

| Form | 990-T | E | Exempt Organization Business Income Tax Return OMB No. 1545-0047 | | | | | | | | |
|----------------------|--|----------------------|---|---------------------------------------|---------------------|------------|----------------------|--------------|---|--|--|
| | | | (and proxy tax undo | | | | 20 202 | ^ | 2019 | | |
| | | For ca | lendar year 2019 or other tax year beginning JUL 1, Go to www.irs.gov/Form990T for in: | | | | | - | ZU 19 | | |
| Interna | ment of the Treasury I Revenue Service | • | Do not enter SSN numbers on this form as it may | be mad | e public if your or | ganizatio | | 5 | Open to Public Inspection for 01(c)(3) Organizations Only yer identification number | | |
| A | Check box if address changed | | Name of organization (Check box if name cl | nanged a | ind see instruction | 1S.) | | (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 | | tructions. | | | E Unrelati | ted business activity code structions.) | | |
| F | 408(e) 220(e) | .,,,, | 1001 E. UNIVERSITY AVE | | | | | - | | | |
| \vdash | 408A530(a) 529(a) | | City or town, state or province, country, and ZIP or GEORGETOWN, TX 78626 | rtoreign | postal code | | | 5230 | 000 | | |
| C Boo | | | | • | | | | 5250 | | | |
| ate | k value of all assets nd of year 460,999,7 | 65. | G Check organization type ► X 501(c) corp | oration | 501(c) t | trust | 401(a) |) trust | Other trust | | |
| | | - | tion's unrelated trades or businesses. | 2 | Des | scribe the | e only (or first) un | related | _ | | |
| | le or business here | | | | | | mplete Parts I-V. | | | | |
| | | | ce at the end of the previous sentence, complete Pa | rts I and | II, complete a Sch | nedule M | for each addition | al trade (| or | | |
| | iness, then complete l | | -v. poration a subsidiary in an affiliated group or a paren | ıt-suhsid | iary controlled are | nun? | ▶ [| Yes | x No | | |
| | | | tifying number of the parent corporation. | it Subsid | iary controlled gre | · | | | , <u>[22]</u> NO | | |
| J The | books are in care of | ▶] | BRENDA THOMPSON | | T | elephone | e number 🕨 (| 512) | 863-1956 | | |
| Pai | t I Unrelated | Trac | de or Business Income | | (A) Income | | (B) Expenses | 3 | (C) Net | | |
| | Gross receipts or sale | | | | | | | | | | |
| | Less returns and allov | | c Balance | 1c 2 | | | | | | | |
| | Gross profit. Subtract | | A, line 7)rom line 1c | 3 | | | | | | | |
| | • | | ch Schedule D) | 4a | 444,20 |)1. | | | 444,201. | | |
| | | | art II, line 17) (attach Form 4797) | 4b | | | | | | | |
| | | | sts | 4c | 1000 | | | | | | |
| | | | ship or an S corporation (attach statement) | 5 | -10,90 |)2. | STMT 1 | L | -10,902. | | |
| | Rent income (Schedu Unrelated debt-finance | , , | 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 | | | | | | | |
| | | | e J) | 11 | | | | | | | |
| 12 | Other income (See ins | structior 2 throu | ns; attach schedule) gh 12 | 12 | 433 20 | 9 | | | 433,299. | | |
| Pai | t II Deductio | าร No | ot Taken Elsewhere (See instructions fo | r limitat | ions on deducti | ons.) | | | ±33,233• | | |
| | | | pe directly connected with the unrelated busin | | | , | | | | | |
| 14 | Compensation of offi | icers, di | rectors, and trustees (Schedule K) | | | | | 14 | | | |
| 15 | | | | | | | | 15 | | | |
| 16 17 | | | | | | | | 16 | | | |
| 17 18 | | | ee instructions) | | | | | 17 | | | |
| 19 | | | | | | | | 19 | 4,762. | | |
| 20 | Depreciation (attach | Form 4 | 562) | | 20 | | | | | | |
| 21 | | | n Schedule A and elsewhere on return | | | | | 21b | | | |
| 22 | | | | | | | | 22 | | | |
| 23 24 | | | mpensation plans | | | | | 23 | | | |
| 2 4 25 | | | chedule I) | | | | | 25 | | | |
| 26 | Excess readership co | osts (Sc | hedule J) | | | | | 26 | | | |
| 27 | Other deductions (at | tach sch | nedule) | | SEE S | TATE | MENT 2 | 27 | 1,000. | | |
| 28 | Total deductions. A | dd lines | 14 through 27 | | | | | 28 | 5,762. | | |
| 29 20 | | | ncome before net operating loss deduction. Subtract | | | | | 29 | 427,537. | | |
| 30 | | | loss arising in tax years beginning on or after Januar | | | TATE | MENT 3 | 30 | 0. | | |
| 31 | Unrelated business t | axable i | ncome. Subtract line 30 from line 29 | · · · · · · · · · · · · · · · · · · · | | ······ | | 31 | 427,537. | | |
| 92370 | 01-27-20 LHA F0 | r Paper | work Reduction Act Notice, see instructions. | | <u></u> | | <u></u> | | Form 990-T (2019) | | |

| Part | III . | Total Unrelated Business Taxab | le Income | | | | | TESS / SO Tage E |
|----------|-------------------|--|--|------------------|--------------------|-------------------|-------------|--------------------------|
| 32 | Total of | f unrelated business taxable income computed | from all unrelated trades or busir | nesses (see ir | nstructions) | | 32 | 427,537. |
| | | ts paid for disallowed fringes | | | | | 33 | |
| 34 | Charita | ble contributions (see instructions for limitation | ı rules) | | | | 34 | 0. |
| | | nrelated business taxable income before pre-20 | | | | | 35 | 427,537. |
| | | ion for net operating loss arising in tax years be | | | | | 36 | 427,537. |
| 37 | Total of | unrelated business taxable income before spe | cific deduction. Subtract line 36 f | rom line 35 | | | 37 | |
| 38 | Specific | c deduction (Generally \$1,000, but see line 38 i | nstructions for exceptions) | | | | 38 | 1,000. |
| 39 | Unrelat | ted business taxable income. Subtract line 38 | from line 37. If line 38 is greater | than line 37, | , | | | |
| | | | | | | | 39 | 0. |
| | | Tax Computation | | | | | | |
| | | zations Taxable as Corporations. Multiply line | | | | > | 40 | 0. |
| 41 | | Taxable at Trust Rates. See instructions for ta | • | | | _ | | |
| 40 | | ax rate schedule or Schedule D (Form | , | | | | 41 | |
| 42 | Proxy t | ax. See instructions | | | | | 42 | |
| 43 | Aiterna Tax an | tive minimum tax (trusts only) | | | | | 43 | |
| 44 45 | Total / | Noncompliant Facility Income. See instruction Add lines 42, 43, and 44 to line 40 or 41, which | NS | | | | 44 | 0. |
| Part | V . | Tax and Payments | ενει αμριιεσ | | | | 40 | |
| | | tax credit (corporations attach Form 1118; tru | sts attach Form 1116) | | 46a | | | |
| | | | | | 46b | | | |
| | | | | | 46c | | | |
| d | Credit f | or prior year minimum tax (attach Form 8801 o | | | 46d | | | |
| | | redits. Add lines 46a through 46d | | | | | 46e | |
| 47 | Subtrac | ct line 46e from line 45 | | | | | 47 | 0. |
| 48 | Other to | axes. Check if from: Form 4255 | Form 8611 🔃 Form 8697 📙 | Form 886 | 66 Other | (attach schedule) | 48 | |
| 49 | Total ta | x. Add lines 47 and 48 (see instructions) | | | | | 49 | 0. |
| | | et 965 tax liability paid from Form 965-A or For | | | 1 1 | | 50 | 0. |
| | | nts: A 2018 overpayment credited to 2019 | | | 51a | | - | |
| | | stimated tax payments | | | 51b | | - | |
| C | Tax dep | posited with Form 8868 | | | 51c | | - | |
| | | organizations: Tax paid or withheld at source (| | | 51d | | - | |
| | | withholding (see instructions)or small employer health insurance premiums | | | 51e | | - | |
| | | | (attach Form 6941)rm 2439 | | 51f | | - | |
| y | | | her | Total ▶ | 51g | | | |
| 52 | | · | | | | | 52 | |
| | | red tax penalty (see instructions). Check if Form | | | | | 53 | |
| | | e. If line 52 is less than the total of lines 49, 50 | | | | > | 54 | |
| 55 | Overpa | yment. If line 52 is larger than the total of lines | s 49, 50, and 53, enter amount ov | erpaid | | | 55 | |
| | | ne amount of line 55 you want: Credited to 202 | | | | funded | 56 | |
| Part | | Statements Regarding Certain A | | | • | ctions) | | |
| | - | time during the 2019 calendar year, did the org | | • | - | | | Yes No |
| | | inancial account (bank, securities, or other) in | | - | - | | | |
| | | Form 114, Report of Foreign Bank and Financi | al Accounts. If "Yes," enter the na | ime of the for | eign country | | | v |
| | here During | the tax year did the organization receive a dist | ribution from or was it the grapt | or of or trans | oforor to a foroi | an truct? | | X |
| | _ | the tax year, did the organization receive a dist ' see instructions for other forms the organizati | · · · · · · · · · · · · · · · · · · · | ui ui, ui iialis | sieror to, a forei | yıı ırusır | | |
| | | ne amount of tax-exempt interest received or ac | • | \$ | | | | |
| | Uı | nder penalties of perjury, I declare that I have examined | this return, including accompanying sch | edules and stat | ements, and to the | best of my knowle | dge and be | elief, it is true, |
| Sign | CC | prect, and complete. Declaration of preparer (other than | taxpayer) is based on all information of V | P FOR | FINANCE | e. & 📆 | lov the IDC | discuss this return with |
| Here | | | | DMIN | | | - | shown below (see |
| | | Signature of officer | Date Title | ; | | in | structions) | ? X Yes No |
| | | Print/Type preparer's name | Preparer's signature | Dat | ie | | if PTIN | I |
| Paid | | AMANDA ADAM | | | | self- employed | | 00740000 |
| Prep | | AMANDA ADAMS | | | | F | | 00748038 |
| Use | Only | Firm's name ► CHERRY BEKAE | RT LLP TREE STREET NE, | CIITMI | 2 2200 | Firm's EIN | 56 | 5-0574444 |
| | | Firm's address ATLANTA, G | | POTIE | - 44VV | Phone no. 4 | 104-2 | 209-0954 |
| 923711 0 | 1-27-20 | ALLIANTA, G | | | | T HOHO HO. | | Form 990-T (2019) |
| | | | | | | | | (=010) |

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | ntory v | aluation ► N/A | | | | | |
|---|---|-----------------|---------|---|----------|--|--------------------|---|----|
| 1 Inventory at beginning of year | | | | Inventory at end of yea | r | | 6 | | |
| 2 Purchases | 2 | | | Cost of goods sold. Su | | | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in I | Part I, | | | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7 | | |
| (attach schedule) | | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | | | | property produced or a | | , | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | 1979 5 15 | <u></u> | | X |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Per | sonal Property L | ease | d With Real Prop | erty | 7) | |
| Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | | | |
| ` rent for personal property is more than \ ' of rent for | | | | onal property (if the percentage property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) a | y conne nd 2(b) | ected with the income in (attach schedule) | i |
| (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 | | | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | . ▶ | | 0. |
| Schedule E - Unrelated Dek | ot-Financed | Income (see | instru | ctions) | | • | | | |
| | | | | Orașa in como from | | Deductions directly cor to debt-finan- | | | |
| 1. Description of debt-fit | | | - | 2. Gross income from or allocable to debt- | (a) | Straight line depreciation | | (b) Other deductions | |
| 1. Description of debt-in | nanced property | | | financed property | , | (attach schedule) | | (attach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basi of or allocable to | | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deducti (column 6 x total of col 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | enter here and on page 1, Part I, line 7, column (A). | | Enter here and on page Part I, line 7, column (| |
| Totals | | | | | | 0 | | | 0. |
| Total dividends-received deductions in | ncluded in columi | n 8 | | | | | | | 0. |

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| Sch | nedule F - Interest, <i>F</i> | Annuities | , Royalti | es, an | d Rents | From Co | ntrolle | d Organiza | tions | see ins | struction | ıs) |
|-------------------|--|--|-----------------------------------|----------------------------------|---|--|---|--|-----------|---|--|--|
| | | | | | Exempt (| Controlled O | rganizati | ons | | | | |
| | 1. Name of controlled organizat | ion | 2. Emplidentification | ation | 3. Net unr (loss) (see | elated income instructions) | 4. Tot payr | al of specified nents made | includ | t of column 4 ed in the contr ation's gross i | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | exempt Controlled Organi | zations | | | • | | | | | | | |
| | 7. Taxable Income | | related income e instructions) | (loss) | 9. Total of specified payments made | | | Part of column 9 that is included in the controlling organization's gross income | | | ductions directly connected n income in column 10 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | | Add colun Enter here and line 8, o | | 1, Part I, \). | | dd columns 6 and 11. here and on page 1, Part I, line 8, column (B). |
| Total | | | | | | | ▶ | | | 0. | | 0. |
| Sch | nedule G - Investme | | e of a S | ection | 501(c)(7 | '), (9), or ([·] | 17) Org | janization | | | | |
| _ | (see instructions) 1. Description of income | | | | | 2. Amount of | income | 3. Deductio directly conne | cted | 4. Set- | asides | 5. Total deductions and set-asides |
| (1) | | | | | | | | (attach sched | ule) | (undorre | - Concadic) | (col. 3 plus col. 4) |
| (1) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (') | | | | | | Enter here and | | | | | | Enter here and on page 1, |
| | | | | | | Part I, line 9, co | lumn (A). | | | | | Part I, line 9, column (B). |
| Total | ls | | | | • | | 0. | | | | | 0. |
| | nedule I - Exploited (see instru | - | Activity I | ncome | e, Other | Than Adv | | g Income | | | | |
| | 1. Description of exploited activity | 2. Gr unrelated b income trade or b | ousiness from | directly o with pro of unr | penses connected oduction elated s income | 4. Net incomfrom unrelated business (cominus colum gain, compute through | I trade or Ilumn 2 n 3). If a e cols. 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | 6. Exp attribut colui | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| T.1. 1 | | Enter here page 1, line 10, c | Part I, ol. (A). | page 1 | re and on , Part I, col. (B). | | | | | | | Enter here and on page 1, Part II, line 25. |
| Total | ıs► hedule J - Advertisiı | l na Incom | 0 • • (see in | etruction | 0. | | | | | | | 0. |
| | rt I Income From I | | | | | solidated | Basis | | | | | |
| | 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (co | ising gain ol. 2 minus ain, comput arough 7. | 5. Circulatincome | | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) (2) (3) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Total | s (carry to Part II, line (5)) | ▶ | 0 | | 0 | | | | | | | 0. |
| | | | | | | | | | | | · <u></u> | Form 990-T (2019) |

923731 01-27-20

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 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 26. |
| 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 | 0. | | |

Form **990-T** (2019)

| | | ME (LOSS) | FROM PA | RTNERSHIPS | STATEMENT 1 | | |
|---|--------------|--------------------------------|----------|------------------|---|--|--|
| DESCRIPTION | | | | | NET INCOME OR (LOSS) | | |
| CGDI, LLC - OTHER | INCOME (LOS | SS) | | | -19. | | |
| CCIP VII - OTHER | = | - | | | -82 . | | |
| CCPEP VIII - OTHER IN | | | | | 12,506. 52. | | |
| CCVP X - OTHER INC | • | , | | | 3,499. | | |
| CCNRP VIII - OTHER | R INCOME (LO | SS) | | | 55,896. | | |
| CCNRP IX - OTHER | INCOME (LOSS | 5) | | | 120,821. | | |
| CSSREOP FUND - OTH | | | | | -1,257. | | |
| CSSREO FUND 2014 | SS) | -7,091. | | | | | |
| CCVP XI - OTHER IN | | -6,053 . | | | | | |
| CCSSGPE FUND - OTH CCNRP X - OTHER IN | | | | | -18,164. | | |
| CCSSGPE FUND II - | • | | | | -43,117. -30,091. | | |
| CCVP XII - OTHER | | | | | -27,931. | | |
| CNRP XI - OTHER IN | - | • | | | -45,237. | | |
| CPC FUND 2018 - OT | • | | | | -299. | | |
| CREOF 2018 - OTHER | R INCOME (LO | OSS) | | | -4,570. | | |
| CCVP XIII - OTHER | - | - | | | -4,277 | | |
| CCSSGPE FUND III - | - OTHER INCO | OME (LOSS | () | | -15,488 | | |
| TOTAL INCLUDED ON | FORM 990-T | PAGE 1, | LINE 5 | | -10,902. | | |
| | | | | | | | |
| FORM 990-T | | OTHER | DEDUCTI | ons | STATEMENT 2 | | |
| FORM 990-T DESCRIPTION | | OTHER | DEDUCTI | ONS | STATEMENT 2 AMOUNT | | |
| | EES | OTHER | DEDUCTI | ONS | | | |
| DESCRIPTION | | | DEDUCTI | ONS | AMOUNT | | |
| DESCRIPTION TAX PREPARATION FI | -Т, PAGE 1, | LINE 27 | | | AMOUNT 1,000. | | |
| DESCRIPTION TAX PREPARATION FI | -Т, PAGE 1, | | | | AMOUNT 1,000. | | |
| DESCRIPTION TAX PREPARATION FI TOTAL TO FORM 990- | -Т, PAGE 1, | LINE 27 | G LOSS D | | AMOUNT 1,000. | | |
| DESCRIPTION TAX PREPARATION FI TOTAL TO FORM 990- | -T, PAGE 1, | LINE 27 OPERATIN LOS PREVIO | G LOSS D | EDUCTION LOSS | AMOUNT 1,000. 1,000. STATEMENT 3 AVAILABLE | | |

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 4 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| 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 from an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

1

Department of the Treasury

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

| Name | of the organization SOUTHWESTERN UNIVERSITY | | | Employer ide | | |
|---------------|---|-------|------------|--------------|-----|------------|
| $\overline{}$ | Inrelated Business Activity Code (see instructions) 72251 | 4 | | <u>'</u> | | |
| | Describe the unrelated trade or business PUBLIC ME | | | | | |
| Pai | TI Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net |
| 1a | Gross receipts or sales3,021. | | | | | |
| | Less returns and allowances c Balance ▶ | 1c | 3,021 | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | • | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 3,021 | • | | 3,021. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | - | | | - |
| | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | | |
| | 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 | 3,021 | | | 3,021. |
| 14 | Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K) | come. |) | | 14 | To made Se |
| 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 | Depreciation (attach Form 4562) | | | 1,317. | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | | | 21b | 1,317. |
| 22 | Depletion | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | | 23 | |
| 24 | Employee benefit programs | | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | | | 26 | |
| 27 | Other deductions (attach schedule) | | SEE STA | TEMENT 5 | 27 | 5,194. |
| 28 | Total deductions. Add lines 14 through 27 | | | | 28 | 6,511. |
| 29 | Unrelated business taxable income before net operating loss dedu | | | | 29 | -3,490. |
| 30 | Deduction for net operating loss arising in tax years beginning on o | | | | | |
| | instructions) | | | STMT 6 | 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | 31 | -3,490. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T | (M) | OTHER DEDUCT | 'IONS | STATEMENT 5 |
|--------------|-------------------|-------------------------------|-------------------|------------------------|
| DESCRIPTION | | | | AMOUNT |
| DIRECT PUBL | 4,989 | | | |
| TOTAL TO SCI | HEDULE M, PART II | , LINE 27 | | 5,194. |
| SCHEDULE M | NET | OPERATING LOSS | DEDUCTION | STATEMENT 6 |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 | 5,550. | | 5,550. | 5,550. |
| NOL CARRYOV | ER AVAILABLE THIS | 5,550. | 5,550. | |

| SOUTHWEST | EKN ONT/ | /ERSITY | | | | 74-123 | <u> 3796</u> |) |
|--|----------------------|--|----------|---|------|---|--------------|--|
| Schedule A - Cost of Goods | Sold. Enter | method of inver | ntory v | aluation ▶ N/A | | | | |
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of yea | ır | | 6 | |
| 2 Purchases | | | | Cost of goods sold. St | | | | |
| 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 | | | • | Yes No |
| b Other costs (attach schedule) | | | | property produced or a | , | · | | |
| 5 Total. Add lines 1 through 4b | | | | | | | | X |
| Schedule C - Rent Income (| From Real | Property and | l Per | sonal Property L | ease | d With Real Prop | erty) | |
| (see instructions) | | | | | | • | | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (' / | 2. Rent receiv | ed or accrued | | | | | | |
| (a) From personal property (if the perconal property is more | centage of | (b) From real | and pers | onal property (if the percentage property exceeds 50% or if | ge | 3(a) Deductions directly columns 2(a) ar | connected | ed with the income in ttach schedule) |
| 10% but not more than 50%) | ulali | | | ed on profit or income) | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 0. | /b) Tatal daduations | | |
| (c) Total income. Add totals of columns | | ter | | | ^ | (b) Total deductions. Enter here and on page 1, | | • |
| here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb | | • | | | 0. | Part I, line 6, column (B) | | 0. |
| Schedule E - Unirelated Deb | t-rinanceu | income (see | Instru | ctions) | _ | 0.5 | | |
| | | | 2 | 2. Gross income from | | Deductions directly control to debt-finance | | |
| 1. Description of debt-fin | anced property | | | or allocable to debt- financed property | (a) | Straight line depreciation | | (b) Other deductions |
| · | | | | | | (attach schedule) | | (attach schedule) |
| (4) | | | - | | | | - | |
| (1) | | | - | | | | - | |
| (2) | | | - | | | | - | |
| (3) | | | - | | | | - | |
| (4) | | | + | | | | - | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property h schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (c | 8. Allocable deductions column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | Enter here and on page 1, Part I, line 7, column (A). | | nter here and on page 1, Part I, line 7, column (B). |
| Tatala | | | | . | | 0 | | 0. |
| Totals Total dividends-received deductions in | | | | | | | • | 0. |
| TOTAL UIVIUGIIUS-IGGEIVEU UGUUGIIOIIS III | CIGUEU III CUIUIIII | I U | | | | | - 1 | 0. |

Form **990-T** (2019)

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-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

| SOUTHWESTERN UNIVE | ŀ | 74-1233796 | | | |
|--|---|----------------------------|--|----|--|
| Did the corporation dispose of any investme | nt(s) in a qualified opportur | nity fund during the tax y | ear? | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | ctions for additional require | ements for reporting you | | | |
| Part I Short-Term Capital Ga | ins and Losses (See | instructions.) | | | _ |
| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | Cost (or other basis) | (g) Adjustments to gair or loss from Form(s) 8945 Part I, line 2, column (g) | 9, | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| 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 | | | | | |
| 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 | | | | | 15,575. |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach comput | | | | 6 | (|
| 7 Net short-term capital gain or (loss). Combin | e lines 1a through 6 in column | h | | 7 | 15,575. |
| Part II Long-Term Capital Gai | ns and Losses (See i | nstructions.) | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) | (e) | (g) Adjustments to gain | 1 | (h) Gain or (loss). Subtract |
| This form may be easier to complete if you round off cents to whole dollars. | is form may be easier to complete if you Proceeds Cost or loss from Form(s) 8 | | | | 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 | | | | | |
| 8b 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 | | | | | |
| Form(s) 8949 with Box F checked | | | | | 169,602. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | 259,024. |
| 12 Long-term capital gain from installment sales | | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kin | | | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine | | | | 15 | 428,626. |
| Part III Summary of Parts I and | | | | | |
| 16 Enter excess of net short-term capital gain (lii | ne 7) over net long-term capita | Il loss (line 15) | | 16 | 15,575. |
| 17 Net capital gain. Enter excess of net long-tern | | 17 | 428,626. | | |
| 18 Add lines 16 and 17. Enter here and on Form | | | | 18 | 444,201. |
| Note: If losses exceed gains, see Capital Los | | | | | |
| · | | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form | 1120. | | 8 | Schedule D (Form 1120) 2019 |

921051

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Attachment Sequence N

2019 Attachment 120

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

74-1233796

SOUTHWESTERN UNIVERSITY

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 be the your before a proper 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 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see *Column (e*) ir combine the result Code(s) with column (g) the instructions CCPEP VIII 38. CCVP X <1.> CCNRP VIII 1,252. 3. CCNRP IX 596. CCVP XI CCSSGPE FUND <61.> CCNRP X 9,486. CCSSGPE FUND II 529. CCVP XII 1,081. 1,233. CNRP XI CCSSGPE FUND III 1.419. 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.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

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)

Form 8949 (2019)

Attachment Sequence No. 12A

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 (2019)

74-1233796

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 Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). 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 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment CCIP VII 88. CCPEP VIII 17,590. 3,657. CCVP X <872.> CCNRP VIII CCNRP IX 13,117. CSSREOP FUND 112. 18,058. CCVP XI CCSSGPE FUND <2,384.> CCNRP X <678.> CCSSGPE FUND II 87,201. 10,280. CCVP XII $1, \overline{172}$. CNRP XI 22,261. CCSSGPE FUND III 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 169,602. 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** (2019)

16080511 794483 80158888

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 **2019**

Attachment Sequence No. 27

Form **4/9**Department of the Treasury Internal Revenue Service
Name(s) shown on return

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

dentifying number

| SOT | JTHWESTERN UNIVERS | SITY | | | | | | 74-1233796 |
|----------|--|--|--|--|--|---|-------|---|
| | nter the gross proceeds from sales | • . | • | 019 on Form(s) 10 | 99-B or 1099-S | | | |
| | r substitute statement) that you are rt I Sales or Exchange | e including on line 2 | , 10, or 20 | | | | 1 | |
| Pa | rt I Sales or Exchange Other Than Casua | | | | | | ersic | ons From |
| | Other Than Casua | illy or Theit-Mo | st Property | Telu More III | 1 | · | | 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 allowable since acquisition | (f) Cost or of basis, plus improvements expense of sa | and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| | | | | | | | | |
| ~= | | | | | | | | 050 004 |
| | E STATEMENT 7 | | | | | L | | 259,024. |
| 3 | Gain, if any, from Form 4684, line | | | | | | 3 | |
| 4 | Section 1231 gain from installme | | | | | | 4 | |
| 5 | Section 1231 gain or (loss) from I | | | | | | 5 | |
| 6 | Gain, if any, from line 32, from other | | | | | | 6 | 250 024 |
| 7 | Combine lines 2 through 6. Enter | | | | | | 7 | 259,024. |
| | Partnerships and S corporation line 10, or Form 1120-S, Schedul | | | | or Form 1065, Sch | nedule K, | | |
| | Individuals, partners, S corpora from line 7 on line 11 below and s 1231 losses, or they were recapt the Schedule D filed with your ret | skip lines 8 and 9. If ured in an earlier yea | line 7 is a gain a ar, enter the gair | and you didn't haven In from line 7 as a le | e any prior year se | ction | | |
| 8 | Nonrecaptured net section 1231 | losses from prior year | ars. See instruc | tions | | | 8 | |
| 9 | Subtract line 8 from line 7. If zero | o or less, enter -0 If | line 9 is zero, er | | | Г | | |
| | line 9 is more than zero, enter the | e amount from line 8 | on line 12 below | w and enter the ga | in from line 9 as a | long-term | | |
| | capital gain on the Schedule D fil | led with your return. | See instructions | S | | | 9 | 259,024. |
| Pa | rt II Ordinary Gains an | d Losses (see ins | structions) | | | | | |
| 10 | Ordinary gains and losses not inc | cluded on lines 11 th | rough 16 (includ | de property held 1 | year or less): | | | |
| | | | | T | İ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 | () |
| 12 | Gain, if any, from line 7 or amoun | nt from line 8, if appli | cable | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684 | 4, lines 31 and 38a | | | | | 14 | |
| 15 | Ordinary gain from installment sa | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | | | |
| 17 | | | | | | | 17 | |
| 18 | For all except individual returns, e | | | e appropriate line o | of your return and s | skip lines | | |
| _ | a and b below. For individual retu | . Enter the | | | | | | |
| а | If the loss on line 11 includes a lo | | | | | | | |
| | loss from income-producing prop | | | | | · [| 10- | |
| ل | on property used as an employee | | | | | | 18a | |
| b | Redetermine the gain or (loss) on (Form 1040 or Form 1040-SR), Pa | | | | | 1 | 18b | |
| LH/ | | | | | | | 100 | Form 4797 (2019) |

| (a) Description of section 1245, 1250, 1252, 1254, | or 1255 p | property: | | | (b) Date acqu (mo., day, y | | (c) Date sold (mo., day, yr.) |
|--|-------------|--------------------------|---------------------|-----------|--------------------------------------|-----------|-------------------------------|
| L. | | | | | | | |
| | | | | | | | |
| ; | | | | | | | |
| | | | | | | | |
| These columns relate to the properties on | | | | | | | |
| lines 19A through 19D. | > | Property A | Property | / B | Property | C | Property D |
| Gross sales price (Note: 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: | | | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | | | | | |
| Enter the smaller 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 | 26a | | | | | | |
| o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | | | |
| Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | | | | | |
| Enter the smaller 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. | | | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | | | | |
| Line 27a multiplied by applicable percentage | 27b | | | | | | |
| Enter the smaller 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 smaller 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 smaller 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 properties. Add property self-mass | Λ +bκοιι | ab D. line 04 | | | | 20 | |
| Total gains for all properties. Add property columns | A trirou | gn D, line 24 | | | | 30 | |
| Add property columns A through D. lines 05h, 06a | 070 001 | and OOb Enter he | ro and an line 1 | 2 | |] , , | |
| Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from | | | | | nortion | 31 | |
| from other than casualty or theft on Form 4797, line | | y or trieft off FOITH 46 | oo4, iii le oo. ENI | er trie [| JOI LIOI I | 32 | |
| irt IV Recapture Amounts Under Section | ns 170 | and 280F(h)(2) | When Rusir | iess I | Jse Drops to | 50% c | r Less |
| (see instructions) | 113 | ana 2001 (b)(2) | Dusii | (| Joe Drops to | . Jo /0 C | |
| (SEE II ISH MEHOLIS) | | | | | (=) 0 = = " | | (b) C # |
| | | | | | (a) Sectio 179 | n | (b) Section 280F(b)(2) |
| | | | | | 1/9 | | ZOUF(D)(Z) |
| Section 179 expense deduction or depreciation allo | wable in | prior years | | 33 | | | |
| Recomputed depreciation. See instructions | | | | 34 | I | | |

Form **4797** (2019)

16080511 794483 80158888

| FORM 4797 | PRO | PERTY HEL | D MORE THA | N ONE YEAR | ST. | ATEMENT 7 |
|--|------------------|--------------|----------------|------------|------------------|---|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
| CCPEP VIII CCVP IX CCVP X CCNRP VIII CCNRP IX CSSREOP FUND CCSSGPE FUND CCNRP X CCSSGPE FUND II CNRP XI CCSSGPE FUND III | | | | | | 2,769. -6. -1. 1,173. -1,695. 7,996. 70,312. 136,859. 40,972. 545. 100. |
| TOTAL TO 4797, P. | ART I, LINE | 2 | | | | 259,024. |

Department of the Treasury Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

OMB No. 1545-0123

| | name(s) shown on tax return UTHWESTERN UNIVERSITY | | | Identification number 74-1233796 | | |
|---------------|--|------------|---------------------|----------------------------------|-----------|--|
| If Form 899 | 90 relates to an information return for a foreign entity (for example, Form 547 | 1), enter: | | | | |
| Name of fo | oreign entity | | | | | |
| Employer id | dentification number, if any 🕨 | | | | | |
| | ID number | | | | | |
| Part I | Computation of Allowable Business Interest Expense | | | | | |
| | ompleted by all taxpayers subject to section 163(j). Schedule A and Schedule s a partner or shareholder of a pass-through entity subject to section 163(j). | B need to | be completed before | Part I w | vhen the | |
| Section | I - Business Interest Expense | | | | | |
| 1 Cu | rrent year business interest expense (not including floor plan | | | | | |
| fina | ancing interest expense), before the section 163(j) limitation | 1 | 109 | <u>-</u> | | |
| | sallowed business interest expense carryforwards from prior | | | | | |
| yea | ars. (Does not apply to a partnership) | 2 | | | | |
| 3 Pa | rtner's excess business interest expense treated as paid or | | | | | |
| acc | crued in current year (Schedule A, line 44, column (h)) | 3 | | | | |
| 4 Flo | oor plan financing interest expense. See instructions | 4 | | | | |
| 5 To | tal business interest expense. Add lines 1 through 4 | | > | 5 | 109. | |
| Section | II - Adjusted Taxable Income | | | | | |
| | Taxable Income | | | | | |
| 6 Ta | xable income. See instructions | | | 6 | -3,599 | |
| | Additions (adjustments to be made if amounts are | e taken in | to account on line | 6) | | |
| 7 An | y item of loss or deduction that is not properly allocable to a | | | | | |
| tra | de or business of the taxpayer. See instructions | 7 | | | | |
| 8 An | y business interest expense not from a pass-through entity. See | | | | | |
| ins | structions | 8 | | | | |
| 9 Am | nount of any net operating loss deduction under section 172 | 9 | 427,537 | <u>-</u> | | |
| | nount of any qualified business income deduction allowed under | | | | | |
| | ction 199A | 10 | | | | |
| | duction allowable for depreciation, amortization, or depletion attributable | | | | | |
| to | a trade or business. See instructions | 11 | 1,317 | - | | |
| 12 Am | nount of any loss or deduction items from a pass-through entity. | | | | | |
| | e instructions | 12 | 209,374 | <u>-</u> | | |
| | her additions. See instructions | 13 | | | | |
| 14 To | tal current year partner's excess taxable income (Schedule A, line | | | | | |
| | , column (f)) | 14 | | | | |
| | tal current year S corporation shareholder's excess taxable | | | | | |
| | come (Schedule B, line 46, column (c)) | 15 | | | | |
| <u>16 To</u> | tal. Add lines 7 through 15 | |) | 16 | 638,228. | |
| | Reductions (adjustments to be made if amounts a | are taken | into account on lir | ne 6) | | |
| 17 An | ly item of income or gain that is not properly allocable to a trade | | | | | |
| | business of the taxpayer. See instructions | 17 (| |) | | |
| | by business interest income not from a pass-through entity. See instructions | 18 (| |) | | |
| | nount of any income or gain items from a pass-through entity. | | <u> </u> | | | |
| Se | e instructions | 19 (| 642,673 | •) | | |
| 20 Otl | her reductions. See instructions | 20 (| |) | | |
| 21 To | tal. Combine lines 17 through 20 | | . | 21 | (642,673. | |
| | ljusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter | | | | | |

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| Sect | ion III - Business Interest Income | | | | |
|------|--|-------------------|----------------------|-----------|-----------------|
| 23 | Current year business interest income. See instructions | 23 | | | |
| 24 | Excess business interest income from pass-through entities (total of | | | | |
| | Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | | |
| 25 | Total. Add lines 23 and 24 | | > | 25 | |
| Sect | ion IV - Section 163(j) Limitation Calculations | | | | |
| | Limitation on Business Intere | st Expense | | | |
| | Multiply adjusted toyable income (line 20) by the applicable payantage Coa | | | | |
| 26 | Multiply adjusted taxable income (line 22) by the applicable percentage. See | 26 | | | |
| 27 | instructions Business interest income (line 25) | 27 | | | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | - | |
| 29 | Total. Add lines 26, 27, and 28 | | • | 29 | |
| | Allowable Business Interest | | | | _ |
| 30 | Total current year business interest expense deduction. See instructions . | | | 30 | |
| | Carryforward | | | | |
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero c | or less, enter -0 | D) | 31 | 109. |
| Part | · | | | | |
| | Il is only completed by a partnership that is subject to section 163(j). The partners are not carried forward by the partnership. See the instructions for more information | | w are allocated to t | he partr | ners |
| | Excess Business Interest | Expense | | | |
| 32 | Excess business interest expense. Enter amount from line 31 | | 32 | | |
| | Excess Taxable Income (If you entered an amou | ınt on line 32 | 2, skip lines 33 th | rough : | 37.) |
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0) | | | 33 | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0) | | | 34 | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter- | | | 35 | |
| 36 | Excess taxable income. Multiply line 35 by line 22 | | 36 | | |
| | Excess Business Interest | Income | | | |
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from | line 25. (If zer | o or | | |
| | less, enter -0) | · | | 37 | |
| Part | t III S Corporation Pass-Through Items | | | | |
| | III is only completed by S corporations that are subject to section 163(j). The S cou the instructions for more information. | rporation item | s below are allocate | ed to the | e shareholders. |
| | Excess Taxable Inco | me | | | |
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0) | 38 | | | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0) | 39 | | | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter- | | 40 | | |
| 41 | Excess taxable income. Multiply line 40 by line 22 | | 41 | | |
| | Excess Business Interest | | | | |
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from | line 25. (If zer | o or | | |
| | less, enter -0) | | 42 | | |

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SCHEDULE A Summary of Partner's Section 163(j) Excess Items

| Any ta | Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I. | | | | | | | | | | |
|--------|--|------------|---------------------|--------------------------------|-----------------------------|--------------------------|---------------------------------|--|---|--|--|
| | | | Exces | s Business Interest Exp | ense | (f) Current year | (g) Current year | (h) Excess business | (i) Current year | | |
| | (a) Name of partnership | (b) EIN | (c) Current year | (d) Prior year carryforward | (e) Total ((c) plus (d)) | excess taxable income | excess business interest income | interest expense treated as paid or accrued (see instructions) | excess business interest expense carryforward ((e) minus (h)) | | |
| | CCSSGPE FUND II | | | | | | | | | | |
| 43 | | 81-2852078 | 109. | 0. | 109. | 0. | 0. | 0. | 109. | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 44 | Total | | | | .= | 0. | 0. | 0. | | | |

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

| | (a) Name of S corporation | (b) EIN | (c) Current year excess taxable income | (d) Current year excess business interest income |
|----|---------------------------|---------|--|--|
| 45 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 46 | Total | | 0. | 0. |

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