Erim C	990-T	Exempt Orga	nization Bus	ine	293 ss Incom	3	138 x Re	10; turn	3 2	3 9 OMB No 1545-0687
	,	(a	nd proxy tax unde	er se	ction 6033(e))				0040
•	For	r calendar year 2018 or other tax ye			, and ending				-	2018
	ent of the Treasury Revenue Service	► Go to www ► Do not enter SSN number	v irs gov/Form990T for in ers on this form as it mav					1(c)(3).	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if		Check box if name cl) Empl	oyer identification number loyees' trust, see
	address changed	HENRY E. &	NANCY H. BAI	RTEI	LS TRUST	F/B/	0		instru	ctions)
	mpt under section Pri						_			2-2774533
\equiv	Typ		m or suite no. If a P.O box	k, see ir	structions.					ated business activity code nstructions)
=	108(e)220(e)	PU BUX 10/1	ovince, country, and ZIP or	r foreig	n nostal code					
=	108A530(a) 529(a)	HAMDEN, CT	06518	loreig	postal code			<u></u>	00	000
C Book at end	value of all assets	F Group exemption num		>	(TE)					
	3,590,378			-				401(a) t		Other trust
		nization's unrelated trades or ECURITIES PUR		1 ARGI			e only (or emplete Pa	-		than one
		space at the end of the previo				-	•			
	ness, then complete Parts		oo oomonoo, oompioto i a		a, complete a co.					
		orporation a subsidiary in an	affiliated group or a paren	nt-subsi	diary controlled gro	oup?		> [Y0	s X No
		lentifying number of the pare								
		JOHN B. LOEH				Telephone			3-	281-4933
		ade or Business Inc	come		(A) Income	7-16		openses	DE VOL	(C) Net
	ross receipts or sales ess returns and allowanc		c Balance	1c						
370 T	ess returns and anowand ost of goods sold (Sched] C Dalarice	2		<u> </u>	Zelsu*	75.75.75.V	ារ	ATTO MENT OF THE PARTY IN
	ross profit Subtract line			3			erese.		_	
	apital gain net income (al	ttach Schedule D)		4a	63,70	06.	is alter	15. J.		63,706.
b N		7, Part II, line 17) (attach Ford	m 4797)	4b			BHELLE			
	apital loss deduction for			4c	<u>.</u> . ———————————————————————————————————		and it			
		nership or an S corporation (a	ittach statement)	5		137	は一次では	<u> </u>		
l .	ent income (Schedule C)			6	3,85	= -	1	6,11	2	-12,260.
•	nrelated debt-financed in	come (Schedule E) s, and rents from a controlled	organization (Cabadula E)	8	3,65	73.		.0,11	. J .	-12,200.
3 °		ction 501(c)(7), (9), or (17) o	-	9					_	
25	xploited exempt activity if		organization (Genedale G)	10						
•,	dvertising income (Sched	,		11						
	ther income (See instruc			12			in the second	产品	<u>ال</u> م ت	
	otal. Combine lines 3 th			13	67,55		1	.6 <u>,</u> 11	3.	51,446.
Part		Not Taken Elsewher ibutions, deductions mus					come l			
				RI	CEIVED		Conte /		14	
	Compensation of officers Salaries and wages	, directors, and trustees (Sch			POLIVED	7		-	14 15	
	Salaites and wayes Repairs and maintenance		3024	MAY	/ 1 =	701			16	
	Bad debts		100	****	1 5 2019			-	17	
	Interest (attach schedule)	(see instructions)		200		RS-			18	
19	Taxes and licenses			201	EN, UT	-1			19_	11,113.
		See instructions for limitation	nrules) STATEME	ENT		ŢĄTE	MENT		20	19,173.
	Depreciation (attach Forn				21	ļ			, 1 454	
		d on Schedule A and elsewhe	re on return		22a	L			22b	
	Depletion							-	23	-
	Contributions to deferred							-	24 25	
	Employee benefit prograr Excess exempt expenses							-	26	
	Excess exempt expenses Excess readership costs (•						ļ-	27	
	Other deductions (attach	±'			SEE S	TATE	MENT	2	28_	988.
	Total deductions Add III	,							29	31,274.
30	Unrelated business taxab	le income before net operatin	g loss deduction Subtract	t line 29	from line 13				30	20,172.
	•	ng loss arising in tax years be	-	ry 1, 20	18 (see instructions	s)			31	20 172
		le income Subtract line 31 fr			·				32	20,172. Form 990-T (2018)
823701	01-09-19 LHA For Pa	perwork Reduction Act Notic	e, see instructions						23	FULIN 220-1 (2018)

Firm's address > HAMDEN, 823711 01-09-19

BYXBEE

P.O. BOX 187169

COMPAN

CT 06518

Firm's name ► T.

Form 990-T (2018)

(203) 281-4933

Firm's EIN ▶

Phone no.

Use Only

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation ► N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. St		line 6	Tre is		
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs	-		line 2	una m	i u ,	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b			the state of the s				
5 Total. Add lines 1 through 4b	5		the organization?		ron rocard, appriy to	Sed Gan		
Schedule C - Rent Income ((see instructions)		Property and		ease	d With Real Prop	erty)		
Description of property				 -				
<u></u>	 -		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
(1)								
(2) (3)								
(4)				-				
(4)	2 Rent receiv	red or accrued			1			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of	(b) From real an of rent for pe	d personal property (if the percentages sonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)						· · · · · · · · · · · · · · · · · · ·		
Total	0.	Total	· ····	0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		iter	· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	.		
Schedule E - Unrelated Deb		Income (see II	nstructions)		1 ,	<u> </u>		
			2. Gross income from		3 Deductions directly conn to debt-finance			
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
W D THE DOWN OF A 11 P. LET		10770				STATEMENT 4		
(1) DIVIDENDS AND MIS		ious	0.262			20 722		
(2) INVESTMENT INCOME	<u>. </u>		9,262.			38,732.		
(3)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
STATEMENT 5	STA [†] TE	MENT 6						
(1)			%					
(1) (2) 1,470,159. (3)	3	,533,986.	41.60%		3,853.	16,113.		
(3)			%			· · · · · · · · · · · · · · · · · · ·		
(4)			<u> </u>			 		
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			▶		3,853.			
Total dividends-received deductions in	cluded in columi	n 8				0.		

Form 990-T (2018) CORNE	TT ONI	VERSI'	TY		A.	- 12 to 11 to		** .	22-27		
Schedule F - Interest	, Annuitie	s, Royal					····	tions	see ins	struction	s)
1 Name of controlled organi	zation	ıdentıf	nployer	3. Net unr	celated income instructions)	4. To	tal of specified ments made	includ	rt of column 4 led in the conti cation's gross i	rolling	6 Deductions directly connected with income in column 5
/1)					·					-	·
(1)											
(2)						<u> </u>					
(3)											
Nonexempt Controlled Orga	nizatione					L		<u> </u>		<u>.</u>	····
7 Taxable Income		nrelated incom	no (loss)	9 Total	of specified payr	nonto	10 Part of colum		t is included	11 Do	ductions directly connected
7. Taxable income		see instruction		9 10101	made	nems	in the controllii	ng orgar income	nization's		income in column 10
(1)											
(2)											
(3)	<u> </u>										
(4)											
							Add colum Enter here and line 8, c	on page	1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investm		ne of a	Section 50)1(c)(7	'), (9), or (17) Org	ganization				
(see in	structions)				Τ	· · · · · · · · · · · · · · · · · · ·					
1. De	escription of inco	me	·		2 Amount of	income	3 Deduction directly connect (attach schedu	cted	4 Set- (attach s		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)				_							
(4)									L		
					Enter here and of Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (8)
Totals Schedule I - Exploited	d Exempt	Activity	Income (Other	Than Adv	0. ertisin	o Income	£7785	MANUTE A	439-50	시 0.
•	tructions)	,	,				.5				
			2 -		4 Net incom	e (loss)					7 -
1. Description of exploited activity	2 G unrelated incom trade or l	e from	3 Expens directly conn with produc of unrelate business inc	ected tion ed	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross incol from activity the is not unrelate business incor	nat ed	6 Exp attributs colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter her page 1 line 10,	, Part I,	Enter here ar page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 26
Totals 1	<u> </u>	0.		0.	MINING.	ASTRACT	51. 之2. 作品	i dina			0.
Schedule J - Advertis		•	nstructions)	<u> </u>	- 11:1-2	n :					
Part I Income From	n Periodic	ais Rep	orted on a	Cons	solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct ing costs	4 Advertion (loss) (color) If a ga	ol 2 minus iin, compute	5 Circulation income	o n	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					13.149.0	1965	<u> </u>				TORY PETER VIEW
(2)			<u> </u>			VELOCITY	Š.				机加强之中
(3)						学者。	§				设置设置
(4)											经知此的理论
• • • • • • • • • • • • • • • • • • • •			-	_	1						
Totals (carry to Part II, line (5))	•	(0.	0							0. Form 990-T (2018)

Form 990-T (2018) CORNELL UNIVERSITY

22-2774533

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

Form 990-T (2018)

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T

 \blacktriangleright Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs.gov/F1041 for instructions and the latest information

OMB No. 1545-0092

2018

Department of the Treasury Internal Revenue Service

Name of estate or trust

HENRY E. & NANCY H. BARTELS TRUST F/B/O

Note: Form 5227 filers need to complete only Parts I and II.

CORNELL UNIVERSITY

Employer identification number

22-2774533

B P 8	Int 图 Short-Term Capital Gains and Losses-Gene	erally Assets He	eld One Year or	Less (See	ınstr	uctions)
	estructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmento gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This f	orm may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part I,	combine the result with column (g)
1 a	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				33.7	
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 1b			F. M. TOWN		
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					-45,419.
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					
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts			_5_	
6	Short-term capital loss carryover Enter the amount, if any, from line 9 of Carryover Worksheet	the 2017 Capital Loss			6	,
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	ımn (h). Enter here and	on line 17,			
	column (3) on page 2	` ,	•	>	7	-45,419.
ųРа	াt llধ্ৰ Long-Term Capital Gains and Losses-Gene	rally Assets He	ld More Than O	ne Year (S	See ir	structions)
See in	istructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
This f	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for			LEE SENENCE E	18-26.	
	which basis was reported to the IRS and for which you have no				3	
	adjustments (see instructions). However, if you choose to report all				**	
	these transactions on Form 8949, leave this line blank and go to line 8b				3	
8 b	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked					109,125.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with		 .			
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	the 2017 Capital Loss				
	Carryover Worksheet			ı	15	()
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in coluction (3) on page 2	ımn (h) Enter here and	on line 18a,	•	16	109,125.

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2018

	HENRY E. & NA			rrus	ST F/B/O				
Sch	edule D (Form 1041) 2018 CORNELL UNIVE	RSI	TY				<u> 22-2</u>	2774	533 Page 2
LP	art III Summary of Parts I and II				(1) Beneficiaries'	(2)	Estate's		(3) Total
	Caution: Read the instructions before con	pletir	ng this part.			or	trust's		
17	Net short-term gain or (loss)			17		-4	5,41	9.	-45,419.
18	Net long-term gain or (loss):								
i	a Total for year			18a_		10	9,12	25.	109,125.
1	Unrecaptured section 1250 gain (see line 18 of the work	sheet)		18b_					
(28% rate gain			18c					
19	Total net gain or (loss). Combine lines 17 and 18a		▶	19		6	3,70)6.	63,706.
Note	ः If line 19, column (3), is a net gain, enter the gain o	n For	m 1041, line 4 (or Form 9	90-T,	Part I, line 4a) If lines	18a and	1 19, cd	olumn (i	2), are net gains,
	to Part V, and don't complete Part IV If line 19, colur	nn (3),	, is a net loss, complete P	art IV	and the Capital Loss (Carryover	Works	neet, a	s necessary.
P	art IV Capital Loss Limitation								
20	Enter here and enter as a (loss) on Form 1041, line 4 (or	Form	990-T, Part I, line 4c, if a tru	ıst), th	e smaller of.	İ			
6	The loss on line 19, column (3) or b \$3,000					į	20	()
Note Los:	E' If the loss on line 19, column (3), is more than \$3,is S Carryover Worksheet in the instructions to figure you	000, 0 ur cap	ো f Form 1041, page 1, lin oital loss carryover	ne 22 (or Form 990-T, line 3	18), is a lo	ss, co	mplete	the Capital
	art V Tax Computation Using Maxir			es	· · · · · · · · · · · · · · · · · · ·				
Fori	n 1041 filers Complete this part only if both lines 18a an				nt is entered in Part I or	Part II ar	d there	is an en	itry on Form 1041.
	2b(2), and Form 1041, line 22, is more than zero.		() 0 ,						, ,
	tion: Skip this part and complete the Schedule D Tax	Works	sheet in the instructions if						
	Either line 18b, col. (2) or line 18c, col. (2) is more the								
	Both Form 1041, line 2b(1), and Form 4952, line 4g a								
	n 990-T trusts Complete this part only if both lines 18a a			nds are	included in income in	Part I of F	orm 99	0-T, and	d Form 990-T, line
	is more than zero. Skip this part and complete the Schedi								
	Enter taxable income from Form 1041, line 22 (or Form 9			21	10		•		
	Enter the smaller of line 18a or 19 in column (2)		•		1		.		
	but not less than zero	22	63,706	.			·		
23	Enter the estate's or trust's qualified dividends from			7		ŀ	1		
	Form 1041, line 2b(2) (or enter the qualified dividends			1.	}	1	·]		
	Included in Income in Part I of Form 990-T)	23		:'			•		
24	Add lines 22 and 23	24	63,706				- , 1		
25	If the estate or trust is filing Form 4952, enter the				1	l	• 1		
	amount from line 4g; otherwise, enter -0-	25	0				+ <u></u>		
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	63,	706.			
27	Subtract line 26 from line 21. If zero or less, enter -0-			27		0.			
28	Enter the smaller of the amount on line 21 or \$2,600			28	2,	500.			
29	Enter the smaller of the amount on line 27 or line 28			29					
30	Subtract line 29 from line 28 If zero or less, enter -0 Th	is amo	ount is taxed at 0%			▶	30		2,600.
31	Enter the smaller of line 21 or line 26			31		172.	,		
32	Subtract line 30 from line 26			32					
33	Enter the smaller of line 21 or \$12,700			33			1		
34	Add lines 27 and 30			34	2,	500.			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	10,		- 1		
36	Enter the smaller of line 32 or line 35			36	10,	100.			
37	Multiply line 36 by 15% (0 15)					>	37		1,515.
38	Enter the amount from line 31			38	19,	L72.	, 1		
39	Add lines 30 and 36			39	12,	700.	1		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	6,4	172.			
41	Multiply line 40 by 20% (0.20)						41		1,294.
	Figure the tax on the amount on line 27. Use the 2018 Tax	Rate	Schedule for Estates			Γ	Ţ		
	and Trusts (see the Schedule G instructions in the instruc			42		0.			
	Add lines 37, 41, and 42			43	2,8	309.	1		
	Figure the tax on the amount on line 21. Use the 2018 Tax	Rate	Schedule for Estates						
	and Trusts (see the Schedule G instructions in the instruc			44	5,4	180.	·		
	Tax on all taxable income Enter the smaller of line 43 c								
	G, line 1a (or Form 990-T, line 40)						45		2,809.
9109					· · · · · · · · · · · · · · · · · · ·			andula D	(Form 1041) 2018

42

Department of the Treasure

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

Name(s) shown on return

HENRY E. & NANCY H. BARTELS TRUST F/B/O CORNELL UNIVERSITY

Social security number or taxpayer identification no.

22-2774533

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 proker and may even tell you which box to check

Part 13 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

transactions, see page 2 Note: You may aggregate a codes are required Enter th	Il short term transac	tions reported on f	Form(s) 1099 B show	ring basis was reporte	d to the IRS	and for which no ac	ljustments or
You must check Box A. B. or C below.	Check only one bo	X. If more than one b	ox applies for your short	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	each applicable box
If you have more short-term transactions than will X (A) Short-term transactions re							
(B) Short-term transactions re	•				Note ab	ove)	
(C) Short-term transactions no				ported to the into			
1 (a) Description of property (Example, 100 sh, XYZ Co)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss If you in column column (f	nt, 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) &
		(IVIO, day, yi)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
SECURITIES							
PURCHASED ON							
MARGIN							<45,419.>
		. <u> </u>				···	
						_	
				<u> </u>			
				<u> </u>			
	l						
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract			5-19 F.		
negative amounts) Enter each to							
Schedule D, line 1b (if Box A ab					100		_
above is checked), or line 3 (if E							<45,419.>

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

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

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

HENRY E. & NANCY H. BARTELS TRUST F/B/O CORNELL UNIVERSITY

Social security number or taxpayer identification no.

22-2774533

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
tatement 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
proker and may even tell you which box to check

Part: [Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount (d) (h) 1 (c) (e) 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) combine the result see Column (e) In Amount of adjustment Code(s) the instructions with column (g) SECURITIES PURCHASED ON 109,125. MARGIN

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

109,125. 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

Form 8949 (2018)

Schedule D, line 8b (If Box D above is checked), line 9 (If Box E

FORM 990-T	STATEMENT 1	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CORNELL UNIVERSITY	N/A	160,790.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	160,790.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
DESCRIPTION ACCOUNTING & TAX PREPARATION	FEES	AMOUNT 988.

FORM 990-T C	ONTRIBUTIONS SUMMARY	Si	PATEMENT 3
CARRYOVER OF PRIOR YEARS UNI	JSED CONTRIBUTIONS		
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	215,871 82,401 181,907 91,234 48,316		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTI	RIBUTIONS	619,729 160,790	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS		780,519 19,173	
EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	 -	761,346 761,346	
ALLOWABLE CONTRIBUTIONS DEDI	JCTION		19,173
TOTAL CONTRIBUTION DEDUCTION	N		19,173

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
MARGIN INTEREST	- SUBTOTAL -	1	38,732.	38,732.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		38,732.

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT 5
DESCRIPTION	ESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE MARGIN DEE	_	- SUBTOTAL -	1	1,470,159.	1,470,159.
TOTAL OF FORM 990-	1,470,159.				

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY					
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL		
AVERAGE MARGIN INVESTMENTS	- SUBTOTAL -	- 1	3,533,986.	3,533,986.		
TOTAL OF FORM 990-T, SCHEI	ULE E, COLUMN	5		3,533,986.		