- 1/									
∮an 990-T	E	Exempt Organization Bus	ine	ss Income Ta	ax Return	ıL	OMB No 1545-0687		
		(and proxy tax und			1900	- [00.40		
′ •	For cal	lendar year 2018 or other tax year beginning $$	20	18 and ending JUI	и 3ò, 2о1	9	2018		
Department of the Treasury		► Go to www irs.gov/Form990T for in				_ L			
Internal Revenue Service	^	Do not enter SSN numbers on this form as it may	be ma	de public if your organiza	tion is a 501(c)(3).	50	pen to Public Inspection for 01(c)(3) Organizations Only		
A Check box if address changed		Name of organization (
B Exempt under section	Print	SALVE REGINA UNIVERSITY	Υ .				5-0259080		
X 501(c()(3)	Or Type	Number, street, and room or suite no. If a P.O. box	c, see ir	nstructions			ed business activity code structions)		
408(e) 220(e)	Type	100 OCHRE POINT AVENUE] `	,		
408A 530(a)		City or town, state or province, country, and ZIP or		n postal code					
529(a)		NEWPORT, RI 02840-419	0			9000	199		
C Book value of all assets at end of year	10	F Group exemption number (See instructions)	<u> </u>						
189,378,2		G Check organization type ► X 501(c) corp		· — · · · · · · · · · · · · · · · · · ·	401(a)		Other trust		
	-		2		the only (or first) un				
		RTNERSHIP INVESTMENTS			complete Parts I-V.		•		
		ce at the end of the previous sentence, complete Pa	rts i an	d II, complete a Schedule	M for each addition	ai trade d	or		
business, then complete F		-v oration a subsidiary in an affiliated group or a parer		diamirante de la constante de		7 ٧	X No		
		information a subsidiary in an armated group of a parentificing number of the parent corporation	11-5005	idially controlled group?		Yes	IA_ INU		
		ICHAEL N. GRANDCHAMP		Telenho	ne number 🕨 4	01 - 3	341-2142		
		le or Business Income		(A) Income	(B) Expenses		(C) Net /		
1a Gross receipts or sales	<u> </u>			(,	(-,,		(1,)		
b Less returns and allow		c Balance ▶	1c						
2 Cost of goods sold (So			2						
3 Gross profit Subtract		•	3			İ			
4a Capital gain net incom	e (attac	h Schedule D)	4a	16,345.			16,345.		
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	11.			11.		
c Capital loss deduction	for trus	sts	4c						
5 Income (loss) from a p	partners	ship or an S corporation (attach statement)	5	-38,321.	STMA 1	L	-38,321.		
6 Rent income (Schedul	e C)		6						
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7						
8 Interest, annuities, roya	alties, ai	nd rents from a controlled organization (Schedule F)	8		<u></u>				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9						
10 Exploited exempt activ	•	` '	10						
11 Advertising income (S		•	11						
12 Other income (See ins		'	12	21 065	· · · · · · · · · · · · · · · · · · ·		-21.965.		
Part II Deduction		gn 12 I t Taken Elsewhere (See instructions fo	13/	-21,965.			-21,965.		
	ontribu	itions, deductions must be directly connected	with t	he unrelated business i	ncome)				
		rectors, and trustees (Schedule K)				14			
15 Salaries and wages	cers, un	ectors, and trustees (Scriedule K)				15			
16 Repairs and maintena	ance					16			
17 Bad debts	11100					17			
18 Interest (attach sched	dule) (se	ee instructions)				18			
19 Taxes and licenses	/ (······································				19			
-	ns (See	e instructions for limitation rules)				20			
21 Depreciation (attach F		· · · · · · · · · · · · · · · · · · ·		21	0.				
22 Less depreciation cla		Sefiedule A and elsewhere on return RECE	EIVE			22b	,		
23 Depletion	/			 ()	•	23			
24 Contributions to defe		mpensation plans	g 20	120 00		24			
Employee benefit pro		IΩI	ט ענ	020 00		25			
26 Excess exempt expen		hedule I)				26	<u></u>		
27 Excess readership co			ΞN,	UT_		27			
28 Other deductions (att		edule)			$ ag{0}$	28			
29 Total deductions Ad		-			28	29	0.		
/		ncome before net operating loss deduction. Subtract			20	30	-21,965.		
•	-	oss arising in tax years beginning on or after Januar	y 1, 20	18 (see instructions)	30	31	21 065		
		ncome. Subtract line 31 from line 30			21	32	-21,965.		
		work Reduction Act Notice see instructions			-		Form 990-T (2018)		

Form 990-T (20	18). SALVE REGINA UNIVERSITY	<u> 05-0259080</u>) Page 2
Part JW	Total Unrelated Business Taxable Income		
33 To	tal of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions) [3\3	74,978.
	nounts paid for disallowed fringes	34	
	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		74,978.
	tal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	20 and 04		
	eclfic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8 20 3	1,000.
	related business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	· · · · · · · · · · · · · · · · · · ·	1,000.
	tor the emailer of zero or line 20	11 11	0
	Tax Computation	1 38	0.
	panizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		0.
40 Tru	ists Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from	n: ,	
L	Tax rate schedule or Schedule D (Form 1041)		
	oxy tax. See instructions	3 ▶ 41	
	ernative minimum tax (trusts only)	5 42	
43 LLTax	on Noncompliant Facility Income, See instructions	12	
44 11 1701	at. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	7 44	0.
PartV	Tax and Payments		
45a For	elgn lax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
b Olh	er credits (see instructions)	(3)	
	neral business credit. Attach Form 3800	£ 1	
d Cre	dit for prior year minimum tax (attach Form 8801 or 8827)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
e Tota	al credits. Add lines 45a through 45d	[C 45e	
	otract line 45e from line 44	46	0.
	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Othe		
		. /	0.
	al tax. Add lines 46 and 47 (see instructions) 8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		0.
		199 C	
	ments: A 2017 overpayment credited to 2018	Sin	
	8 estimated tax payments		
	deposited with Form 8868		
	eign organizations: Tax paid or withheld at source (see instructions)		
	kup withholding (see instructions)Le e 50e		
f Cred	dit for small employer health insurance premiums (attach Form 8941)		
g Othe	er credits, adjustments, and payments: Form 2439	2.55	
	Form 4136 Other Total 50g		
	at payments. Add lines 50a through 50g	5/1	
	mated tax penalty (see instructions), Check If Form 2220 is attached 🕨 🔲	8\ 52	-
	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	9 ▶ 53	
	rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	10 ▶ 54	
		efunded 55	
Part VI	Statements Regarding Certain Activities and Other Information (see Instru	uctions)	-
58 At as	ny time during the 2018 calendar year, did the organization have an interest in or a signature or other author	rity	Yes No
over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to t	le	1.13
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	,	
here			X
57 Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fe	oreion trust?	X
	es," see instructions for other forms the organization may have to file.	,	" "
	r the amount of tax-exempt interest received or accrued during the tax year >\$		
Tu	Inder penalties of period, I declare that I have examined this return, including accompanying schedules and statements, and to the	se best of my knowledge and bal	let. It is true.
Sign c	Inder penalties of periods, I declare that I have examined this return, including accompanying schedules and statements, and to the orrect and complete, peclaretion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge of the other transfer o	ge	
Here	7/10/2020 ADMINISTRATION	T/050	213CO33 UII3 POLOITI WILLI
11	Signature of officer Date Title		shown below (see
	T	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check if PTIN	
Paid	BRENDA L. BOOTH Brenda X. Back 07/10/20	self- employed	404000
Preparer	0.7.207.00		1342395
Use Only	Firm's name ► CBIZ MHM, LLC	Firm's EIN ► 26	-3753134
	500 BOYLSTON STREET		
	Firm's address ► BOSTON, MA 02116	Phone no. 617-7	61-0600
23711 01-09-19			Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	aluation > N/A				
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	ar		6	0.
2 Purchases	2		7	Cost of goods sold S		line 6		_
3 Cost of labor	3		1	from line 5 Enter here				
4 a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes No
b Other costs (attach schedule)		for resale) apply to						
5 Total Add lines 1 through 4b	4b 5		7	the organization?		to to too and apply to		
Schedule C - Rent Income		Property and	Pers		ease	d With Real Prop	ertv)	
(see instructions)							,,	
Description of property								
(1)								<u> </u>
(2)								
(3)		•						
(4)								
	2. Rent receiv	ed or accrued				T	_	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal į	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in attach schedule)
_(1)								
(2)								
(3)								
(4)			-					
Total	0.	Total		· · · · · · · · · · · · · · · · · · ·	0.			
(c) Total income Add totals of columns		ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column	ı (A)	•			0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)				
	- **			Gross income from		3. Deductions directly con to debt-finance	nected v	vith or allocable erty
1 Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)		_		%				
(3)				%				
(4)	· · · -			%		••		·
	·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				.		0	.	0.
Total dividends-received deductions in	icluded in column	ı 8		_				0.
			_					

Form 990-T (2018)

Schedule F - Interest, A	aidioo, 110 ya	itico, air		Controlled O				(266 1112	Struction		
1 Name of controlled organizati	identi	nployer fication nber	3 Net unre	elated income instructions)	4 Tot	ments made includ		5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
/1)											
(1)							 			· · · · · · · · · · · · · · · · · · ·	
(3)									-+		
(4)				_							
Nonexempt Controlled Organia	zations		<u> </u>		Ļ						
7. Taxable Income	8 Net unrelated inco	me (lose)	O Total	of specified payr	nonte	10 Part of colu	mn () that	us included	11 D	eductions directly connected	
/. Taxaala maama	(see instruction		J Total	made	nenis	in the controll	ing organ s income	ization's		h income in column 10	
(1)											
(2)	-							·			
(3)											
(4)											
						Add colum Enter here and line 8. c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totale							(" 0.		0	
_{Totals} Schedule G - Investmei	nt Income of a	Coation	501/a\/7	\ (0) 0 = (17) Ora			0.		0	
see instr		Section	501(6)(7), (9), or (i /) Org	janization					
	ription of income			2 Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)						,	,	_		(es. s product vy	
(2)											
(3)											
(4)											
				Enter here and o						Enter here and on page	
				Part I, line 9, col	lumn (A)					Part I, line 9, column (B)	
Totals			▶		0.					0	
Schedule I - Exploited I (see instru		Income	e, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly control with pro- of unre- business	elated	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										***	
(2)											
(3)		_						_			
(4)						•					
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals Participal Schedule J - Advertisin	0.	Instruction	0.]							0	
Part I Income From F				olidated	Basis						
1 Name of periodical	2 Gross advertising income		3 Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
fotals (carry to Part II, line (5))	>	0.	0	•						0	
	-	-			-					Form 990-T (201	

823731 01-09-19

FOITH 990-1 (2018) SALVE REG						023900	U Page
Partill Income From Perio			ate Basis (For ea	ch periodical	listed in Pa	art II, fill in	
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	on 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, cot (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, D	Directors, and	Trustees (see in	structions)	•		
1 . Name			2. Title	time	Percent of devoted to business		ensation attributable related business
(1)					%		
(2)					%		
(3)		1			%		
(4)					%		
Total. Enter here and on page 1, Part II, Is	ne 14	<u> </u>					0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
NB SECONDARY OPPORTUNITIES FUND IV LP - ORDINARY BUSINESS	
INCOME (LOSS)	-5,276.
TRUEBRIDGE CAPITAL - ORDINARY BUSINESS INCOME (LOSS)	-115.
PARK STREET CAPITAL PRIVATE EQUITY FUND XI, LP - ORDINARY	
BUSINESS INCOME (L	-26,463.
RCP FUND XII, LP - ORDINARY BUSINESS INCOME (LOSS)	6,467.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-38,321.

NET	OPERATING LOSS	DEDUCTION	STATEMENT 2		
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
176,710.	150,608.	26,102.	26,102.		
161,032.	0.	161,032.	161,032.		
34,734.	0.	34,734.	34,734.		
55,725.	0.	55,725.	55,725.		
4,442.	0.	4,442.	4,442.		
32,494.	0.	32,494.	32,494.		
59,653.	0.	59,653.	59,653.		
VER AVAILABLE THIS	YEAR	374,182.	374,182.		
	LOSS SUSTAINED 176,710. 161,032. 34,734. 55,725. 4,442. 32,494. 59,653.	LOSS PREVIOUSLY APPLIED 176,710. 150,608. 161,032. 0. 34,734. 0. 55,725. 0. 4,442. 0. 32,494. 0.	LOSS PREVIOUSLY LOSS REMAINING 176,710. 150,608. 26,102. 161,032. 0. 161,032. 34,734. 0. 34,734. 55,725. 0. 55,725. 4,442. 0. 4,442. 32,494. 0. 32,494. 59,653. 0. 59,653.		

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

2012 2012

Name

Employer identification number

SALVE REGINA UNIVE		05-0259080			
Part∤I Short-Term Capital Gai	ns 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)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
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					
Form(s) 8949 with Box C checked					-5,615.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)		1	6	(
7 Net short-term capital gain or (loss). Combine				. 7	-5,615.
■Partill Long-Term Capital Gai	ns and Losses (See	nstructions)	_		
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)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
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					18,606.
11 Enter gain from Form 4797, line 7 or 9				11	3,354.
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	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine		ı h		15	21,960.
Part\III Summary of Parts I and		Llana (lina 45)		40	
16 Enter excess of net short-term capital gain (lin			- 7)	16	16 245
17 Net capital gain Enter excess of net long-term	,	•	e /)	17	16,345. 16,345.
18 Add lines 16 and 17. Enter here and on Form		per line on other returns	L	18	10,345.
Note: If losses exceed gains, see Capital loss	sa ni uie ilistructions.				

82 105 1 0 1-03- 19

JWA

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

Schedule D (Form 1120) 2018

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

05-0259080

SALVE REGINA UNIVERSITY	05-025908
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 report	rted to the IRS by your

Part I Short-Term. Transact	box to check		 ,				
Part I Short-Term. Transact transactions, see page 2	ions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	nstruction	s) For long-term	
Note: You may aggregate al codes are required. Enter the	I short-term transace totals directly on :	ctions reported on I Schedule D. line 1a	Form(s) 1099 B shov	ving basis was reported to report	d to the IRS	and for which no ac	ijustments or ictions)
You must check Box A, B, or C below.	Check only one bo	X If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separat	le Form 8949, page 1, for	each applicable box
If you have more short-term transactions than will (A) Short-term transactions re	_				-		
(B) Short-term transactions re	•	•	•	•	Note an	ov e)	
X (C) Short-term transactions no			-	eported to the mo			
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss If y	où enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
	1			the instructions	Code(s)	Amount of adjustment	with column (g)
NB SECONDARY							
OPPORTUNITIES FUND							
IV LP							<5,615.
							
-	-						
							
			***	-			
				 - 			
				ļ			
				 			
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						-	
		-					
			1				
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to		, , .					
Schedule D, line 1b (If Box A abo	ove is checked), I	line 2 (if Box B					
above is shocked) or line 2 (if B	au Cabaua ia ah	ookod)					~5 615 ·

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

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

Social security number or taxpayer identification no.

SALVE REGINA UNIVERSITY

05-0259080

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

[Partill] Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions,

see page 1

Note: You may aggregate all long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than 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

X (F) Long-term transactions not	t reported to you	on Form 1099-B					
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
NB SECONDARY							
OPPORTUNITIES FUND							
IV LP							18,605.
PARK STREET							
CAPITAL PRIVATE							
EQUITY FUND							1.
				•			
				-			
		_					
				 · · · - ·			
				 			
	-						
				<u> </u>			
-							
		_					
			·				
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each tot		·					

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)

18,606.

above is checked), or line 10 (if Box F above is checked)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

OMB No 1545-0687

ENTITY 1

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	s of the organization SALVE REGINA UNIVERSITY		Employer identification number 05-0259080				
$\overline{}$	Jurelated business activity code (see instructions) ► 53119	0			00 04		<u></u>
	Describe the unrelated trade or business FACILITIE	S RE	NTAL	_			
Pa	Part I Unrelated Trade or Business Income (A) Income (B) Expense						(C) Net
1 a	Gross receipts or sales				•		
b	Less returns and allowancesc Balance ▶	1c					· · · · · · · · · · · · · · · · · · ·
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u></u>				
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	823,0	92.			823,092.
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled	1					
	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	<u></u>				
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13	823,0	92.			823,092.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u				ıs.) (Exc	ept fo	r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)					14	240 504
15	Salaries and wages					15	312,521.
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	م ح	c 0 1	20	
21	Depreciation (attach Form 4562)		21	156	<u>,681.</u>		156 601
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	l	0.	22b	156,681.
23	Depletion					23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	55,806.
26	Excess exempt expenses (Schedule I)					26	
27	Excess readership costs (Schedule J)					27	000 100
28	Other deductions (attach schedule)		SEE S	STATEMEN'	г 3	28	223,106.
29	Total deductions. Add lines 14 through 28					29	748,114.
30	Unrelated business taxable income before net operating loss deduction	ction Si	ubtract line 29 fro	om line 13		30	74,978.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

74,978.

31

instructions)

SALVE REG	INA UNIV	/ERSITY			05-0259	080				
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation							
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6				
2 Purchases	2		7 Cost of goods sold S	ubtract li	ne 6					
3 Cost of labor	3		from line 5 Enter here	and in P	Part I,					
4a Additional section 263A costs			line 2		L	7				
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No				
b Other costs (attach schedule)	4b		property produced or a	property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5		the organization?							
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	.ease	d With Real Prope	erty) 				
1 Description of property										
(1) CONFERENCE RENTA	L									
(2)										
(3)										
(4)										
	2 Rent receiv	ed or accrued			0(.)0					
' rent for personal property is more	(a) From personal property (if the percentage of rent for personal property is more than of rent for personal property is more than 10% but not more than 50%) (b) From real are of rent for personal property is more than			ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)	0.		823,0	92.		0				
(2)										
(3)										
(4)										
Total	0.	Total	823,0	92.						
(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, columi		•	823,0	<u>92.</u>	Part I, line 6, column (B)	▶ 0.				
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)							
			2. Gross income from		 Deductions directly connected with or allocable to debt-financed property 					
1 Description of debt-financed property			ar alla ashla ta daha		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)		<u>-</u>								
(2)										
(3)										
(4)					.					
		nced property	by column 5 reportabl		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%							
(2)			%							
(3)			%							
(4)			%							
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)				
Totals Total dividends-received deductions in	soludod ia oolumr	. 0	•	Щ.		 				

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
SUPPLIES OCCUPANCY		9,769. 213,337.
TOTAL TO SCHEDULE M, PART II	I, LINE 28	223,106.

4562 Form

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

➤ Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No 1545-0172 2018

Attachment Sequence No 179

SALVE REGINA UNIVERSITY FORM 990-T 05-0259080 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 156,681. 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Don't include listed property See instructions) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (g) Depreciation deduction (a) Classification of property 19a 3-year property b 5-year property 7-year property C 10 year property d 15-year property е 20-year property S/L 25-year property 25 yrs g 27 5 yrs MM S/L Residential rental property h ММ S/L 27 5 yrs MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs 30 yrs С 30-year MM S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 156,681. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

05-0259080 Page 2 SALVE REGINA UNIVERSITY Form 4562 (2018) Part V数 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Y<u>es</u> No 24b If "Yes," is the evidence written?] No_ Yes (b) (c) (e) (g) (h) (a) Type of property (d) Date Elected Rusiness Basis for depreciation Recovery Method/ Depreciation Cost or placed in investment section 179 ness/investment Convention (list vehicles first) other basis period deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use % S/L S/L -% % S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f)

30	Total business/investment miles driven during the year (don't include commuting miles)	Veh	ncle	Veh	nicle	Ver	ucle	Veh	icle	Vel	nicle	Veh	ncle
	Total commuting miles driven during the year Total other personal (noncommuting) miles												
	driven Total miles driven during the year Add lines 30 through 32 Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	during off-duty hours? Was the vehicle used primarily by a more												
36	than 5% owner or related person? Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

<u> </u>	re trial 370 Owners of related persons								
37	Do you maintain a written policy statement the employees?	at prohibits all pe	ersonal use of vehicles	, including commuting	g, by your	Yes	No		
38	Do you maintain a written policy statement the employees? See the instructions for vehicles in				your				
39	39 Do you treat all use of vehicles by employees as personal use?								
40	Do you provide more than five vehicles to you	r employees, obt	taın ınformatıon from y	our employees about					
	the use of the vehicles, and retain the informa	tion received?				<u> </u>			
41	Do you meet the requirements concerning qua	alified automobile	e demonstration use?						
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," don't co	mplete Section B for th	ne covered vehicles					
ĮP,	art VII Amortization								
	(a)	(b)	(c)	(d)	(e)	(f)			

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year					
42 Amortization of costs that begins during your 2018 tax year										
43 Amortization of costs that began before your 2	43									
44 Total. Add amounts in column (f) See the instr	44									