	· .′	,			Exempt Organiz	ation Rusine	966	income Tax	Return	. _	6)MB No. 1545-06	87
(4)	3	Form '	990-T		(and pro	xy tax under s	sect	ion 6033(e))	196)6		2018	}
		/ /		For cale	endar year 2018 or other tax y					19.			
		ocpai an	ent of the Treasury Revenue Service	▶ Do i	▶ Go to www.irs.gov/i not enter SSN numbers on t					(c)(3).	Open	to Public Inspect	tion for
	-	. 🗀 (Check box if	7 50	Name of organization (identification nu	
	-	A.∟ a	ddress changed pt under section		BEREA COLLEGE	Onock Dox II Harro Gra	. igoo u			(Employees' trust, see instructions.)			
	•		n(C() (3)	Print	Number, street, and room or	suite no. If a P.O. box,	see in	structions.		61-0444650			
		□ 40		or Type	T LINCOLNI HALL 220							business activity	code
		□ 40		.,,,,,	City or town, state or province, country, and ZIP or foreign postal code						Instru	ctions.)	
	_	<u> </u>	19(a)		BEREA, KY 40404						221000		
	•	C Book at en	yalue of all assets of year		Group exemption number (See instructions.) ▶								
_	-		1,616,301,681	,681 G Check organization type ► 🗸 501(c) corporation 🔲 501(c) trust 📗						401(a			
2020		_			organization's unrelated							or first) unrelat	
					UTILITIESWATER SALES								
00 1.					at the end of the previous complete Parts III-V.	us semence, com	hiere	Farts I and II, Col	ilpiele a St	<i>i</i> ledui	ie iai	ioi eacii addi	ilionai
0	1				e corporation a subsidiary	in an affiliated amu	n or s	narent-subsidiany	ontrolled ar	oup?		▶ ☐ Yes [/	l No
705	•				and identifying number				will olico gi	oup:	· ·•		
	-				► JEFFERY S AMBUR		<u> </u>		ne number	· •	•	(859) 985-308	2
CANNED	Ì				le or Business Incom			(A) Income	1	penses		(C) Net	
Z	•	1a	Gross receipts	or sale	es 194,662								
3		b	Less returns and a	allowanc	es 0	c Balance▶	1c	194,662					
3		2	Cost of goods	sold (S	Schedule A, line 7)		2	0					1
		3	Gross profit. S	ubtrac	t line 2 from line 1c		3	194,662				194,662	
-		4a	• •		me (attach Schedule D)		4a	0				0	ļ
		b		-	4797, Part II, line 17) (att		4b	0				0	<u> </u>
£	S	C	•		on for trusts		4c	0	<u> </u>		_	0	<u> </u>
Ę	Ĕ	5	• •	•	tnership or an S corporation		5	0	<u> </u>	_		0	
$-\Gamma$	4	6			ule C)	*	6	0		0		0	
۔ ا	4	7			ced income (Schedule E	•	7	0		0	\rightarrow	0	
5		8		-	, and rents from a controlled org		8	0		0		0	
	1	9 10			ction 501(c)(7), (9), or (17) orga tivity income (Schedule I		10	0		0		0	+
		11	•	-	Schedule J)	•	11	0		0	-+	0	-
E	1	12	•	-	tructions; attach schedule	•	12	0			1		
TC BOA	4	13	Total. Combin			,, , , , , , , , , , , , , , , , , , ,	13	194,662	ľ	0		194,662	
jo:	1	Part			Taken Elsewhere (Se				ons.) (Exce	pt for	con	tributions,	
£	.								- -j`				
•	Š	14	Compensation	of offi	t be directly connected icers, directors, and trus	tees (Schedule K)	. 1	(FCFIAFD		$\overline{\cdot}$	14	0	
		15	Salaries and w	ages			$\lceil \cdot \rceil$		<u> ၂</u> တ္တု	.	15	184,116	+
		16			ance		۱ ۱	MAR 2 5 2020 ·	<u> </u>	·	16	0	
		17					1		J≅ŀ ·	·	17	0	-
8		18	Interest (attacl	n sched	dule) (see instructions) .		· (c	GDEN UT	·	. +	18 19	0	
2020		19	Charitable and	inses .	ons (See instructions for			<u> </u>	·	. +	20	0	
•		20 21			Form 4562)	•		1 1	 ol		20		-
_		22			aimed on Schedule A an				0		22b	0	
MAY		23									23	0	
_		24			erred compensation plan						24	0	_
- 8		25			ograms						25	45,763	
Received in Batching Ogden		26			nses (Schedule I)						26	0	
\$6		27	Excess reader	ship co	osts (Schedule J)					. [27	0	+
夏夏		28		•	tach schedule)					74 L	28 29	46,282	
- B		29			dd lines 14 through 28					إبر	29	276,161	
8		30			axable income before ne	-				-	30	(81,499)	1
		31			rating loss arising in tax ye						31	104 100	-
		32	Unrelated bus	iness ta	axable income. Subtract	t line 31 from line 3	3U .	<u> </u>	<u></u>	71	32	(81,499)	<u>'</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J 9 1, 17-29

Form **990-T** (2018)

Part I	Total Unrelated Business Taxable Income			_				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see							
•	instructions)	33	14,08	38				
34	Amounts paid for disallowed fringes	34	,					
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			+-				
33	instructions)	35	14,08					
		35	14,00	-				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum							
	of lines 33 and 34	36		0				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		0				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	[
	enter the smaller of zero or line 36	38		0				
Part I	V Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		0				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on							
	the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40						
41	Proxy tax. See instructions	41						
42	Alternative minimum tax (trusts only)	42						
43	Tax on Noncompliant Facility Income. See instructions	43						
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0				
	Tax and Payments	1 44 1		<u></u>				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 4\$a			$T^{}$				
		1						
		ł						
_	General business credit. Attach Form 3800 (see instructions)	+						
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)							
	Total credits. Add lines 45a through 45d	45e		0				
46	Subtract line 45e from line 44	45		0				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .			0				
48	Total tax. Add lines 46 and 47 (see instructions)							
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 .	49						
50a	Payments: A 2017 overpayment credited to 2018]]						
b	2018 estimated tax payments] '		1				
C	Tax deposited with Form 8868	1						
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	1						
e	Backup withholding (see instructions)	1						
f	Credit for small employer health insurance premiums (attach Form 8941)	1		-				
g	Other credits, adjustments, and payments: Form 2439	1 1						
•	☐ Form 4136	1.1						
51	Total payments. Add lines 50a through 50g	51	8,54	40				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52						
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			0				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	53 54	8,54					
		565	8,5					
55 Događ		 	0,3					
Part		Ma a	ority Ye	s No				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of		ντι ν μ					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts.	eign cot	y	_				
	here >	-1 4:1		1				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust	′ · _					
	If "Yes," see instructions for other forms the organization may have to file.							
_58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	-i -d *	0	hafiat iii				
0:	Under penalties of perjury, I dectare that I have examined this return, including accompanying schedules and statements, and to the bettrue, correct, and complete,/Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	STOT MY KNO	wreage and	Deliet, It is				
Sign	1 1 1 2 6	May the I	RS discuss 1					
Here			preparer sho ctions)? [▽[Y					
_	Signature of officer Date / Title	<u> </u>						
Paid	Print/Type preparer's name Preparer's signature Date Ch	eck [] if	PTIN					
	RACHEL SPURI OCK Zattle Capacitate 2/28/2020	f-employed	P005	20729				
Prep	GROWELLP	m's EIN ▶	35-092	1680				
Use (UNIV	one no.	(502) 326	5-3996				
			Form 990	- T (2018)				

	90-T (2018)									- 1	age 🤝
Sche	dule A—Cost of Goods Sold.	Ente	er method of ir	nventor	y va	luation 🕨	<u></u>		_		
1	Inventory at beginning of year	1	0		6	Inventory a	it end of year	6	<u> </u>	0	
2	Purchases	2	0		7	Cost of	goods sold. Subtract				
3	Cost of labor	3	0				line 5. Enter here and		_		
4a	Additional section 263A costs					in Part I, lin	ne 2	7		0	
	(attach schedule)	48	0		8		es of section 263A (wit			Yes	No
b	Other costs (attach schedule)	4b	0				roduced or acquired for				
5	Total. Add lines 1 through 4b	5		1 1		_	nization?				✓
Sche	dule C-Rent Income (From	Real	Property and	l Perso	nal	Property I	Leased With Real Pro	pert	y)		
(see	Instructions)				_			_			
1. Desc	ription of property										
(1)											
(2)					_						
(3)											
(4)											
	2. Rent re	celved	or accrued								
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for person	al pro	perty exceeds	3(a) Deductions directly in columns 2(a) and				18
(1)											
(2)											
(3)	 						<u> </u>				
(4)					•						
Total	·	0 1					0 23 5 3 3 4 3 4 3 4 3 4 3				
	al income. Add totals of columns 2(a)			***			(b) Total deductions. Enter here and on page	1.			
	nd on page 1, Part I, line 6, column (A)						0 Part I, line 6, column (B)				0
	dule E-Unrelated Debt-Fina			instructi	ions)					
	Description of debt-financed	nmner	tv			ome from or debt-financed	3. Deductions directly cor debt-finance	nq bec	operty		
	1. Seconplots of dest illustrate	propa				perty	(a) Straight line depreciation (attach schedule)		(b) Other de (attach sc		s
(1)				ļ				ļ			
(2)											
(3)				ļ							
(4)								-			
	acquisition debt on or debt-financed debt-financed	of or all t-finan	adjusted basis llocable to sced property schedule)	ı	4 div	olumn Vided Jumn 5	7. Gross income reportable (column 2 × column 8)		Allocable of umn 6 x tota 3(a) and	l of col	
(1)						%					
(2)						%		<u> </u>			
(3)						<u>%</u>					
(4)						%					
							Enter here and on page 1, Part I, line 7, column (A).		er here and rt I, line 7,		
Totals							0				0
	dividends-received deductions inclu	ded in	column 8				·	•			
									Form \$	90-T	(2018)

Sche	dule F-Interest, Ann	uities, l	Royalties,	and Re	nts From	Controlled Org	janizations (se	e instruc	ctions)	
		ĺ	<u> </u>	Exemp	t Controlled	Organizations				
	Name of controlled organization		Employer ation number		related income e instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)										
(2)							-	***	<u> </u>	
(3)						-	-			
(4)	· ··					<u> </u>				-
None	xempt Controlled Organi	zations	-			<u> </u>				
	7. Taxable Income		let unrelated in ss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's grounds.	controlling	conne	eductions directly cted with Income in column 10
(1)					-				<u> </u>	 ,
<u>(1)</u>		-			 				+	
(2)					<u></u>				 	
(3) (4)					 				 	
Totals	s					or (17) Organi	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).
SCIR	edule G-investment	IIICOIIIE	or a sect	1011 30		. Deductions	4. Set-aside			otal deductions
	1. Description of income		2. Amount of	fincome	dire	ctly connected ach schedule)	(attach sched		and s	et-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)				_						
(3)								_		
(4)										
Total		. •	nter here and Part I, line 9, c	column (A	(). O				Part I, Ii	re and on page 1, ne 9, column (B). 0
Sche	edule I—Exploited Exc	empt A	ctivity Inc	ome, C	ther Than	Advertising Ir	come (see inst	tructions	<u>s) </u>	
	1. Description of exploited activ	rity	2. Gross unrelated business inco from trade of business	me co	k Expenses directly nnected with roduction of unrelated siness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	_									
(3)										·
(4)					•					
Total			page 1, Part line 10, col. (l, p	er here and on age 1, Part I, e 10, col. (B).			•		Enter here and on page 1, Part II, line 26
	edule J-Advertising	Income	(see instru			1		 -		1
Par					a Consol	idated Basis				
	1. Name of periodical		2. Gross advertising income		3. Direct vertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation income	1	adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
				_				 		
(1)	<u>-</u>					-		 		-
(2)				_		-{		 	 	-
(3)						-{		 -		-
(4)						 		+		-
Total	s (carry to Part II, line (5))	▶		0	(0 0				0 Form 990-T (2018

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).
_						
tals from Part I	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.
tals, Part II (lines 1-5)	• 0	0				c

1. Name	2. Title	3. 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** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Employer identification number

61-0444650 **BEREA COLLEGE** Unrelated business activity code (see instructions) ▶ 561439 Describe the unrelated trade or business ▶ OTHER BUSINESS SERVICE CENTERS/PRINTING SERVICES (C) Net (A) Income (B) Expenses Part I **Unrelated Trade or Business Income** 114.871 1a Gross receipts or sales 114,871 c Balance ▶ **b** Less returns and allowances 1c 0 2 Cost of goods sold (Schedule A, line 7) 2 114.871 114,871 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 4a Capital gain net income (attach Schedule D) . 4a 0 n **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 0 n 6 Rent income (Schedule C) 6 0 0 0 7 7 0 0 0 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 0 0 0 8 Investment income of a section 501(c)(7), (9), or (17) 9 n n 9 0 0 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 Advertising income (Schedule J) 11 0 0 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 114,871 0 114,871 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

		4.4	
14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	28,773
16	Repairs and maintenance	16	0
7	Bad debts	17	0
8	Interest (attach schedule) (see instructions)	18	0
9	Taxes and licenses	19	0
0	Charitable contributions (See instructions for limitation rules)	20	1,565
1	Depreciation (attach Form 4562)		
2	Less depreciation claimed on Schedule A and elsewhere on return	22b	0
3	Depletion	23	0
\$	Contributions to deferred compensation plans	24	0
5	Employee benefit programs	25	7,371
3	Excess exempt expenses (Schedule I)	26	0
7	Excess readership costs (Schedule J)	27	0
3	Other deductions (attach schedule)	28	63,074
•	Total deductions. Add lines 14 through 28	29	100,783
)	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	14,088
1	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
-	instructions)	31	0
2	Unrelated business taxable income. Subtract line 31 from line 30	32	14,088

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name of the organization BEREA COLLEGE					Employer identification number 61-0444650			
Unrelated business a	ctivity code (see instructions) ► 525990)		<u> </u>				
	ed trade or business ALTERNATIVE INVES	TMENT	s					
	rade or Business Income		(A) Income	(B) Expense	3	(C) Net		
1a Gross receipts or								
b Less returns and allo	wances0 c Balance ▶	1c	0					
2 Cost of goods so	Id (Schedule A, line 7)	2	0					
3 Gross profit. Sub	tract line 2 from line 1c	3	0			0		
4a Capital gain net in	ncome (attach Schedule D)	4a	8,045			8,045		
b Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b	0]		0		
c Capital loss dedu	ction for trusts	4c	0			0		
5 Income (loss) from	n a partnership or an S corporation (attach							
		5	(439,477)			(439,477)		
6 Rent income (Sch	nedule C)	6	0	0		0		
•	nanced income (Schedule E)	7	0	0		0		
	s, royalties, and rents from a controlled							
	edule F)	8	ol	l ol	i l	o		
	ne of a section 501(c)(7), (9), or (17)							
	edule G)	9	ol	o	ı I	o		
•	activity income (Schedule I)	10	0	0		0		
•	ne (Schedule J)	11	0	0		0		
•	instructions; attach schedule)	12	0	<u> </u>		0		
	nes 3 through 12	13	(431,432)	0		(431,432)		
deductions n	Not Taken Elsewhere (See instructions for nust be directly connected with the unrelated to the connected to the connected with the unrelated to the connected with the unrelated to the connected with the con	ed bus	iness income.)		r contr	ibutions,		
14 Compensation of	officers, directors, and trustees (Schedule K)			14	0		
15 Salaries and wag	es				15	0		
16 Repairs and main	tenance]	16	0		
17 Bad debts					17	0		
18 Interest (attach so	chedule) (see instructions)			[18	0		
19 Taxes and license	98			[19	0		
	outions (See instructions for limitation rules)				20	0		
	nch Form 4562)			o 1				
	n claimed on Schedule A and elsewhere on re			0	22b	0		
					23	0		
	deferred compensation plans				24	0		
	programs				25	0		
	xpenses (Schedule I)				26	0		
•	n costs (Schadula I)				27	0		

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Cat. No. 71329Y

Schedule M (Form 990-T) 2018

5,000

5,000

(436,432)

(436, 432)

28

29

31

28

29

30

32

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Name of Partnership	EIN	UBI
ALTERNATIVE INVESTMENTS		
(1) BOSTON VENTURES LIMITED PARTNERSHIP VII	20-4622363	-450,279
(2) BRINSON PARTNERSHIP FUND - 2000 PRIMARY FUND, L.P.	36-4309910	2
(3) BRINSON PARTNERSHIP FUND - 2001 PRIMARY FUND, L.P.	36-4395882	3,419
(4) ENDOWMENT VENTURE PARTNERS V, LP	06-1563332	33
(5) PETERSONS' LAPRAIRIE FARMS, INC	35-1490813	7,348
	Total for Part I, Line 5	-439,477

Form 990T Part II, Line 20 Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	1,156,434		1,565		1,154,869	2019
2015	949,783				949,783	2020
2016	1,073,111				1,073,111	2021
2017	539,395				539,395	2022
2018	647,551				647,551	2023
Totals	4.366.274	0	1,565	0	4,364,709	

Form 90	0T Part I	Lline 28	Other Deductions	•
Form 99	INT Part I	Lline 28	Other Deduction	5

Description		Amount
WATER/TIMBER SALES		
(1) CONTROLLABLE EXPENSES		45,282
(2) PROFESSIONAL FEES		1,000
	Total	46,282
PRINTING SERVICES		<u> </u>
(3) CONTROLLABLE EXPENSES		62,074
(4) PROFESSIONAL FEES		1,000
	Total	63,074
ALTERNATIVE INVESTMENTS		
(5) PROFESSIONAL FEES	-	5,000

Form 990T Part III, Line 35 Deduction for net operating loss ansing in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Pnor Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2000	929,831		601,295	14,088	314,448	2020
2001	1,040,337		0		1,040,337	2021
2002	246,499		0		246,499	2022
2003	0		0		. 0	2023
2004	0		0		0	2024
2005	0		0		0	2025
2006	0		0		0	2026
2007	648,317		0		648,317	2027
2008	2,523		0		2,523	2028
2009	491	· .	0		491	2029
2010	0		0		0	2030
2011	350,315		0		350,315	2031
2012	1,317,341		0		1,317,341	2032
2013	0		0		0	2033
2014	176,945		0		176,945	2034
2015	0		0		0	2035
2016	62,234		0		62,234	2036
2017	7,777		0		7,777	2037
Totals	4,782,610	0	601,295	14,088	4,167,227	

Form 990T Part V, Line 50g(iii) Other Credits and Payments	
Description	Amount
EIN: 52-1529691 THRIFT SAVINGS PLAN	8,540
Totals	8,540

SCHEDULE D (Form 1120)

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. OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

BEREA COLLEGE

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

Employer identification number

61-0444650

Pa	Short-Term Capital Gains and Losses (See instructions.)			
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line 2	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	column (g)	2,	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					0
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					0
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					0
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					0
4	Short-term capital gain from installment sales from For	m 6252, line 26 or 3	37		4_	
5	Short-term capital gain or (loss) from like-kind exchang	ges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(72)
-	Not short town conits asin or floor). Combine lines 1s.	through 6 in column			7	(72)
	Net short-term capital gain or (loss). Combine lines 1a Long-Term Capital Gains and Losses (<u> </u>	•	(12)
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments t		(h) Gain or (loss)
	the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form 8949, Part II, line column (g)		Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					0
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					0
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					0
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	8,117			,	8,117
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from For	m 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchang	es from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss). Combine lines 8a t	hrough 14 in colum	<u>nh</u>		15	8,117
Par	till Summary of Parts I and II				1	
16	Enter excess of net short-term capital gain (line 7) over	net long-term capi	tal loss (line 15)		16	0
17	Net capital gain. Enter excess of net long-term capital	gain (line 15) over n	et short-term cap	ital loss (line 7)	17	8,045
18	Add lines 16 and 17. Enter here and on Form 1120, pa				18	8,045
	Note: If losses exceed gains, see Capital losses in	the instructions.				
	A Control of the second	Farm 4400	0	0014		

2018 Return BEREA COLLEGE- 61-0444650

Schedule D 1120, Line 6 Details UNUSED CAPITAL LOSS CARRYOVER COMPUTATION

Year Generated	Amount Generated	Amount Used in Prior Amount Used in Current Year		Amount Remaining	Capital NOL Expires	
2016	72		72	0	2021	
		0				

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
2018

Attachment Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

BEREA COLLEGE

Department of the Treasury

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

Social security number or taxpayer identification number 61-0444650

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, If any, to gain or loss. 1 If you enter an amount in column (g), (e) enter a code in column (f). Cost or other basis Gain or (loss). (c) (d) (a) See the separate Instructions. Date sold or **Proceeds** See the Note below Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) and (Example: 100 sh, XYZ Co.) (Mo., day, yr.) (1) combine the result in the separate (Mo, day, yr.) (see instructions) **(g)** Code(s) from with column (a) Amount of adjustment instructions instructions SHORT-TERM GAIN/LOSS FROM INVESTMENTS 0 0 SHORT-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS 0 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

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

Social security number or taxpayer identification number
61-0444650

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are 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	

Ŀ	4 (F)	Long-ter	m transactions	s not i	reported :	to you on I	Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co)	(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)	
LONG-TERM GAIN/LOSS FROM INVESTMENTS			8,117				8,117	
LONG-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS		_					0	
	_							
					_			
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), li	lude on your ne 9 (if Box E	8,117	0		0	8,117	

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 (q) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)