Organizational expenditures					
•			<u> </u>	/4	
Installment sales		<b>5e</b>	1		
1 Total other E&P adjustments. Combine lines 5	a through 5e			_5f	<del></del>
6 Disallowance of loss on exchange of debt pool				6	
7 Acquisition expenses of life insurance compan	ies for qualified foreign contracts		}	7	
				_8	
9 Basis adjustments in determining gain or loss				9 :	
O Adjusted current earnings. Combine lines 1, 2	2c, 3f, 4f, and 5f through 9. Enter the res	ult here and on line	4a;of	l	

Form 990-T	Description of Organization's Primary Unrelated	Statement 1
•	Business Activity	

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 .	Contributions		Statement 2
Description/Kind of Property	Method Used to Det	ermine FMV	Amount
Cash Only	N/A		54,126.
Total to Form 990-T, Page 1, 1	line 20		54,126.
Form 990-T	Other Deductions	•	Statement 3
December de la companya del companya del companya de la companya d		•	Amount

Form 990-T	Other Deductions	1	Statement 3
Description		•	Amount
Supplies General Services Advertising Utilities		i	21,731. 1,801. 652. 7,084.
Rental Equipment Software Expense		•	13,728. 2,347. 4,614.
Credit Card Fees Other Expenses			1,243.
Total to Form 990-T, Page 1, lin	ne 28		53,200.

orm 990-T C	ontributions Summary		Statement 4
Qualified Contributions Sub	ject to 100% Limit		
Carryover of Prior Years Uni	used Contributions	1	
For Tax Year 2012	•	ı	
For Tax Year 2013	6,562	•	
For Tax Year 2014	22,000		
For Tax Year 2015	35,438		
For Tax Year 2016	61,000	1	
Total Carryover		125,000	
Total Current Year 10% Conti	ributions	54,126	
Total Contributions Availab	 Le	179,126	_
Taxable Income Limitation as	s Adjusted	0	
Excess 10% Contributions	<del></del>	179,126	_
Excess 100% Contributions		0	
Total Excess Contributions		179,126	_
Allowable Contributions Dedu	uction		<del>_</del>
Total Contribution Deduction	n.	•	

Form 990-T	Net	Operating Loss I	Deduction h	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/17	39,878.	0.	39,878.	39,878.
NOL Carryo	ver Available This	Year	39,878.	39,878.

Form 990-T Income (Loss	s) from Partners	from Partnerships		
Partnership Name	Gross Income	Deductions	Net Income or (Loss)	
Buckeye Partners, L.P.	-9,607.	. 0.	-9,607.	
Cedar Fair LP Davidson Kempner Insitutional	-10,249.	į <b>0.</b>	-10,249.	
Partners L.P.	-14,147.	, 0.	-14,147.	
Fortress Secured Lending Fund I (A)	F 064	,	5 064	
LP	5,964.	. 0.	5,964.	
Lexington Middle Market Investors IV, LP	15,136.	156,114.	-140,978.	
Madison Dearborn Capital Partners	15,150.	130,114.	140,570.	
VII-C, LP	462.	10,138.	-9,676.	
Mainsail Partners IV, LP	-27,102.	25,417.	-52,519.	
NB Secondary Opportunities Fund II		1		
LP	56,616.	6,125.	50,491.	
NB Secondary Opportunities Fund IV	-106.	1,203.	-1,309.	
LP Northwood Real Estate Partners TE	-100.	1,203.	-1,303.	
(AIV 2016) Feeder LP	-403.	0.	-403.	
Northwood Real Estate Partners TE		1		
(AIV 3) Feeder LP	14,412.	0.	14,412.	
Northwood Real Estate Partners TE		· _		
(AIV 4) Feeder LP	6,344.	0.	6,344.	
Northwood Real Estate Partners TE	9,227.	0.	9,227.	
(AIV 5) Feeder LP Northwood Real Estate Partners TE	9,441.		3,641.	
(AIV 8) Feeder LP	-148.	. 0.	-148.	
Northwood Real Estate Partners TE				
(AIV 9) Feeder LP	-657.	0.	-657.	
Northwood Real Estate Partners TE				
(AIV PM) Feeder LP	-6,620.	i <b>0.</b>	-6,620.	
Northwood Real Estate Partners TE	-330.	0.	-330.	
(AIV PWP) Feeder LP Northwood Real Estate Partners TE	-330.	:	-330.	
(HOTEL AIV) Feeder LP	-18,701.	0.	-18,701.	
Northwood Real Estate Partners TE	,	•	·	
(NR AIV) Feeder LP	4,895.	0.	4,895.	
Northwood Real Estate Partners TE		,		
AIV BCP Hotel Feeder LP	3,576.	. 0.	3,576.	
Northwood Real Estate Partners TE	-4,938.	0.	-4,938.	
LP Valero Energy Partners LP	-4,936. -2,567.	0.	-4,550. -2,567.	
	<del></del>			
Total to Form 990-T, Page 1, line 5	21,057.	198,997.	-177,940.	
		1		

orm 4626	AMT Contribution Limitation	Statement 7
and Domestic	ble income before NOL, charitable contribution: Production Activities Deduction (DPAD)	
	AMT adjustment and preference items other in ACE, charitable contributions and DPAD	(
3) Preadjustmen	nt AMTI before ACE, charitable deducțions,	
NOL and 4) ACE adjustme	DPAD	~167,710 5,550
	charitable contributions (line 3 plus line 4)	
	line 3 (enter excess as a negative amount) . he 6 by 75%. Enter result as a positive amoun	
	of the corporation's prior year net increase	
	lue to ACE	• •
	positive or zero enter the amount	
from line	e 7 here as a positive amount	
or line 8	s negative, enter the smaller of line 7 B here as a negative amount	4,163
10) AMTT withou	t charitable contributions, NOL and DPAD	
(line 3 11) Contribution for NOL	plus line 9)	9
above, m	nultiplied by 10%)	
12) Total avail	able contributions	94,678
	on deduction to calculate 90% AMTI limitation (lesser of line 11 or line 12)	
	rposes of 90% NOL Limitation (line 10 less	
line 13)	ion (90% of line 14)	163,547 147,192
16) Total NOL a	vailable	34,97
17) AMT NOL (1e	esser of line 15 or line 16)	
18) AMTI for ch	aritable deduction limitation (line 10	
plus spe 19) 10% of line	cial deductions less AMT NOL on line 17)	163,547
-		
20) AMT charita 21) Regular con	ble deduction (lesser of Line 12 or line 19)	(
_	<b>!</b>	· -
22) AMT contrib	oution adjustment (line 21 less line 20)	

Form 4626	AMT Contributions	St	Statement 8		
Carryover of Prior Ye For Tax Year 2012 For Tax Year 2013 For Tax Year 2014 For Tax Year 2015	ears Unused Contributions	5,570 34,982			
For Tax Year 2015 For Tax Year 2016 Fotal Carryover Current Year Contribu		34,702	40,552 54,126		
Total Contributions 10% of Taxable Income		·	94,678		
Excess Contributions		_	94,678		
Allowable Contribution	ons		0		

Form 4626	Alternat	ive Minimum Tax NOI	L Deduction	Statement 9
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	
06/30/17	34,975.	0.	; 34,975.	
AMT NOL Ca	rryover Available	this Year	34,975.	
		=		

	Statement 1			
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.
06/30/17	4,903.	0.	4,903.	4,903.
Available fo	or Credit		25,734.	25,734.

### SCHEDULE D (Form 1120) Department of the Teasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

Name

Employer identification number

The College of Wooster

34-0714654

(loss). Subtract n column (d) and ult with column
228
_
84.
144
(loss). Subtract n column (d) an ult with column
34,956
34,956
144
34,956
35,100

:

JWA

紹成 Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete Pa	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 instructi	ons.
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) a	ppropriate 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	
	ı	
27 Multiply line 26 by 35% (0.35)		
		i
<b>28</b> Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) a		
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		
applicable line of your tax return		

Schedule D (Form 1120) 2017

# 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

ment nce No. 12A

Name(s) shown on return

The College of Wooster

Social security number or taxpayer identification no.

34-0714654

statement will have the same inform higher and may even tell you which Parties Short-Term. Transa	etion as Form 10 box to check ctions involving c	99-B. Either will s epital assets you	thow whether you	ur basis (usually you ss are short-term. F	r cost) was	reported to the IF	S by your e page 2.
Note: You may aggregate a codes are required. Enter the	ili short-term transac	tions reported on F	Form(s) 1099-B sho	wing basis was reports	ed to the IRS	s and for which no ad	ijustments or
You must check Box A, B, or C below. If you have more short-term transactions than w  (A) Short-term transactions re  (B) Short-term transactions re  X (C) Short-term transactions n	ill fit on this page for on eported on Form(s eported on Form(s	e or more of the boose s) 1099-B showing s) 1099-B showing	, complete as many fo g basis was repo g basis wasn't i	rms with the same box che orted to the IRS (see	cked as you n	eed.	each applicable box.
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column	at, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Lexington Middle							
Market Investors	_						
IV, LP							228.
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O Takala Add the american be and		and (b) (subtract		<del> </del>	44		
2 Totals. Add the amounts in col				1	E. C.		
negative amounts). Enter each Schedule D, line 1b (if Box A a		•	1	1			
above is checked), or line 3 (if	•	` I					228.
Note: If you checked Box A above			vas incorrect. en	ter in column (e) the	basis as r	eported to the IRS	
adjustment in column (g) to correct	the basis. See C	olumn (g) in the s	separate instruct	ions for how to figur	e the amo	unt of the adjustm	ent.

Attachment Sequence No. 12A Form 8949 (2017) Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. 34-0714654 The College of Wooster 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 d may even tell you which hox to check 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(a) 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 5949, 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 Adjustment, if any, to gain or loss. If you enter an amount (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of from column (d) & Note below and (Mo., day, yr.) (g) Amount of combine the result **388** Column (e) in Code(s) with column (g) the instructions adjustment Lexington Middle Market Investors 34,742. IV, LP NB Secondary Opportunities Fund <1,376.> II LP NB Secondary Opportunities Fund 1,590. IV LP

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)

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.

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

990-T

OMB No 1545-0172

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

23

Sequence No. 179

The College of Wooster Form 990-T Page 1 34-0714654 Partif Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 510,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,030,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter-0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 Ω 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10. less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Pantill Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions.) 5,550. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2017 ets placed in service during the tax year into one or more general seset accounts, check here 18 If you are electing to group any as Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (g) Depreciation deduction (a) Classification of property 19a 3-year property 5-year property 7-year property 10-year property d 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/L Residential rental property h 27.5 yrs. MM SA 39 yrs. MM S/L i Nonresidential real property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. 12-year ь ММ S/L 40 yrs. 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 5.550 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 456	52 <i>(</i> 2017)	The	College	e of	Woo	ste:	r		•			34-	0714	654	Page 2
Part V	Listed Proper	ty (include a	utomobiles, ce					craft, ce	rtain comp	outers, an	d prope				
	recreation, or a		hich you are us	ina tha	etenden	مانص ام	aco <del>mt</del> o	or dodu	ctina lonė		a 00mr	lete on	h. 24a	24h colu	mne
_ •	(a) through (c)	of Section A	all of Section	B, and	Section (	Cifap	plicable.	or usuu	crii A leas	a avhaus	e, comp	nete On	ıy 240,	240, 6010	IIIII
			on and Other I					instruc	tions for li	mits for p	asseng	er autom	obiles.)	)	
24a Doy	ou have evidence to :	support the bu	siness/investmer	nt use cla	imed?		Yes [	□ No	24b if "Y	es," is th	e evide	nce writt	en?	Yes [	☐ No
	(a)	(b)	(c)		(d)		(e	)	(f) '	(	g)	(	h)		(i)
	e of property	Date placed in	Business/ investment		Cost or		Basis for de business/in		Recovery		hod/		ciation	Elec	
(list	vehicles first)	Service	use percentag	e 01	ther basis	;   <b>'</b>	<b>U20</b> Q		period	Conv	ention	dedu	iction	CO	_
25 Spec	ial depreciation all	owance for q	ualified listed p	roperty	placed	in serv	rice durir	g the te	x year and	<u> </u>				- Y	1
•	more than 50% in	-	•		•			_	- 1		25			3.5	
	erty used more tha										-				
		T : .	9	<u>.                                      </u>					:						
		1 : :	9	6					·						
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27 Prop	erty used 50% or k	ess in a quali	fied business u	S8:											
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28 Add :	amounts in column	n (h). lines 25	through 27. Er	ter hen	and on	line 2	1. page	1	·		28				
	amounts in column		_						•				29		
		- (/)					n on Us				,				
Complete	this section for ve	hicles used	_							r related i	oerson.	If you pr	behivo	vehicles	
	nployees, first ans														
to your e	iipioyees, iiist aris	wei uie ques	itions in Section	11000	oo ii yoc		an once	puon w	Completii	.g 4.10 00	0401110		00.00	•	
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	miles driven durin	• •													
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			- Questions fo										u	41 6	-0/
	hese questions to	determine if	you meet an ex	ception	to com	pieting	Section	B for v	enicies us	ea by em	pioyees	WHO all	en t m	ore man a	170
	r related persons.										<u> </u>				T No
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	: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Se	ction B f	or the c	overed vei	ricles.				18.	234
ŀ PS奈 V	l Amortization														

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amertization pariod or percentage	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2017 tax year:				
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	: :		•		
Amortization of costs that began befo	ne vour 2017 tax vear			43	
Total. Add amounts in column (f). See	•			44	