

Form	990-T	E	xempt Organization Bus				Return	<b>)</b>	OMB No. 1545-0687
			(and proxy tax undo				20 201	0	2018
		For cal	endar year 2018 or other tax year beginning JUL 1,  Go to www.irs.gov/Form990T for in					9	<b>ZU 10</b>
Interna	ment of the Treasury Revenue Service	<b>•</b>	Do not enter SSN numbers on this form as it may	be mad	le public if your or	ganization		. 5	Open to Public Inspection for 01(c)(3) Organizations Only yer identification number
A <u></u>	Check box if address changed		Name of organization ( Check box if name cl	nanged	and see instruction	S.)		(Emplo	yees' trust, see
	empt under section	Print	SOUTHWESTERN UNIVERSITY	Y					1-1233796
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box		structions.			E Unrela (See in	ted business activity code structions.)
	408(e)	,,,	1001 E. UNIVERSITY AVE City or town, state or province, country, and ZIP or		n nostal anda			-	
	529(a)		GEORGETOWN, TX 78626	ioi eigi	i postai code			5230	000
C Boo			F Group exemption number (See instructions.)	<b></b>				<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	k value of all assets nd of year 473,336,1		G Check organization type ► X 501(c) corp	oration	501(c) to	rust	401(a	) trust	Other trust
		-	tion's unrelated trades or businesses.	2			only (or first) ur		
	e or business here						plete Parts I-V.		
	cribe the first in the bi iness, then complete I		ce at the end of the previous sentence, complete Pa	rts I and	i II, complete a Sch	edule M fo	or each addition	ial trade	or
			oration a subsidiary in an affiliated group or a paren	ıt-subsid	diary controlled gro	up?	▶ [	Yes	x No
			ifying number of the parent corporation.						
			BRENDA THOMPSON			elephone i	number 🕨 (		
			de or Business Income		(A) Income		(B) Expense	S	(C) Net
	Gross receipts or sale		• Polones	,					
	Less returns and allov Cost of goods sold (S		<b>c</b> Balance ► A, line 7)	1c 2					
	Gross profit. Subtract			3					
	·		h Schedule D)	4a	187,02	7.			187,027.
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b					
			sts	4c	410 52	0	C/III/III	1	410 520
			chip or an S corporation (attach statement)	5 6	-419,53	9.	STMT :	T	-419,539.
	Rent income (Schedu Unrelated debt-financi	, .	ne (Schedule E)	7					
			nd rents from a controlled organization (Schedule F)	8					
			on 501(c)(7), (9), or (17) organization (Schedule G)	9					
			me (Schedule I)	10					
			(J)	11 12					
12 13	Other income (See ins	3 throu	ıs; attach schedule) gh 12		-232.51	2.			-232,512.
Par	t II Deductio	ns No	ot Taken Elsewhere (See instructions fo	r limita	tions on deduction	ons.)		l	202,022
	(Except for o	contribu	utions, deductions must be directly connected	with th	ne unrelated busi	ness inco	ome.)		
14			rectors, and trustees (Schedule K)					14	
15								15	
16 17								16	
18			ee instructions)					18	
19								19	
20	Charitable contribution	ons (Se	e instructions for limitation rules)					20	
21			562)						
22			n Schedule A and elsewhere on return					22b	
23 24			mpensation plans					23	
25								25	
26	Excess exempt exper	nses (So	chedule I)					26	
27	Excess readership co	osts (Sc	nedule J)					27	
28			edule)					28	1,000.
29 30			14 through 28ncome before net operating loss deduction. Subtract					30	<u>1,000.</u> -233,512.
30 31			oss arising in tax years beginning on or after Janual			;)		31	255,512.
32	· ·	-	ncome. Subtract line 31 from line 30	-	,	,	<u></u>	32	-233,512.
			work Reduction Act Notice, see instructions.						Form <b>990-T</b> (2018)

1,000.

0.

0.

0.

0.

55	Enter the amount of line 54 you want: Gredited to 2019 estimated tax		
art `	VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here <b>&gt;</b>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	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 >\$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

VP FOR FINANCE & Sign May the IRS discuss this return with Here ADMIN the preparer shown below (see Signature of officer instructions)? X Yes Date Date if Print/Type preparer's name Preparer's signature PTIN Check self- employed **Paid** P00748038

AMANDA ADAMS **Preparer** Firm's name > CHERRY BEKAERT LLP **Use Only** 

1075 PEACHTREE STREET NE, SUITE 2200 Firm's address ► ATLANTA. GA 30309

56-0574444 Firm's EIN ▶ 404-209-0954

Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Goods	<b>s Sold.</b> Enter	method of inve	ntory v	raluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8		263A (	with respect to		Ye	s No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	conal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect nd 2(b) (	cted with the income attach schedule)	e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	e instru	ictions)					
			2	2. Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedul	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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 dedu (column 6 x total of 3(a) and 3(b	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	•		1	·~		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on p Part I, line 7, colum	
Totals						0			0.
Total dividende received deductions in					I		+		<u> </u>

Form **990-T** (2018)

19   10   10   10   10   10   10   10	Schedule F - Interest,		o., ai		Controlled O				(366 1(18	structions	ə <u>j</u>
19   10   10   10   10   10   10   10	Name of controlled organization	iden	tification	3. Net unre (loss) (see	elated income instructions)	<b>4.</b> Tota paym	nents made included in the contr		rolling connected with inco		
Some	(1)										
Add column 5 and 1   Add col	(2)										
Nonexempt Controlled Organizations   8. Neurosided income fields   9. Total of specified payments   10. Part of column 8 that is including   11. Describers of smooth given frozone in column 10. In the controlled organizations   11. Describers of smooth given frozone in column 10. In the controlled organization   11. Describers of smooth given frozone in column 10. In the column 8 that is including   11. Describers of smooth given frozone in column 10. In the column 8 that is including   11. Describers of smooth given frozone   11. Describers of smooth given frozone   11. Describers of income   11. Describe	(3)										
7. Tratable incrome 8. Net intratable incrome (ross) (rese invariations) (research (re	(4)										
(1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Nonexempt Controlled Organi	izations		_							
20	7. Taxable Income			9. Total		ments	in the controlli	ng organ	ization's	11. Dec with	ductions directly connected income in column 10
Add columns 9 and 10.   Enter here and on page 1, Part 1,   line 6, column (8).	(1)										
Add columns 6 and 11.   Enter here and on page 1, Part I, live 6, column (b).   O   Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)	(2)										
Add columns and on page 1, Part I, line 8, column (A).   Enter here and on page 1, Part I, line 8, column (B).	(3)										
Totals Part I, line 8, column (A).  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Description of income  3. Description of income  3. Description of income  4. Ser-saides (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 8, column (B).  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9	_(4)										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1, Description of income  2, Amount of income  2, Amount of income  3, Deductions directly connected (stach schedule) (stach schedule) (stach schedule)  (a)  (b)  (c)  (a)  (d)  (d)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1, Description of exploited activity  (see instructions)  2, Gross  urrelated business income from yade or business income  (d)  (d)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net income (loss)  from addity that is not surelisted business income from yade or business income from yade or business income  (d)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 8, Column (8)  Foreign 7, Excess exempt expenses (column 6)  Foreign 7, Business income  (d)  Enter here and on page 1, Part I, line 10, col. (8)  (a)  (b)  Enter here and on page 1, Part I, line 10, col. (8)  (c)  (d)  Enter here and on page 1, Part I, line 10, col. (8)  (d)  Enter here and on page 1, Part I, line 10, col. (8)  (d)  1. Name of periodical  2. Gross  advertising costs  3. Deed advertising gross  advertising costs  1. Name of periodical  2. Gross  advertising costs  3. Deed advertising page 1, Part I, line 10, col. (8)  (7)  (8)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (19)  (19)  (19)  (19)  (19)  (19)  (20)  (30)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (9)  (19)  (10)  (10)  (10)  (11)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (17)  (17)  (18)  (18)  (19)							Enter here and	on page	1, Part I,	Enter he	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Descutions directly and income of income or income organization  (a)  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Pert I, line 8, column 6)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3. Expenses organization  (see instructions)  2. Cross unrelated business income from add or business income from the add or business income from business income from the add or b	Totals					▶			0.		0.
1. Description of income 2. Amount of income 3. Description of income directly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1. Part I, line 9, column 9, into unrelated business income from page 1, Part I, line 10, cot (A) (3) (4)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  unrelated business income from trade of business income from trade of business income from page 1, Part I, line 9, column 9, or page 1, Part I, line 10, cot (A)  (4)  (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, cot (A) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, cot (A) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, cot (A) (4)  Enter here and on page 1, Part I, line 10, cot (A) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, cot (A) (4)  Enter here and on page 1, Part I, line 10, cot (A) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Schedule G - Investme	ent Income of a	Section	1 501(c)(7	), (9), or (	17) Org	anization				
(1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross income from production of unrelated business income from the growth of unrelated for activity of unrelated transfer or exploited activity  2. Gross income from exploited activity increased on page 1, Part I, line 10, col. (A). Increase income from the growth of unrelated transfer or exploited activity increased on page 1, Part I, line 10, col. (B). Increase income from the growth of unrelated transfer or exploited activity increased on page 1, Part I, line 10, col. (B). Increase income from the growth of unrelated transfer or exploited activity increased on page 1, Part I, line 10, col. (B). Increase income from page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Increase and on page 1, Part I, line 20, col. (B). Incre		,			2. Amount of	income	directly conne	cted			and set-asides
(2) (3) (4)    Enter here and on page 1, Part 1, line 9, column (8).   Enter here and on page 1, Part 1, line 9, column (8).   O.   Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    1. Description of exploited activity   Cope income from trade or business income from trade or business income with production of exploited activity   Cope income from trade or business income from trade or business income   O.   O.   O.   O.   O.   O.   O.   O	(1)						<u> </u>	,			
(4)  (4)  (5)  (6)  (6)  (7)  Fort I, line 9, column (A).  Enter here and on page 1, Part I, line 9, column (B).  (8)  (9)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (8)  (9)  1. Description of exploited activity  Income Income  Incom											
Contails	(3)										
Totals											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity in add or business income from trade or business income from page 1, Part 1, line 10, col. (A).  (3)  (4)  Enter here and on page 1, Part 1, line 10, col. (B).  O Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising osts advertising costs advertising costs advertising costs advertising costs business income from trade or business in											Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity in add or business income from trade or business income from page 1, Part 1, line 10, col. (A).  (3)  (4)  Enter here and on page 1, Part 1, line 10, col. (B).  O Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising osts advertising costs advertising costs advertising costs advertising costs business income from trade or business in	Totals			•		0.					0.
1. Description of exploited activity  1. Description of exploited activity in the four unrelated business income attributions attribution of unrelated business income brought and out unrelated business income attribution activity that is not unrelated business income attribution attribution activity that is not unrelated business income brought attribution activity that is not unrelated business income attribution activity that is not unrelated business income attribution activity that is not unrelated business income brought attribution activity that is not unrelated business income attribution activity that is not unrelated business in	Schedule I - Exploited	<b>Exempt Activit</b>	y Incom	e, Other	Than Adv		g Income				
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  O O O O O O O O O O O O O O O O O O O	1. Description of	2. Gross unrelated business income from	directly with p of u	connected roduction nrelated	from unrelated business (co minus colum gain, comput	I trade or olumn 2 n 3). If a e cols. 5	from activity t is not unrelat	hat ed	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  O O O O O O O O O O O O O O O O O O O	(1)										
(3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  O  O  O  O  O  O  O  O  O  O  O  O  O	(2)										
(4)  Enter here and on page 1, Part I, line 10, col. (A).  Totals  O. O. O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  3. Direct advertising costs of line (sols). Sincome (sols). Sincome  4. Advertising gain or (loss) (col. 2 minus col.). Sin fa agin, compute col. Si. If a gain, compute col. Si. If a gain compute col. Si. If a ga	(3)										
Enter here and on page 1, Part I, line 10, col. (A).  Totals  O. O. O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col. 2 minus col. 3), If a gain, compute cols. 5 through 7.  (1) (2) (3) (4)  Totals (carry to Part II, line (5))   D. O.											
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income income  3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0. 0.		page 1, Part I, line 10, col. (A).	page line 10	1, Part I, 0, col. (B).							on page 1, Part II, line 26.
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0											0.
1. Name of periodical  2. Gross advertising costs  3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))   3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  5. Circulation income  5. Circulation income  6. Readership costs (column 6 minus column 4).				,	solidated	Basis					
(2) (3) (4) Totals (carry to Part II, line (5)) ► 0 . 0 . 0	1. Name of periodical	advertisin	, I		or (loss) (c col. 3). If a g	ol. 2 minus ain, compute					costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) ► 0 • 0 • 0 •	(1)										
(4)  Totals (carry to Part II, line (5)) ▶ 0 . 0 . 0 . 0	(2)				-		-				
Totals (carry to Part II, line (5)) ► 0 . 0 .			_		-						
	Totals (carry to Part II, line (5))	▶	U •	0	•						0 . Form <b>990-T</b> (2018

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# 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.)

Name of periodical	2. Gross advertising	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
•	income	advortioning cools	cols. 5 through 7.	moonic	000.0	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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form **990-T** (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
CGDI, LLC - OTHER INC CCIP VII - OTHER INC CCPEP VIII - OTHER IN CCVP IX - OTHER INCOM CCVP X - OTHER INCOM CCNRP VIII - OTHER IN CCNRP IX - OTHER INCOM CSSREOP FUND - OTHER CSSREO FUND 2014 - OTHER CCVP XI - OTHER INCOM CCSSGPE FUND - OTHER CCNRP X - OTHER INCOM CCSSGPE FUND II - OTHER CCNRP X - OTHER INCOM CCSSGPE FUND II - OTHER CCNRP XI - OTHER INCOM CCVP XII - OTHER INCOM CCNRP XI - OTHER INCOM CNRP XI - OTHER INCOM CPC FUND 2018 - OTHER	OME (LOSS) NCOME (LOSS) ME (LOSS) E (LOSS) NCOME (LOSS) OME (LOSS) INCOME (LOSS) FHER INCOME (LOSS) ME (LOSS) INCOME (LOSS) ME (LOSS) HER INCOME (LOSS) ME (LOSS) ME (LOSS) ME (LOSS)	-17. 2644942,6972,68336,661101,974. 7342,2626,5216,294183,38220,1327,23650,677.
TOTAL INCLUDED ON FO	RM 990-T, PAGE 1, LINE 5	-419,539
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,000
TOTAL TO FORM 990-T,	PAGE 1, LINE 28	1,000.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	76,449.	753.	75,696.	75,696.
06/30/04	113,917.	0.	113,917.	113,917.
06/30/05	100,387.	0.	100,387.	100,387.
06/30/06	87,245.	0.	87,245.	87,245.
06/30/07	83,156.	0.	83,156.	83,156.
06/30/08	78,412.	0.	78,412.	78,412.
06/30/09	78,573.	0.	78,573.	78,573.
06/30/10	150,642.	0.	150,642.	150,642.
06/30/11	126,277.	0.	126,277.	126,277.
06/30/12	169,447.	0.	169,447.	169,447.
06/30/13	83,873.	0.	83,873.	83,873.
06/30/14	137,020.	0.	137,020.	137,020.
06/30/15	110,639.	0.	110,639.	110,639.
06/30/16	131,415.	0.	131,415.	131,415.
06/30/18	179,266.	0.	179,266.	179,266.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,705,965.	1,705,965.

## SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No. 1545-0687

2018

ENTITY

Department of the Treasury Internal Revenue Service (99) ► 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 SOUTHWESTERN UNIVERSITY			Employer ide 74-12		
	Inrelated business activity code (see instructions) > 72251	1		74-12	1337	90
	Describe the unrelated trade or business PUBLIC ME					
Pai			(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 4,331.					
b	Less returns and allowances c Balance ▶	1c	4,331.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3	4,331.			4,331.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	4,331.			4,331.
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrela	ted business income	e.)	cept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)			1 605	20	
21	Depreciation (attach Form 4562)			1,625.		1 625
22	Less depreciation claimed on Schedule A and elsewhere on return				22b	1,625.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26 27	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		ርፑፑ ርጥአጣ፣	<i>1</i>	27	8,256.
28	Other deductions (attach schedule)		SEE SIAII	PLITINI 4	28	9,881.
29	Total deductions. Add lines 14 through 28				29	-5,550.
30	Unrelated business taxable income before net operating loss dedu			ıه	30	-3,330.
31	Deduction for net operating loss arising in tax years beginning on dispersations)				24	
20	instructions) Unrelated business taxable income. Subtract line 31 from line 30				31	-5,550.
32	Officiated business taxable income. Subtract line 31 mom line 30				1 32	3,330.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SOUTHWEST	ERN UNIV	/ERSITY				74-1233	3796	Paye
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ► N/A				
1 Inventory at beginning of year				Inventory at end of year			6	
2 Purchases				Cost of goods sold. S				
3 Cost of labor				from line 5. Enter here				
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section			١	es No
<b>b</b> Other costs (attach schedule)				property produced or a	•	•		
5 Total. Add lines 1 through 4b								Х
Schedule C - Rent Income (	From Real	Property and	Pers	sonal Property L	.ease	d With Real Prope	erty)	
(see instructions)						_		
Description of property								
(1)								
(2)								
(3) (4)								
(+)	2. Rent receiv	ed or accrued						
(a) From personal property (if the perc			nd perso	onal property (if the percenta	ge	3(a) Deductions directly of	connected with the inco	me in
rent for personal property is more 10% but not more than 50%)	than	` ' of rent for p	ersonal	property exceeds 50% or if ed on profit or income)		columns 2(a) and	1 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns		iter				(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		. <u></u>			0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	. Gross income from		<ol><li>Deductions directly conne to debt-finance</li></ol>		
1. Description of debt-fir	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other dedu	
				maneed property		(attach schedule)	(attach sched	dule)
<u>(1)</u>								
(2)								
(3)								
(4)								
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis allocable to	6	Column 4 divided by column 5		7. Gross income reportable (column	8. Allocable de (column 6 x total	
property (attach schedule)		inced property h schedule)				2 x column 6)	3(a) and 3	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					E	nter here and on page 1.	Enter here and on	page 1.

Form **990-T** (2018)

Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Part I, line 7, column (A).

0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
DIRECT PUBLIC MEALS EXPENSES TAX PREPARATION FEES		7,256. 1,000.
TOTAL TO SCHEDULE M, PART II,	LINE 28	8,256.

#### 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
2018

Name

Employer identification number

SOUTHWESTERN UNIVERSITY 74-1233796 Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (d) Proceeds (sales price) (**g**) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (e) (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 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 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 9,935. Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 ,935 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) (e) Cost (or other basis) (**g**) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) to enter on the lines below. (d) This form may be easier to complete if you round off cents to whole dollars. (sales price)  $\textbf{8a} \ \ \text{Totals for all long-term transactions reported}$ 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 123,414. Form(s) 8949 with Box F checked 53,678. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions 14 177,092. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 9,935. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 177,092. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 187,027 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

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

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

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.

Name(s) shown on return

Social security number or taxpayer identification no.

74-1233796

SOUTHWESTERN UNIVERSITY	74-123379
you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	

Before 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 instructions). For long-term Part I 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  $\perp$  (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 (1)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and	loss. If y in column column (f	ou enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
CCIP VII							<296.
CCPEP VIII							<30.
CCVP X							<2.
CCNRP IX							25.
CSSREOP FUND							557.
CCVP XI							1,063.
CCSSGPE FUND							441.
CCNRP X							6,626.
CCSSGPE FUND II							1,502.
CCVP XII							49.
2 Totals. Add the amounts in col	umns (d) (e) (d) a	nd (h) (subtract					
negative amounts). Enter each							
Schedule D, <b>line 1b</b> (if <b>Box A</b> a		•					
above is checked) or line 3 (if	**	•					9,935.

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

Attachment Sequence No. 12A Page 2

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.

### SOUTHWESTERN UNIVERSITY

Form 8949 (2018)

74-1233796

SOUTHWESTERN U							<u> </u>
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which l	ow, see whether yation as Form 109	you received any 99-B. Either will :	Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	n your broker. A su s reported to the IF	bstitute SS by your
Part II Long-Term. Transaction	ons involving capita	al assets vou held r	more than 1 vear are	generally long-term (s	ee instructi	ons). For short-term t	ransactions.
see page 1.  Note: You may aggregate al							
codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı; yoù aren't required	to report these trans	actions on F	Form 8949 (see instru	ctions).
You must check Box D, E, or F below. ( If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep					•		
(E) Long-term transactions rep	-	•	-	•		,	
X (F) Long-term transactions not	t reported to you	on Form 1099-E	3				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and	column (f	). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
CCIP VII							<538.
CCNRP VIII							2,733.
CCNRP IX							74.
CSSREOP FUND							532.
CCVP XI							22,392.
CCSSGPE FUND							17,205.
CCNRP X							22,777.
CCSSGPE FUND II							51,682.
CCVP XII							6,557.
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	<b>Box F</b> above is ch	necked)					123,414.

**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)

#### **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

	SOUTHWESTERN UNIVERSITY							74-1233796
<b>1</b> Er	nter the gross proceeds from sales o	r exchanges repo	rted to you for 2	018 on Form(s) 10	99-B or 1099-S			
<u> </u>	or substitute statement) that you are i						1	
Pa	rt I Sales or Exchanges Other Than Casualt						rsio	ns From
	Other Than Casualt	y or Theit-Mo	Strioperty	Teid Wore The	T	·		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or	(f) Cost or oth basis, plus		(g) Gain or (loss) Subtract (f) from the
	or property	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements a expense of sal		sum of (d) and (e)
SE	E STATEMENT 5							53,678.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	sales from Form 6	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from othe						6	
7	Combine lines 2 through 6. Enter th	ne gain or (loss) he	ere and on the a	ppropriate line as f	ollows		7	53,678.
	Partnerships and S corporations.	•		-	or Form 1065, Sch	edule K,		
	line 10, or Form 1120S, Schedule k							
	Individuals, partners, S corporation				· ·			
	from line 7 on line 11 below and ski 1231 losses, or they were recapture	•	_	•				
	the Schedule D filed with your return	•			ong-term capital ga	III OII		
	•	·				-	ı	
8	Nonrecaptured net section 1231 los	•					8	
9	Subtract line 8 from line 7. If zero o	*	•	•		I .		
	line 9 is more than zero, enter the a			ū	in from line 9 as a	ong-term		E2 670
	capital gain on the Schedule D filed	with your return.	See instruction:	s			9	53,678.
Pa	rt II Ordinary Gains and	Losses (see in	ctructions)					
	Outline and the second treatment		structions)					
10	Ordinary dains and losses not inclu	ded on lines 11 th		de property held 1	vear or less):			
10	Ordinary gains and losses not inclu	ded on lines 11 th		de property held 1	year or less):			
10	Ordinary gains and losses not inclu	ded on lines 11 th		de property held 1	year or less):			
10	Ordinary gains and losses not inclu	ded on lines 11 th		de property held 1	year or less):			
10	Ordinary gains and losses not inclu	ded on lines 11 th		de property held 1	year or less):			
			arough 16 (includ				11	( )
11	Loss, if any, from line 7		arough 16 (includ				11 12	( )
11	Loss, if any, from line 7  Gain, if any, from line 7 or amount f	from line 8, if appl	arough 16 (includ				12	( )
11 11 12 13 14	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31	from line 8, if appl	rough 16 (included)				12 13	( )
11 12 13	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, I	from line 8, if applines 31 and 38a	arough 16 (includ				12 13 14	( )
11 12 13 14 15	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, l Ordinary gain from installment sales	from line 8, if applines 31 and 38as from Form 6252	icable, line 25 or 36				12 13 14 15	( )
11 12 13 14 15	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, I Ordinary gain from installment sales Ordinary gain or (loss) from like-kind	from line 8, if applines 31 and 38a s from Form 6252 d exchanges from	icable , line 25 or 36 Form 8824				12 13 14 15 16	( )
11 12 13 14 15 16 17	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, l Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16	from line 8, if appl lines 31 and 38a s from Form 6252 d exchanges from	icable , line 25 or 36 Form 8824				12 13 14 15	( )
11 12 13 14 15	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, I Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, en	from line 8, if applines 31 and 38a s from Form 6252 d exchanges from	icable, line 25 or 36				12 13 14 15 16	( )
11 12 13 14 15 16 17	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, I Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, end	from line 8, if appl lines 31 and 38a s from Form 6252 d exchanges from ter the amount from is, complete lines	icable, line 25 or 36	e appropriate line o	of your return and s	kip lines	12 13 14 15 16	( )
11 12 13 14 15 16 17	Loss, if any, from line 7 Gain, if any, from line 7 or amount f Gain, if any, from line 31 Net gain or (loss) from Form 4684, I Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, en a and b below. For individual return If the loss on line 11 includes a loss	from line 8, if appl lines 31 and 38a s from Form 6252 d exchanges from ter the amount from ter the amount from s, complete lines s from Form 4684,	icable , line 25 or 36 Form 8824 om line 17 on the a and b below. line 35, column	e appropriate line of	of your return and s	kip lines	12 13 14 15 16	( )
11 12 13 14 15 16 17	Loss, if any, from line 7 Gain, if any, from line 7 or amount ff Gain, if any, from line 31 Net gain or (loss) from Form 4684, If Ordinary gain from installment salest Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, end a and b below. For individual returns If the loss on line 11 includes a loss the loss from income-producing process.	from line 8, if applications 31 and 38a s from Form 6252 d exchanges from ter the amount from 18, complete lines a from Form 4684, operty on Schedul	icable  in line 25 or 36  Form 8824  om line 17 on the a and b below.  line 35, column e A (Form 1040)	e appropriate line of (b)(ii), enter that p	of your return and sart of the loss here	kip lines  Enter property	12 13 14 15 16 17	
11 12 13 14 15 16 17 18	Loss, if any, from line 7 Gain, if any, from line 7 or amount ff Gain, if any, from line 31 Net gain or (loss) from Form 4684, I Ordinary gain from installment sales Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, en a and b below. For individual return If the loss on line 11 includes a loss the loss from income-producing prodused as an employee.) Identify as fr	from line 8, if applications 31 and 38a is from Form 6252 diexchanges from ter the amount from 15 complete lines is from Form 4684, operty on Schedul from "Form 4797, I	icable  , line 25 or 36 Form 8824  m line 17 on the a and b below. line 35, column e A (Form 1040) ine 18a." See in	e appropriate line of (b)(ii), enter that p or (b), line 16. (Do not in structions	of your return and s art of the loss here include any loss on	kip lines  Enter property	12 13 14 15 16	
111 122 133 114 115 116 117	Loss, if any, from line 7 Gain, if any, from line 7 or amount ff Gain, if any, from line 31 Net gain or (loss) from Form 4684, If Ordinary gain from installment salest Ordinary gain or (loss) from like-kind Combine lines 10 through 16 For all except individual returns, end a and b below. For individual returns of the loss on line 11 includes a loss the loss from income-producing prodused as an employee.) Identify as from	from line 8, if applications 31 and 38a s from Form 6252 d exchanges from ter the amount from 5, complete lines from Form 4684, operty on Schedul from "Form 4797, Ine 17 excluding the second	icable  implies the state of th	e appropriate line of (b)(ii), enter that pour line 16. (Do not in structions an line 18a. Enter he	of your return and sart of the loss here include any loss on the ere and on	kip lines  Enter property	12 13 14 15 16 17	( )

	9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					r.)	(c) Date sold (mo., day, yr.)
These columns relate to the properties on							
lines 19A through 19D.	<b>&gt;</b>	Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
Depreciation allowed or allowable from line 22	25a						
Enter the <b>smaller</b> of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation							
was used, enter -0- on line 26g, except for a corporation subject to section 291.							
Additional depreciation after 1975. See instructions $ \dots$	26a						
Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
Additional depreciation after 1969 and before 1976	26d						
Enter the <b>smaller</b> of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the <b>smaller</b> of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the <b>smaller</b> of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions							
from income under section 126. See instructions Enter the <b>smaller</b> of line 24 or 29a. See instructions	29a 29b						
mmary of Part III Gains. Complete property of	columns	A through D through	line 29b before	going	to line 30.		
Total gains for all proportion Add proporty columns	Λ thro	ab D. line 04				20	
Total gains for all properties. Add property columns	S A triroug	gn D, line 24				30	
Add property columns A through D lines OFb OGa	070 001	and OOb Enter be	ro and an line 10	,		04	
Add property columns A through D, lines 25b, 26g,					nortion	31	
Subtract line 31 from line 30. Enter the portion from		y or trieft on Form 40	004, III IE 33. ENT	er une p	וטווטוו	20	
rt IV Recapture Amounts Under Section	ns 170	and 280F(h)(2)	When Rusin	ASC I	Ise Drone to	32 50% 0	r I ess
(see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and 2001 (b)(2)	TTICH DUSIN	(	oc brops to	, 55 /0 C	. 2003
(See IIISHUCHOHS)					(=) O = = "		(h) C !!
					(a) Sectio 179	n	(b) Section 280F(b)(2)
					1/9		ZOUF(D)(Z)
Section 179 expense deduction or depreciation allo	owable in	prior years		33			
Recomputed depreciation. See instructions  Reconture amount. Subtract line 34 from line 33. S				34			

Form **4797** (2018)

FORM 4797	PRO	PROPERTY HEI		N ONE YEAR	STATEMENT 5		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS	
CCPEP VIII CCVP IX CCVP X CCNRP VIII CCNRP IX CCSSGPE FUND CCNRP X CCSSGPE FUND II CNRP XI						1,995. 1. -2. 3,285. 31,395. -6. 16,900. -6. 116.	
TOTAL TO 4797, PA	RT I, LINE	2				53,678.	