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•									•
3							29393	14!	523610
		EY	TENDED TO M	∆V 1	5 201			INT	7 0
Form 990-T	l F	Exempt Orga	nization Rus	ine	ss Inco	me T	ay Returi	1O	OMB No 1545-0687
Form JJU-1	<u> </u>		nd proxy tax und	er se	ction 6033	3(e))	ax rictari	•	
	For cal	lendar year 2017 or other tax yea					N 30, 20	L8	2017 \
Department of the Treasury			.irs.gov/Form990T for in			-			
Internal Revenue Service		Do not enter SSN numbe	-						Open to Public Inspection for 50 t(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name c	hanged	and see instru	ctions.)			oyer identification number loyees' trust, see
address changed		MARSHALL-WY	THE SCHOOL	OF I	LAW FOU	NDATI	ON		ections)
B Exempt under section	Print	COLLEGE OF	WILLIAM AND	MAI	RY				4-1224563
X 501(c)23)	or Type	Number, street, and room		x, see ir	structions.				ated business activity codes instructions)
408(e) 220(e)	',,,,	P.O. BOX 87						4	
408A530(a)		City or town, state or pro			n postal code				000
529(a) C Book value of all assets	l	F Group exemption number				.		900	099
	Ω1	G Check organization type		oration	50	1(c) trust	401/	a) trust	Other trust
H Describe the organization						• •	<u></u> ,	i) ii ust	Undertrust
During the tax year, was							3141B	Ye	es X No
		tifying number of the paren	_	it subsi	dially controlle	a group.			55 <u>21</u> NU
J The books are in care of				ALL-	-WYTHE	S Telepho	one number 🕨	757-	221-1489
		de or Business Inc			(A) Inco		(B) Expense		(C) Net
1 a Gross receipts or sale	es .	3,514.							·
b Less returns and allow	wances		c Balance	_1c		514.			
2 Cost of goods sold (S	chedule	A, line 7)		2		142.			
3 Gross profit. Subtract	line 2 fr	rom line 1c		3		628.			-2,628.
4a Capital gain net incon	ne (attac	h Schedule D)		4a	33,	754.	<u> </u>		33,754.
. , . ,		'art II, line 17) (attach Form	1 4797)	4b					
c Capital loss deduction				4c					
		ips and S corporations (att	ach statement)	5	-21,	479.	STMT	1	-21,479.
6 Rent income (Schedu	•			6					
7 Unrelated debt-financ		•		7		-			
		and rents from controlled o	• • •	8					
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9				_	
10 Exploited exempt activities11 Advertising income (\$\frac{3}{2}\$				10 11					
12 Other income (See in:		. '	ATEMENT 2	12	2.2	315.			22,315.
13 Total. Combine lines				13		962.			31,962.
Part II Deductio	ns No	t Taken Elsewher	e (See instructions fo		tions on ded	uctions.)	· · · · · · · · · · · · · · · · · · ·		
(Except for o	contribu	utions, deductions must	be directly connected	with t	he unrelated	business	income.)		
14 Compensation of off	icers, dii	rectors, and trustees (Sche	dule K)					14	
15 Salaries and wages								15	
16 Repairs and mainten	ance							16	
17 Bad debts								17	
18 Interest (attach sche	dule)							18	
19 Taxes and licenses								19	
	•	e instructions for limitation	rules) STATEME	INT		1	EMENT 3	20	67.
21 Depreciation (attach		•				21		- 	
•	umed or	Schedule A and elsewhere				22a		22Ъ	
23 Depletion	read ac-	managation plans	HEG		FR			23	
24 Contributions to defe25 Employee benefit pro		inpensation plans	6		ျွ			24	
26 Excess exempt expe		hedule I)	S MAY 2	0 2	019			25 26	
27 Excess readership co	•	•		. . .	SE			27	
28 Other deductions (at			000			STAT	EMENT 4	28	2,250.
29 Total deductions. A			OGDE	::N.	UT		-	29	2,317.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Specific deduction (Generally \$1,000, but see line 33 instructions 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

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

29,645.

8,640. 21,005.

1,000.

30

31

32

33

SEE STATEMENT 6

Form 990-1	(2017) COLLEGE OF WILLIAM AND MARY	54-1224563	Page 2
(Part)			
35	Organizations Taxable as Corporations. See instructions for tax computation		
	Controlled group members (sections 1561 and 1563) check here See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	! : 	
_	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	<u> </u>	
	(2) Additional 3% tax (not more than \$100,000)		
^	Income tax on the amount on line 34 SEE STATEMENT	7 ▶ 35c	3,596.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from	- 	
30	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	30	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	الله الله	3,596.
	Tax and Payments		<u> </u>
<u></u>			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 41a through 41d	41e	2 506
42	Subtract line 41e from line 40	42	3,596.
43		er (attach schedule) 43	2 506
44	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017 500 45a	1 643	3,596.
		1,643.	
	2017 estimated tax payments	(188)	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments: Form 2439	i de la	
	Form 4136 Other Total ▶ 45g		
46	Total payments. Add lines 45a through 45g	つい <u>46</u>	1,643.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	$r \rightarrow \frac{47}{7}$	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	1,953.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49	
50		Refunded 50	
(Parti)			
51	At any time during the 20,17 calendar year, did the organization have an interest in or a signature or other autho	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to fil	le	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	•	
	here ► UNITED KINGDOM		<u> </u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?	X
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
0:	Under penalties of pergry, I declare that I have examined this return, including accompanying schedules and statements, and to till correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ne best of my knowledge and belief, it is lae	true, .
Sign	CHAIR OF THE		this return with
Here	COMMITTEE COMMITTEE	the preparer shown b	
	Signature of Officer Date Title	instructions)? X	Yes No
	Print/Type preparer's name 2019.0934 3	Check < if PTIN	_
Paid	Anne Alm 10,20,51 04'00'	self- employed	•
Prepa	rer AMANDA ADAMS	P0074	
Use O	nly Firm's name ► CHERRY BEKAERT LLP	Firm's EIN ► 56-05	74444
	1111 METROPOLITAN AVE. STE. 900		
	Firm's address ► CHARLOTTE, NC 28204	Phone no. 704-377-	1678

Form 990-T (2017)

Form 990-T (2017) COLLEGE OF WILLIAM AND MARY

54-1224563

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation > N/A					
1 Inventory at beginning of year	1	0.		Inventory at end of yea			6		0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ine 6			
3 Cost of labor	3]	from line 5. Enter here	and in F	Part I,	<u> </u>	1	
4 a Additional section 263A costs			1	line 2			7	6,14	<u>12.</u>
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b	6,142.	1	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	6,142.	1	the organization?		,			
Schedule C - Rent Income	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)	-								
Description of property									
(1)				· · · · · · · · · · · · · · · · · · ·	 -				
(2)									
(3)		•							
(4)				-					
	2. Rent receiv	ed or accrued				İ			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(2) Deductions directly columns 2(a) ai	connected (b) (eted with the income in attach schedule)	
(1)									
(2)		1							
(3)									
(4)						-			
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see)	nstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance	nected v	with or allocable perty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			┝						—
(2)			-				+		—
(3)							\top		
(4)							 		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	, Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable deductio (column 6 x total of colu 3(a) and 3(b))	ins imns
(1)			\vdash	%			+		—
(2)				%			_		
(3)				%			\top		
(4)				%			 		
	·	 		······································		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals				۲		0		•	0.
Total dividends-received deductions in	ocluded in column	n 8					`		0.

Form 990-T (2017)

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Page 4

Schedule F - Interest, A				t Controlled C					tructions	
1. Name of controlled organizate	ion	2. Employ identificati number	on (loss) (s	inrelated income see instructions)		al of specified nents made	include	of column 4 to the contraction's gross to	olling	6. Deductions directly connected with income in column 5
(1)										
(2)								_		
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income		elated income (l instructions)	oss) 9. Tol	tal of specified pay made	ments	10. Part of column in the controllingross	nn 9 that ng organi income	is included zation's		fuctions directly connected income in column 10
(1)					Ì					
(2)						-				
(3)			1							-
(4)										
			•			Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	nt Income	e of a Se	ction 501(c)	(7), (9), or (17) Org	anization				
(see instr	ructions)						-		<u></u>	
1. Desc	ription of income			2. Amount of	Income	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)	·									
(4)										.].
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals	t)	▶	0.					0.
Schedule I - Exploited (see instru	-	ctivity In	come, Othe	r Than Ad	vertisin	g Income				
Description of exploited activity	2. Gros unrelated bu income fi trade or bus	isiness rom	3. Expenses directly connected with production of urrelated business income	4. Net incor from unrelate business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1						
(2)										
(3)										
(4)							İ			
	Enter here a page 1, Pa line 10, co	art I,	Enter here and on page 1, Pert I, line 10, col (B)				•			Enter here and on page 1, Part II, line 26
Totals -	L	0.	0	•						0.
Schedule J - Advertisir Part I Income From I			tructions) ted on a Col	nsolidated	Basis					
1. Name of periodical	а	2. Gross dvertising Income	3. Direct advertising cos	or (loss) (o ts col 3) if a g	tising gain ol 2 minus ain, compute hrough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)							\Box			
(3)	- -		†						$\overline{}$	
(4)			<u> </u>							
Totals (carry to Part II, line (5))	•	0.		0.				_		0.
										Form 990-T (2017

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Form 990-T (2017) COLLEGE OF WILLIAM AND MARY

54-12245

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	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.			Ī	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)		•	*, 1	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	•		•	0

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

		
	S) FROM PARTNERSHIPS CORPORATIONS	STATEMENT 1
DESCRIPTION		AMOUNT
WILLIAM & MARY INVESTMENT TRUS	ST	-21,479
TOTAL TO FORM 990-T, PAGE 1, I	LINE 5	-21,479
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION '		AMOUNT
SECTION 965		22,315
TOTAL TO FORM 990-T, PAGE 1, I	LINE 12	22,315
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	67
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	67
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		2,250
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	2,250

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	5
QUALIFIED CON	TRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF TOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR	R 2013 R 2014 R 2015			
TOTAL CARRYOV	ER YEAR 10% CONTRIBUTIONS	67		
	UTIONS AVAILABLE E LIMITATION AS ADJUSTED	67 2,007		
EXCESS 10% CO EXCESS 100% CO TOTAL EXCESS	ONTRIBUTIONS	0 0 0	_	
ALLOWABLE CON	TRIBUTIONS DEDUCTION		_	67
TOTAL CONTRIB	JTION DEDUCTION			67

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14 06/30/17	7,814. 7,366.	6,540.	1,274.	1,274. 7,366.
NOL CARRYO	VER AVAILABLE THIS	YEAR	8,640.	8,640.

FORM	990-T LINE 35C TAX COMPUTAT	PION	STA	TEMENT 7
1.	TAXABLE INCOME		20,005	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		20,005	
3.	LINE 1 LESS LINE 2		0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	IT	0	
5.	LINE 3 LESS LINE 4		0	
6.	INCOME SUBJECT TO 34% TAX RATE		0	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		3,001	
9.	25 PERCENT OF LINE 4		0	
10.	34 PERCENT OF LINE 6		0	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			3,001
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	4,201	
		Days		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	1,513 2,083	
18.	TOTAL TAX PRORATED	365		3,596

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 8
DESCRIPTION		AMOUNT
		6,142.
TOTAL TO FORM 990	-T, SCHEDULE A, LINE 4B	6,142.

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

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

MARSHALL-WYTHE SCHOOL OF LAW FOUNDATION COLLEGE OF WILLIAM AND MARY

54-1224563

Part	I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less		
to enter	tructions for how to figure the amounts on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
round o	m may be easier to complete if you ff cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
1a Tot rep was hav Hov trar	als for all short-term transactions orted on Form 1099-B for which basis reported to the IRS and for which you e no adjustments (see instructions). wever, if you choose to report all these isactions on Form 8949, leave this line is and go to line 1b					
	als for all transactions reported on					
	m(s) 8949 with Box A checked	···-				<u> </u>
	als for all transactions reported on m(s) 8949 with Box B checked					
3 Tot	als for all transactions reported on					
For	m(s) 8949 with Box C checked	1,296.				1,296.
4 Sho	ort-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
	ort-term capital gain or (loss) from like-kind				5	
6 Uni	ised capital loss carryover (attach computa	ation)	SEE ST	CATEMENT 9	6	(2,485.)
7 Net	short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7_	-1,189.
Parl	II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Than	One Year		
	tructions for how to figure the amounts on the lines below.	(4)	(e)	(a) Advistments to see		(h) Gain or (loss) Subtract
	m may be easier to complete if you ff cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,)	column (e) from column (d) and combine the result with column (g)
on l rep no : if ye	als for all long-term transactions reported Form 1099-B for which basis was orted to the IRS and for which you have adjustments (see instructions). However, ou choose to report all these transactions Form 8949, leave this line blank and go to 8b					
	als for all transactions reported on m(s) 8949 with Box D checked					
	als for all transactions reported on		·	+		
	m(s) 8949 with Box E checked					
	als for all transactions reported on			-		
	m(s) 8949 with Box F checked	33,966.				33,966.
	er gain from Form 4797, line 7 or 9	337,3334		·	11	977.
	ng-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
	ng-term capital gain or (loss) from like-kind	· ·			13	-
	oital gain distributions	a changes wom round out			14	
	t long-term capital gain or (loss). Combine	lines 8a through 14 in column	ı h		15	34,943.
	III Summary of Parts I and					
16 Ent	er excess of net short-term capital gain (lin	ne 7) over net long-term capital	l loss (line 15)		16_	
17 Net	capital gain. Enter excess of net long-term	ı capıtal gaın (line 15) over net	short-term capital loss (line	7)	17	33,754.
18 Ad	d lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns. If t	he corporation		
has	qualified timber gain, also complete Part l	IV		Į	18	33,754.
Not	e: If losses exceed gains, see Capital loss	es in the instructions.				

Schedule D (Form 1120) 2017 COLLEGE OF WILLIAM AND MARY 54-1224563 Page 2

<u> </u>	fied Timber Gain. Complete Pai	t IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you	are filing Form 1120-RIC. See instruction	ns.
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 ta	x 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 to	x 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

MARSHALL-WYTHE SCHOOL OF LAW FOUNDATION COLLEGE OF WILLIAM AND MARY

Social security number or taxpayer identification no.

54-1224563 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 roker and may even tell you which hox to check 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (f) (g) Amount of combine the result see Column (e) II Code(s) the instructions with column (g) adjustment WILLIAM AND MARY INVESTMENT TRUST VARIOUS 12/31/17 1,296. 1,296. 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

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

1,296.

1,296.

above is checked), or line 3 (if Box C above is checked)

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

MARSHALL-WYTHE SCHOOL OF LAW FOUNDATION COLLEGE OF WILLIAM AND MARY

Social security number or taxpayer identification no.

54-1224563

Before you check Box D, E, or F below, see whether you re	eceived 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 you	r
broker and may even tell you which hox 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 lave 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 O) 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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e) (a) (b) (c) loss. If you enter an amount in column (g), enter a code in Proceeds Gain or (loss). Description of property Date acquired Date sold or Cost or other (sales price) Subtract column (e) basis. See the (Example 100 sh XYZ Co) disposed of (Mo., day, yr.) column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (f) (g) see Column (e) Ir combine the result Amount of adjustment Code(s) the instructions with column (g) WILLIAM AND MARY INVESTMENT TRUST VARIOUS 12/31/17 33,966. 33,966.

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

33,966.

33,966.

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)