· ス	, , 990-T	Ex	cempt Organ						Retur	n L	OMB No	1545-0687
Forn	ا - گر ون					der section			0/21 16	104 [@(
2.75	. •	For cale	ndar year 2018 or other							g 1 3 .	20	918
•	Introduction of the Treasury	.	► Go to www.irs.g								- Open to Put	blic Inspection for 3
Inter		Do Do	not enter SSN numbers		-				n is a 501(c			ganizations Only &
A L	Check box if address changed		Name of organization (Check b	ox ii nan	ne changed and se	e instruction	15)			yees' trust, see	
		-	UOECEDA HAIT	ZEDCT TV								
_	rempt under section	Print	HOFSTRA UNIV							11 1	-	
X	501(C)(3)	l or	Number, street, and roo	m or suite no	It a P O	box, see instruction	ons				630906	
	408(e) 220(e)	Type	100				. 				ated pusines: structions)	s activity code
	408A530(a)		128 HOFSTRA									
	529(a)	1	City or town, state or p		-	= :	l code					~
	ook value of all assets end of year		HEMPSTEAD, N	NY 11549	-128	<u> </u>			1	53139	90	
	·		up exemption number								4	
	1235224804.	G Che	ck organization type	► X 501	(c) cor	poration	501(c) trust		401(a)	trust	Other trust
			nızatıon's unrelated tra	des or busine	esses	→ 4			Describe	the only	(or first) uni	elated
tr	rade or business her	e ►FAC	CILITY USAGE			It	fonly one,	comple	ete Parts I-	V If more	e than one, o	lescribe the
fı	irst in the blank spa	ce at the	end of the previous s	entence, co	mplete	Parts I and II, co	omplete a S	chedule	e M for eac	h addition	nal	
tr	rade or business, the	en comple	ete Parts III-V				<u> </u>					
I D	During the tax year,	was the	corporation a subsidia	iry in an affil	ıated gr	oup or a parent-	subsidiary (controlle	ed group? .		▶∟	Yes X No
			identifying number of									
J T	he books are in care	e of ▶C.	HENNESSY, VP	FIN AF	FAIRS	3	Telephor	ne numb	ber ▶ 51	6-463-	-6820	
Pa 1a	rt I Unrelated	Trade o	or Business Incor	ne		(A) Inco	me		(B) Expens	ses	(C) Net
	Gross receipts or s	sales	585,988.			•	-	353		2		
b	Less returns and allowa	nces		c Balance ▶	1c	58	5,988.			Chia.		
2 3 4a b c 5 6 7	Cost of goods sol	d (Sched	ule A, line 7)	- 	2			1000	MANUAL SA		F. 18 18 18 18 18 18 18 18 18 18 18 18 18	1 12 12 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15
3	Gross profit Sub	tract line	2 from line 1c	. 100	3	58	5,988.	15 N		TELLAN,		585,988.
4a			ttach Schedule D)		4a							
ь			Part II, line 17) (attach Fo		4b			14g/4	* . *** D	· · ·		\neg
na C			rusts		4c			Sin .		CEI	ヒリ	
5			an S corporation (attach state		5			W	S\$\$ \$27.8	E IN	15	χ
6					6			1				Ŷi
7	,	•	come (Schedule E)		7			la la		<u>1 V</u>		2
8			nts from a controlled organiza		8			Ħ				± j
9			1(c)(7), (9), or (17) organizati		<u> </u>				- O G	DEN	 UT	
10			ncome (Schedule I)		10		-	-			····	
11	•	•	lule J)		11							
12			tions, attach schedule)		12			2870		W. N. Y.	,	
13	•		ough 12			58	5,988.					585,988.
	rt I Deduction	ns Not	Taken Elsewhere	(See insti	ructio			leduct	tions) (E	xcept f	or contrib	
			be directly conne						, (-			,
14			directors, and trustees							. 14		
15	•									·	-	149,890.
16												
17												
18			(see instructions)									4,290.
19										- 1	_	15,808.
20			See instructions for lim								_	16,128.
21			4562)						45,396			
22	Less depressation	claimed	on Schedule A and els	· · · · · · ·	aturn	· · · · · · ·	222		<u>,</u>		· I	45,396.
23						_				22b	 -	
23 24			compensation plans								 	
			compensation plans .								 	28,937.
25 26			Sabadula IV									
26			Schedule I)									
27			chedule J)								 	180,386.
28	Other deductions	(aπach s	chedule)	• • • • • •				AJ	ريم. ۱۲.۲. مارم	, <u>28</u>	 	
. 29	Total deductions.	Add line	s 14 through 28							29	 	440,835.
30			le income before ne								# + + + + + + + + + + + + + + + + + + +	145,153.
31			g loss arising in tax ye							\ 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. M. 8. W.	<u>4.6.73.6675.√</u>
32			e income Subtract line		30	<u> </u>		<u></u>		3/2	L	145,153.
8X274	Paperwork Reducti 40 1,000 56019N 832	ION ACT N	lotice, see instructions	••	77 7	2 0 6=	,		^	\prec	Form	1 990-T (2018)
41	2001AN 835	Y			Λ T	3-8.6F	8	332Y	1	一人	Х	•
· • •										· .	\mathcal{O}	

Form	990-T (Ž					Pa	ge 2
Pai	ot III	Total Unrelated Business Taxab	le income				
33	Total	of unrelated business taxable income co	mputed from all unrelated trac	des or businesses (see			
	instruc	tions)			33	229,55	55.
34	Amoun	ts paid for disallowed fringes			34		
35	Deduct	ion for net operating loss arising in	tax years beginning before J	January 1, 2018 (see			
		tions)			35		
36		of unrelated business taxable income befo					
		33 and 34			36	229,55	55.
37	Specifi	c deduction (Generally \$1,000, but see line 37	instructions for exceptions)	3/7		1,00	
38		ted business taxable Income. Subtract line					
••	enter ti	ne smaller of zero or line 36		24	38	228,55	55.
Pai		Tax Computation			100	220,00	
39		zations Taxable as Corporations. Multiply line	38 by 21% (0.21)	Un S	39	47,99	97.
40	Trusts	Taxable at Trust Rates. See in					
40		ount on line 38 from: Tax rate schedule of	· · · · ·				
44				•			—
41	•	ax. See instructions		· · · · · · · · · · · · · · · · · · ·			—
42		tive minimum tax (trusts only)					
43	Tatal /	Noncompliant Facility Income. See instruction add lines 41, 42, and 43 to line 39 or 40, which	S	·····/16	43	47,99	
44			never applies	<u> </u>	1 44	41,95	"
		Tax and Payments		f ı			
45 a		tax credit (corporations attach Form 1118; tru			4 1		
		redits (see instructions)			4		
		I business credit Attach Form 3800 (see instruc			4		
d	Credit f	or prior year minimum tax (attach Form 8801 o	r 8827) <u>4</u> 5	d	┤ 、│		
		redits. Add lines 45a through 45d			46e		
46		t line 45e from line 44			46	47,99	<u> 37.</u>
47		xes Check If from Form 4255 Form 861			47		
48	Total to	ox. Add lines 46 and 47 (see instructions)			48	47,99	<u> 37.</u>
49		et 965 tax liability paid from Form 965-A or Fo			49		
50 a	Payme	nts: A 2017 overpayment credited to 2018 $\cdot\cdot$		16,413.	- '		
b	2018 e	stimated tax payments		b 45,342.	<u>.</u>		
C	Tax dep	osited with Form 8868	<u>5</u> 0)c]		
đ	Foreign	organizations Tax paid or withheld at source (see instructions) 50)d			
		withholding (see instructions)					
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50)f			
g		edits, adjustments, and payments Form 2	439	.,	7		
	X F	orm 4136 16, 067. Other	Total ► 50	X 16,067.	.		
51	Total p	ayments. Add lines 50a through 50g] à1	77,82	22.
52	Estimat	ed tax penalty (see instructions) Check if Form	2220 is attached	▶ □	52		_
53		. If line 51 is less than the total of lines 48, 49			53		
54		yment. If line 51 is larger than the total of lines			54	29,82	<u> </u>
55		amount of line 54 you want Credited to 2019 est		Refunded	55	29,82	
Par		Statements Regarding Certain A					
56		time during the 2018 calendar year, did				uthority Yes N	No
		financial account (bank, securities, or oth	_	_		·	
		Form 114, Report of Foreign Bank and	•		•		
	here ►) x	(
57	•	he tax year, did the organization receive a dist	shution from or was it the granter	of ar transform to a fore	an tauat?		
٠,	-	see instructions for other forms the organization	•	oi, oi transleioi to, a lore	ign vustr.		—
58		see instructions for other forms the organization amount of tax-exempt interest received or ac					
		der penalities of parjury, I declare that I have examined		les and statements, and to the l	best of my l	cnowledge and belief	it is
Sigr	1 60	e, correct, and complete Declaration of preparer (other than to					
Her		() () ()	1/9/ Catherine Henne			discuss this retu	
		gnature of officer	1/1/20	nt for Financial Affairs		eparer shown beli 32 Yes 1	
		Print/Type preparer's name	Preparer's signature	Date		PTIN	No
Paid		DANIEL ROMANO		7/6/2020 Chec		1	
Prep				1 0011	employed	P00504182	
Use						6-6055558	_
		Firm's address ➤ 757 THIRD AVENUE,	9TH FLOOR, NEW YORK,	NI 1001/ Phon	e no. 212	542-9609	-
ISA.						Form 990-T (20	018 >

Form 990-T (2018)									1	Page 3
Schedule A - Cost of G	oods Sold.	Enter metho	od of invento	ory valuation	>					
1 Inventory at beginning of				6 Inventory	at end of ye	ar	6			
2 • Purchases	2					old. Subtract line				
3 Cost of labor	3			6 from	line 5 Er	nter here and in				
4a Additional section 263A c	osts			Part I, line	2		7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu	ule) . 4b					or acquired for				
5 Total. Add lines 1 through				to the orga	anization? .	<u>,</u>				Х
Schedule C - Rent Income	e (From Rea	Property a	and Persoi	nal Property	Leased V	With Real Proper	ty)			
(see instructions)										
Description of property										
(1)		<u> </u>								
(2)										
(3)										
(4)										
	2. Rent re	ceived or accri	ued							
(a) From personal property (if the for personal property is more the more than 50%)	percen	ntage of rent fo	personal property r personal property based on profit or	exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)			<u> </u>		·					
(2)										
(3)										
(4)					•					
Total		Total								
(c) Total income. Add totals of c here and on page 1, Part I, line 6	, column (A)	▶				(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated D	ebt-Finance	d Income (s	ee instruction	ons)		<u> </u>				
1. Description of del	ot-financed proper	v		income from or o debt-financed			connected with or allocable to need property			
	· · · · · · · · · · · · · · · · · · ·			operty			(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted be of or allocable to debt-financed proper (attach schedule) (attach schedule)		ed property	4 (Column divided column 5		income reportable n 2 x column 6)		Allocable ded mn 6 x total o 3(a) and 3(t	f colum	
(1)				%						
2)				%						
(3)				%						
4)				%						
						re and on page 1, ne 7, column (A)		r here and or I, line 7, colu		
Totals								Form 99	0-T	(2018)

Page 4

1) 1) 2) 3) 4) 10nexempt Controlled Organizations 8. Net unrelated mome (loss) (see instructions) 4. Total of specified payments made payments made organizations gross income or column 5. 1) 2) 3) 4) 10nexempt Controlled Organizations 8. Net unrelated anome (loss) (see instructions) 9. Total of specified payments made organizations gross income organization gross income organizations gross in	Schedule F—Interest, Anni				ntrolled Or							
2) 3) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4)	1. Name of controlled					1	-	d included	included in the controlling		Deductions directly connected with income in column 5	
39. No exempt Controlled Organizations 7. Taxable Income 8. Net unrelated encome (cose) (see instructions) 9. Total of specified payments made 10. Description of income 11. Add columns and 10. Enter here and on page 1. Part 1, ine 8, column (8) 12. Amount of income 12. Amount of income 13. Description of income 14. Secassize (states schedule) 15. Total deductions 16. Total deductions 17. Total description of income 18. Net unrelated in inthe controlling organization's goess income 19. Collab. 10. Add columns and 10. Add columns are set 11. Enter here and on page 1. Part 1, ine 8, column (8). P	(1)											
Nonexempt Controlled Organizations 7. Taxable Income (loss) (see intrinctions) 9. Total of specified payments made 10. Part of column 6 that its included into corrolling organization's gross incomic column 10 11. 22. 30. 41. Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (8) 11. 22. 31. Description of explored activity 12. 32. 33. Description of explored activity 14. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 15. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 16. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 17. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 18. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 19. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 19. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 19. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 19. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 19. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 20. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 21. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 22. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 23. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 24. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 25. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 26. Schedule I - Exploited Exempt Activity Income, Othe	(2)											
10. Part of column 9 that is included in the controlled with number of payments made 10. Part of column 9 that is included in the controlled graph macked with number of payments made 11. Deductions directly connected with number of column 10 12. Part of column 10 13. Part of column 10 14. Part of column 10 15. Part of column 15. Par	3)	1										
7. Taxable Income (boss) (see instructions) 1) 2) 3) 4) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (5) 2) 3) 1) Description of exploded activity Part I, line 9, column (6) Enter here and on page 1, Part I, line 9, column (7) 1) Enter here and on page 1, Part I, line 9, column (8) Enter here and on page 1, Part I, line 9, column (8) Cotals										•	<u>_</u>	
7. Taxable Income (nest) (see instructions)	Nonexempt Controlled Organia	zations										
Add columns 5 and 10 Enter here and on page 1. Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1. Part I, line 8, column (A) Description of income 2 Amount of income 2 Amount of income 3. Deductions directly connected (attach schedule) Part I, line 9, column (B) Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 9, column (B) Enter here and on page 1.	7. Taxable Income		I .		•		inclu	ded in the co	ntrolling		nected with income in	
Add columns 5 and 10 Enter here and page 1, Part I, line 9, column (8) 1 Description of income 2 Amount of income 2 Amount of income 3 Description of exploited activity Income, Other Than Advertising Income (see instructions) 2 Cross unness income 1, Description of exploited activity Income, Other Than Advertising Income (see instructions) 2 Cross unness income 1, Description of exploited activity Income, Other Than Advertising Income (see instructions) 3 Description of exploited activity Income, Other Than Advertising Income (see instructions) 4 Service Income (see instructions) 5 Cross income (see instructions) 5 Cross income (see instructions) 6 Enter here and on page 1, Part I, line 9, column (8) 1 Description of exploited activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity Income, Other Than Advertising Income (see instructions) 2 Cross unness income 1 Description of exploited activity Income, Other Than Advertising Income (see instructions) 3 Description of exploited activity Income, Other Than Advertising Income (see instructions) 4 Description of exploited activity Income, Other Than Advertising Income (see instructions) 5 Cross income (see instructions) 6 Departs Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical 1 Name of penodical 1 Name of penodical 2 Cross advertising income (see instructions) 1 Name of penodical 2 Cross advertising income (see instructions) 3 Direct advertising income (see instructions) 4 Advertising again, compute in a not unrelated business income 3 Direct advertising income (see instructions) 4 Advertising again, compute in a not unrelated business income 1 Name of penodical 1 Name of penodical 2 Cross advertising income (see instructions) 3 Direct advertising income (see instructions) 4 Advertising again, compute in a not unrelated business income 2 Cross advertising income	1)											
Add columns 6 and 10 Enter here and on page 1, Part I, line 8, column (8) **Chedule G—Investment Income of a Section 501(c) (7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Tentr here and on page 1, Part I, line 8, column (8) **Enter here and on page 1, Part I, line 8, column (8) **Enter here and on page 1, Part I, line 8, column (8) **Enter here and on page 1, Part I, line 8, column (8) **Enter here and on page 1, Part I, line 9, column (8) **Enter here and on page 1, P	2)											
Add columns 5 and 10 Fart I, line 8, column (A) Schedule G—Investment Income of a Section 501(c) (7), (9), or (17) Organization (see instructions) 3. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Description of income 3. Description of income 3. Description of income in	3)											
Totals Control of the part	4)					•					<u> </u>	
1 Description of income 2 Amount of income 3. Deductions dracetly connected (attach schedule) 4. Sate-scades (attach schedule) 3. Total deductions and set-assades (col 3 plus col 4) 2) 3) 4) Enter here and on page 1, Part 1, tine 9, column (A) Cotals Consumericated business income from trade or business income 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see Instructions) 4. A Men income (see) 5. Gross income from activity that business income in a grant from trade or business income 1. Description of exploited activity business income infrom trade or business income 1. Description of exploited activity business income 1. Description of exploited activity business income 2. Gross directly business income 3. Expenses from activity that income (see) 4. A Men income (see) 5. Gross income from activity that business income 2. Enter here and on page 1, Part 1, line 9, column 5 music solumn 1 from activity that column 6 music solumn 3 from activity that business income 1. Enter here and on page 1, Part 1, line 10, col (a) line 10, col (b) li				 c)(7), (▶) Orga	Ente Part	r here and on I, line 8, colu	page 1, mn (A)	Ente	er here and on page 1,	
2) 3) 4) Enter here and on page 1, Part I, line 9, column (A) Cotals 1. Description of exploited activity Income (see instructions) 3. Expenses directly income (see) income (see instructions) 4. Net income (see) income from a directly income or from trade or business income from trade or business income from trade or business income 1. Description of exploited activity 2. Enter here and on page 1, Part 1, Inne 10, col (8) 2. Enter here and on page 1, Part 1, Inne 26 Concluding 1. Part 1, Inne 26 Concluding 2. Part 1, Inne 26 Concluding 3. Direct advertising costs 1. Name of penodical 2. Gross advertising costs 2. Gross advertising costs 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising 4. Advertising 3. Direct advertising 4. Advertising 5. Circulation 6. Readership costs 6. Expenses 6.					3. Deduction directly cor	tions inected		4. Se	t-asides		and set-asides (col 3	
3) 4) Enter here and on page 1, Part I, line 9, column (A) Cochedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrelated business income 1. Description of exploited activity 1. Description of exploited activity 2 Gross unrelated business income 1. Description of exploited activity 2 Gross unrelated business income 2 Gross unrelated business income 3. Expenses from unrelated frade or business (activity that is not unrelated is not unrelated business income 3. Enter here and on page 1 a gain, constitution of page 1, Part I, line 9, column 5, but not on page 1, Part I, line 10, col (B) 1 Name of penodical 2 Gross unrelated business income 3. Enter here and on page 6. Expenses attributable to column 5 business income 4 Net income (see instructions) 7. Excess cerepty for business solumn 2 in a gain, compute solumn 3 line 10, col (B) 7. Excess cerepty for business income 8. Enter here and on page 1 and the production of business income 9 Gross attributable to column 5. But not on page 1, Part I, line 26. 1 Name of penodical 1 Name of penodical 2 Gross and a gain or (loss) (col 2 inmus col 3) if a gain, compute cols 5 through 7. 1 Name of penodical 2 Gross and a gain or (loss) (col 2 inmus col 3) if a gain, compute cols 5 through 7. 1 Name of penodical 3 Direct advertising costs and a gain or (loss) (col 2 inmus col 3) if a gain, compute cols 5 through 7. 2 Gross and a gain or (loss) (col 2 inmus col 3) if a gain, compute cols 5 through 7. 3 Gross income 4 Net income 6 Expenses attributable to column 6. 7 Expenses attributable to column 6. 8 Cross income 9 Gross income 1 Name of penodical 1 Name of penodical 2 Gross and a gain or (loss) (col 2 inmus col 3) if a gain, compute cols 5 through 7. 1 Secondary to part II, line (5) Part II	1)						1					
Enter here and on page 1 Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross activity 1. Description of exploited activity 2. Enter here and on page 1, Part 1, Inne 10, col (A) 1. Name of penodical 2. Gross advertising income (see instructions) 2. Gross activity 2. Gross activity 3. Direct advertising gain or (loss) (col 2. Innus activity 3. Direct advertising costs advertising gain or (loss) (col 2. Innus activity 3. Direct advertising costs advertising gain or (loss) (col 2. Innus activity 3. Circulation income 4. Advertising gain or (loss) (col 2. Innus activity 3. Circulation income 4. Advertising gain or (loss) (col 2. Innus activity 3. Circulation income 4. Advertising gain or (loss) (col 2. Innus activity 3. Circulation income 4. Advertising costs in activity 4. Advertising gain or (loss) (col 2. Innus activity 3. Circulation income 4. Readership 3. Circulation 4. Readership 4. Advertising 5. Circulation 6. Readership 6. Readership	2)	1										
Enter here and on page 1. Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see Instructions) 1. Description of exploited activity 2. Gross activity inativity that is not unrelated business income activity inativity inativi	3)											
Part I, line 9, column (6) Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross are more activity that a column 3 if a gain, compute cols 5 through 7 is a gain and proper activity that a column 4 is a column 4 is a column 5 in a gain and activity that a column 4 is a column 5 in a gain and activity that a column 4 in a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a gain and activity that a column 5 in a column 4 in a column 5 in a column 5 in a gain and activity that a column 6 in a c	4)						Ì	***			· · · · · · · · · · · · · · · · · · ·	
1. Description of exploited activity from frequency form trade of business income from activity that is not unrelated business income from activity that is not unre		Part I, line 9, c	column (A)	ner Tha	un Advert	sina la	come	See instri	ctions)		Enter here and on page Part I, line 9, column (B	
2) 3) 4) Enter here and on page 1, Part I, line 10, col (A) Cotals Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical 2 Gross advertising income 2 Gross advertising income 3. Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1) 2) 3) 4) otals (carry to Part II, line (5)) . ▶		2 Gross unrelated business income from trade or	3. Expen directi connected productio unrelati	ses y I with on of ,	4 Net inconfrom unrelated or business 2 minus collif a gain, or	ne (loss) ed trade (column umn 3) ompute	5 Gro from a	ss income ctivity that unrelated	6. Expe	ble to	expenses (column 6 minus column 5, but not more than	
3) 4) Enter here and on page 1, Part I, line 10, col (A) Schedule J – Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical advertising income 2 Gross advertising costs advertising costs 1 Name of penodical advertising costs 1 Name of penodical advertising costs 2 Gross advertising costs 3 Direct advertising costs advertising costs income 3 Direct advertising costs advertising costs income 3 Direct advertising costs income 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 6 Readership costs oolumn 6 minus column 4) 10 21 33 44 45 46 47 47 48 48 49 49 40 40 40 40 40 40 40 40	1)										- =	
Enter here and on page 1, Part 1, line 10, col (A) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 26 Enter here and on page 1, Part 1, line 20 Enter here and on page 1, Part 1, line 20 Enter here and on page 1, Part 1, line 20 Enter here and on page 1, Part 1, line 20 Enter	2)					·				•	'	
Enter here and on page 1, Part I, line 10, col (A) Cotals	3)		•									
page 1, Part I, line 10, col (A) line 10, col (B) page 1, Part I, line 10, col (B) page 1, Part II, line 26 Schedule J- Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical penodical advertising income i	4)		1				,			-		
Income From Periodicals Reported on a Consolidated Basis 1 Name of penodical 2 Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1) 2) 3) 4) 4) 5) Circulation income 6. Readership costs 6 minus column 5, but not more than column 4) 4) 4) 6) 6) 6) 6) 7 Excess readership costs 6 minus column 5, but not more than column 4) 6) 6) 8) 8) 9) 9) 9) 9) 9) 9) 9) 9	otals	page 1, Part I,	page 1, P	arti,						on page 1,		
1 Name of penodical 2 Gross advertising income 3. Direct advertising costs 2 Gross advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1) 2) 3) 4) Otals (carry to Part II, line (5))				oneoli	dated Rac	ie						
1 Name of periodical advertising income 2 Gross advertising costs 3. Direct advertising costs 2 minus col 3) If a gain, compute cols 5 through 7 1) 2) 3) 4) otals (carry to Part II, line (5))	income i fom Feri	Carcara Report	ou on a O	5113071	aateu Das	,1J					1	
2) 3) 4) otals (carry to Part II, line (5)) ▶	·	advertising	ig advertising co		gain or (loss) (col 2 minus col 3) If a gain, compute				1		l .	
2) 3) 4) otals (carry to Part II, line (5)) ▶	4)	_			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	-					######################################	
3) 4) otals (carry to Part II, line (5))									-			
otals (carry to Part II, line (5))									_			
otals (carry to Part II, line (5)) ▶										1		
	4)											
	otals (carry to Part II, line (5))										Form 990-T (2018	

(4)

Total. Enter here and on page 1, Part II, line 14

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.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3 Direct 5. Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1. Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to 2. Title time devoted to unrelated business business (1) (2) % (3) %

Form 990-T (2018)

5

V 18-8.6F

%

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{09/01}{}$, 2018, and ending $\frac{08/31}{}$

► 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 \$3.501(c)(3) Organizations Only

Name of organization
HOFSTRA UNIVERSITY

Employer Identification number 11-1630906

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ INVESTMENTS

'Pai	tI Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Schedule A, line 7)	2		2000 C 2000	247.24		
3	Gross profit Subtract line 2 from line 1c	3			100.63		
4a	Capital gain net income (attach Schedule D)	4a	129,056.	3.0		129,056.	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			272.36		
С	Capital loss deduction for trusts	4c		P-02/1997/1997	230 M		
5	Income (loss) from a partnership or an S corporation (attach	_					
	statement) ATCH 3	5	-105,276.			-105,276.	
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			(%) X		
13	Total. Combine lines 3 through 12	13	23,780.			23,780.	
14	deductions must be directly connected with the ur Compensation of officers, directors, and trustees (Schedule K)		<u> </u>		. 14	<u> </u>	
15	Salaries and wages	_				4,881.	
16	Repairs and maintenance					1,001.	
17							
18	Bad debts						
19	Interest (attach schedule) (see instructions)					1,335.	
20	Taxes and licenses					942.	
21	Depreciation (attach Form 4562)				- 20		
22	Less depreciation claimed on Schedule A and elsewhere on re				22b		
23	Depletion		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		,	
23 24	Contributions to deferred compensation plans						
25	Employee benefit programs						
26	Excess exempt expenses (Schedule I).						
27	Excess readership costs (Schedule J)						
28	Other deductions (attach schedule)					8,147.	
29	Total deductions. Add lines 14 through 28					15,305.	
30	Unrelated business taxable income before net operating					8,475.	
31	Deduction for net operating loss arising in tax years						
	Instructions)	_	=				
3 2	Unrelated husiness taxable income. Subtract line 31 from line				32	8.475.	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of organization ► 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 \$7.50 (0) Organizations Only

4,750.

HOFSTRA UNIVERSITY

Unrelated business activity code (see instructions) ▶ 519100

Exploited exempt activity income (Schedule I)

Total. Combine lines 3 through 12,

Employer identification number 11-1630906

Describe the unrelated trade or business ► SPONSORSHIP/ADVERTISING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 4,750. Gross receipts or sales 4,750 Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 4,750 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17)

4,750.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

10

	•		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		365.
20	Charitable contributions (See instructions for limitation rules)		372.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	,
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	E .	
28	Other deductions (attach schedule)		530.
29	Total deductions. Add lines 14 through 28.	1.	1,399.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	3,351.
31			
	instructions).		
32	Unrelated business taxable income Subtract line 31 from line 30		2 251

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

10

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{-09/01}{}$, 2018, and ending $\frac{-08/31}{}$, 20 $\frac{19}{}$

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

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

501(c)(3). Spent to Public Inspection (C)(3). Spent to Public Inspection (C)(3) Organization

Name of organization
HOFSTRA UNIVERSITY

Employer identification number 11-1630906

Unrelated business activity code (see instructions) ▶ 722320

	Describe the unrelated trade or business ► CATERING		T	,		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 91,616.					
b	Less returns and allowances c Balance	1c	91,616.			• •
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	91,616.	774(ABB)427(ABB)		91,616.
4a	Capital gain net income (attach Schedule D)	4a		3.0000000000000000000000000000000000000	***	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			2793	
С	Capital loss deduction for trusts	4c		CASSAGE HE		
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	91,616.			91,616.
Pa	deductions must be directly connected with the ur	relat	ed business income)	, , ,		tions,
14	Compensation of officers, directors, and trustees (Schedule K)					
15	Salaries and wages					2,542.
16	Repairs and maintenance					
17	Bad debts					
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	7,904.
20	Charitable contributions (See instructions for limitation rules)		1 1		20	8,064.
21	Depreciation (attach Form 4562)					,
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	
23	Depletion				23	

Employee benefit programs

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

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

V 18-8.6F

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

29

31

530.

19,040.

72,576.

72,576.

24

25

26

27

29

30

• ,	ATTACHMENT 1
FORM 990T - PART II - LINE 18 - INTEREST	
INTEREST ALLOCATION TO FINANCE BUILDING USED IN UNRELATED BUSINESS ACTIVITIES .	4,290.
PART II - IINE 18 - INTEREST	4.290

FACILITY USAGE/LICENSING AGREEMENTS

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	585,988
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	•
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	424,708
	161,280
	*10%
CHARITABLE CONTRIBUTION LIMITATION	16,128
CHARITABLE CONTRIBUTION	(0.621
CIMICIADES CONTRIBUTION	60,531
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	16,128

. •

ATTACHMENT	2	

FORM 990T	-	PART	ΙI	_	LINE	28	-	TOTAL	OTHER	DEDUCTIONS
-----------	---	------	----	---	------	----	---	-------	-------	------------

SUPPLIES AND OTHER EXPENSES	41,930.
UTILITIES	61,892.
EQUIPMENT EXPENSES	3,311.
PLANT EXPENSES	68,362.
TRAVEL	121.
TAX REVIEW FEES	4,770.

PART II - LINE 28 - OTHER DEDUCTIONS

180,386.

11-1630906

ATTACHMENT 3

INVESTMENTS

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

-105,276.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-105,276.

INVESTMENTS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER 14,364 9,416 *10% CHARITABLE CONTRIBUTION LIMITATION 942 CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) 942

11-1630906

ATTACHMENT 4

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TAX REVIEW FEES

4,770.

ALLOCATION OF INVESTMENT FEES

3,377.

PART II - LINE 28 - OTHER DEDUCTIONS

8,147.

SPONSORSHIP/ADVERTISING

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER 1,027 3,723 *10% CHARITABLE CONTRIBUTION LIMITATION 372 CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) 372

11-1630906

ATTACHMENT 5

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TAX REVIEW FEES

530.

PART II - LINE 28 - OTHER DEDUCTIONS

530.

CATERING

SCHEDULE M - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	91,616
ADD. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	-
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	10,976
	80,640
	*10%
CHARITABLE CONTRIBUTION LIMITATION	8,064
CHARITABLE CONTRIBUTION	60,531
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	8,064

11-1630906 ATTACHMENT 6

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TAX REVIEW FEES

530.

PART II - LINE 28 - OTHER DEDUCTIONS

530.

18

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

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.

OMB No 1545-0172

Attachment Sequence No 179

Identifying number

HOFSTRA UNIVERSITY

11-1630906

		N1						
_	ENERAL DEPRECIATIO		1 . (0 4	470				
Pa	rt 1 Election To Expense (Note: If you have any li	sted property, cor	nplete Part	V before				
1	Maximum amount (see instructions)						1	
2	Total cost of section 179 property p							
3	Threshold cost of section 179 prope							
4 5	Reduction in limitation Subtract line Dollar limitation for tax year. Subtract line 4 fro separately, see instructions	m ime 1 If zero or less, enter	 If married films 					
6	(a) Description				usiness use onl			
								1
								1
7	Listed property Enter the amount fro	om line 29			7]
8	Total elected cost of section 179 pro						В	1
9	Tentative deduction. Enter the small	er of line 5 or line 8 .					9	
10	Carryover of disallowed deduction for	rom line 13 of your 20	17 Form 4562				10	
11	Business income limitation. Enter the							
12	Section 179 expense deduction. Add	d lines 9 and 10, but o	don't enter mo	ore than line	∍11 <u></u>	<u> </u>	12	<u> </u>
13	Carryover of disallowed deduction to				▶ 13	<u> </u>		<u> </u>
	: Don't use Part II or Part III below for	····	 					
Pa	rt II Special Depreciation A	Allowance and Ot	her Deprec	iation (D	on't include	listed proper	ty. See ins	tructions.)
14	Special depreciation allowance for							
	during the tax year. See instructions							
	Property subject to section 168(f)(1)							
16	Other depreciation (including ACRS)	5 2 2 2 2 2 5 2 4 5 5 4 5 5 4 5 5 5 5 5 5	<u> </u>				16	<u> </u>
Pa	rt III MACRS Depreciation (Don't include listed			tions.)			
	***************************************			tion A			1.5	45,393
	MACRS deductions for assets place	•						43,393
10	If you are electing to group any asset accounts, check here	•	•	•			<u>al</u>	
	Section B - Assets	Placed In Service	During 201	R Tay Yes	r Heina the	General Den	recistion S	tvetem
	Oction D 7 Abbett	(b) Month and year	(c) Basis for			ochora: Dap	Tociadon e) stom
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property	SEE						
	5-year property	DETAIL						<u> </u>
	7-year property					-		<u></u>
	10-year property	 	<u></u>				<u> </u>	
	15-year property							
	20-year property				25.00		S/L	·····
	25-year property	-			25 yrs. 27 5 yrs	MM	S/L	
	Residential rental					MM		-
	property	VAR		4,046.	27 5 yrs 39 yrs	MM	S/L S/L	3.
_	Nonresidential real property	VAN		4,040.	39 yrs	MM	S/L	٠,
	Section C - Assets F	Placed in Service D	uring 2019	Tay Year	Using the		1	Sustam
202	Class life	laced III Selvice D	uring 2016	IAX I GAI	Using the A	Alternative De	S/L	J
	12-year				12 yrs.	-	S/L	
	30-year				30 yrs.	MM	S/L	
	40-year	 			40 yrs.	MM	S/L	
	t IV Summary (See instruct	ions)	<u>.</u>	:	yia.	141 [4]	J/L	1
	Listed property Enter amount from h				·		21	<u>r. </u>
	Total. Add amounts from line 12,		tinee 10 o	 nd 20 ln 4	colume (a)	and line 21 Fe	nter 21	`
	here and on the appropriate lines of y	our return Partnership	ps and S corp	orations - s	ee instruction		22	45,396
23	For assets shown above and plac portion of the basis attributable to se	ed in service during	the current	year, ent	er the 23	T		1

11-1630906

For	m 4562 (2018)														Page ∡
P		operty (include ent, recreation, c			certai	n oth	er ve	hicles	s, certa	in aiı	rcraft,	and	prope	ty us	ed fo
		ny vehicle for wh			a the s	tandaro	d milea	ae rai	e or ded	fuctina	lease	expens	e. com	olete o	nlv 24a
	24b, column	s (a) through (c) o	f Section A,	all of	Section	B, and	Section	Cifa	pplicable			о <i>г</i> ф опо			,
	Section A -	Depreciation and	Other Info	rmatic	on (Cauti	lon: Se			ions for l	mits fo	r passe	nger a	utomobil	es.)	
24	a Do you have evidence	e to support the bus	iness/investm	ent use	e claimed	? <u> </u>	es X	No	24b If "	res," is	the evide	ence writ	ten?	Yes	X No
	(a)	(b)	(c)		(d)		(e)		(f)	((g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us	e Cost	or other b		ısis for dep usiness/inv	estment	Recovery period		thod/ æntion		reciation fuction	1	section 179 :ost
	<u> </u>	l	percentage				use oni	``	J		- INOI	1 400	iucion	<u> </u>	
25	Special depreciation														
	the tax year and us					e. See	instruc	tions			. 25	<u></u>		l	
20	Property used mor	e man 50% in a q	1	$\overline{}$	se:										
_			 	<u>% </u>						<u> </u>		<u> </u>		┞——	
_			+	% %											
27	Property used 50%	or loss in a qualif							<u> </u>			L		<u> </u>	
	Property used 50 A	or iess in a qualii	T .	wse.						S/L -		1		1	
			+	/ <u>~</u> %					 	S/L -		+		-	
			1	<u>/</u>			-,		l	S/L -		 		ł	
20	Add amounts in co	lump (h) lines 25	·	~	boro or	- L	21 -	1	i		1 00	 		1	
29	Add amounts in co	lumn (i), lines 25 lumn (i), line 26, F	inter here a	nd on	line 7 n	ia on ii ene 1	ne 21, j	age i	• • • • •		. 28		30	 	
	7 Ida dinodino in oo	14 (1), 1110 20. 2								· · · ·		••••	. 29		
٠~،	mplete this section for	r vobiolog used by			Informa						ماملمان		I£		
	our employees, first ans													TOVIDED	venice
		•	T		(a)	r	(b)	T	(c)	г	d)		(e)		(f)
	T-4-1 b				nicle 1		icle 2	V.	ehicle 3		icle 4		nicle 5		icle 6
30	Total business/inve							Ì							
31	Total commuting m		Г					 		 		 		<u> </u>	
	_	ersonal (nonco	· · ·					 		 		 			
-	miles driven	,	٠, ١												
33	Total miles driver							 				<u> </u>		 	
"	lines 30 through 32				-										
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
,-	use during off-duty		· r			100		1.00	1.00	100	110		+	103	1.0
35	Was the vehicle				 		 					†	1		
-	than 5% owner or re											ŀ	1		
36					†		†	t				i i	†		<u> </u>
	use?									İ		1			
		ction C - Questic		plove	rs Who	Provi	ide Vel	hicles	for Use	hv Th	eir Fm	nlove	 AS	L	
٩ns	swer these questions			-						-		-		who a	ren't
	re than 5% owners o				орион (p.cg		J., D 101		0 0000	D , 0	p.0,000		
	Do you maintain a	-			ohibits :	all per	sonal II	sa of	vehicles	includ	lina co	mmutu	na by	Yes	No
•	your employees?								***********				ig. Dy		
38	Do you maintain a	written policy s	tatement th	nat pr	ohibits	person	al use	of ve	hicles, e	xcept o	commu	ting, b	y your		
	employees? See the	e instructions for	vehicles use	d by c	orporate	office	rs. direc	ctors.	or 1% or	more o	wners	_			
39		of vehicles by em	ployees as p	erson	al use?										
0	Do you provide m	ore than five vel	hicles to yo	ur en	nployees	s, obta	in infoi	matio	n from	your er	nploye	s abo	ut the		
	use of the vehicles,														L
11	Do you meet the re-	quirements conce	rning qualific	ed aut	omobile	demo	nstratio	n use	See inst	truction	s				
	Note: If your answe		0, or 41 is "	Yes," c	don't co	mplete	Section	B for	the cove	red vel	ricles.				
Рa	rt VI Amortizati	on													
	4-1		(b)			(-)		1	4.00		(e			(5)	
	(a) Description of	costs	Date amonth	zation	Am	(c) ortizable	amount	- 1	(d) Code se	ction	Amerti perlo		Amortiza	(f) tion for ti	ale vear
			begins								percer		71110112		
2	Amortization of cos	ts that begins duri	ng your 201	8 tax	year (se	e instru	ıctions)	: .							
					l										
3	Amortization of cost											43			
4	Total. Add amounts	s in column (f) Se	e the instru	ctions	for whe	re to re	port	<u> </u>	<u> </u>	<u> </u>		44			
šA.							_						Fo	m 456	2 (2018)
	10 1 000													20	
	56019N 832Y				V 1	8-8.6	F		832Y						

SCHEDULE D (Form 1120)

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-C-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

2018

▶ Go to www.lrs.gov/Form1120 for Instructions and the latest information.

Employer Identification number

HOF	STRA UNIVERSITY			1	1	11-1630906
Par	Short-Term Capital Gains 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line	1(8)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
10	whide delars. I Totals for all short-term transactions reported on Form 1089-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			column (g)		the result with column (g)
11	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					9,154.
4	Short-term capital gain from installment sales from i	Form 6252, line 26 or 3	97		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824	· · · · · · · · · · · · · · · ·		5	
6	Unused capital loss carryover (attach computation)				6	()
	Net short-term capital gain or (loss). Combine lines				7	9,154.
Par		(See instructions.) 	I to be altered as a second	(I (th) College (fores)
	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 (seles price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lin column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
88	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 Bb					
8 to	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					118,974.
11						
	Enter gain from Form 4797, line 7 or 9				11	928.
12	Enter gain from Form 4797, line 7 or 9 Long-term capital gain from Installment sales from F				11	928.
12 13		orm 6252, line 26 or 3				928.
	Long-term capital gain from Installment sales from F	orm 6252, line 26 or 3	7		12	928.
13	Long-term capital gain from Installment sales from F Long-term capital gain or (loss) from like-kind exchan Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8	orm 6252, line 26 or 3 ges from Form 8824	7		12	928.
13 14 16	Long-term capital gain from Installment sales from F Long-term capital gain or (loss) from like-kind exchan Capital gain distributions (see instructions)	orm 6252, line 26 or 3 ges from Form 8824	7		13	
13 14 16	Long-term capital gain from Installment sales from F Long-term capital gain or (loss) from like-kind exchan Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8	orm 6252, line 26 or 3 ges from Form 8824 a through 14 in column	7		13	
13 14 16 Part	Long-term capital gain from Installment sales from F Long-term capital gain or (loss) from like-kind exchan Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8: Summary of Parts I and II	ges from Form 8824 a through 14 in column ver net long-term capita	7	ss (line 7)	12 13 14 15	119,902.

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

Schedule D (Form 1120) 2018

Form **8949**

Sales and Other Dispositions of Capital Assets

▶ Go to www.lrs.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

2018

Attachment
Sequence No 12A

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

Social security number or taxpayer identification number

11-1630900

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate 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☐ (C) Short-term transactions	reported on not reported	Form(s) 1099 I to you on F	9-B showing bas orm 1099-B	sis wasn't report	ed to the IF	rs	•
1			(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e	
	(Example: 100 sh XYZ Co)			(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
<u>Gai</u>	n from LP Investments			·				9,154
			••••	<u></u>				
							-	
	Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and incli is checked), line	ude on your e 2 (if Box B	:				9.154

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.

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

Social security number or taxpayer identification number

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

Part II

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IRS

		,					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	or Proceeds S of (sales price) a	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, I If you enter an enter a c See the ser	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo , day, yr.)	disposed of (Mo , day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Gain from LP Investments							118,974
		-					
							:
1							
2 Totals. Add the amounts in columns negative amounts) Enter each total	(d), (e), (g), and I here and incl	(h) (subtract					
Schedule D, line 8b (if Box D above	ıs checked), lin	e 9 (if Box E			ĺ		440.074

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)

Credit for Federal Tax Paid on Fuels

OMB No 1545-0162

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachment Sequence No 23

Name (as shown on your income tax return)	ur income tax return) Taxpayer identification number						
Hofstra University				11-	-173090	06	

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1	Nontaxable Use of Gasoline Note: CRN is credit reference number.								
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN			
а	Off-highway business use	•	\$.183	1					
b	Use on a farm for farming purposes	4 '	.183	}		362			
C	Other nontaxable use (see Caution above line 1)	13	.183	55,744	\$ 10,201	-			
d	Exported		184	-		411			

Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)	_	\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)		.193			324
C	Exported		194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

Nontaxable Use of Undyed Diesel Fuel

	Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here								
		(d) Amount of credi	(e) CRN						
а	Nontaxable use	13	\$ 243	22,843					
b	Use on a farm for farming purposes		243		\$ 5,551	360			
C	Use in trains		243			353			
đ	Use in certain intercity and local buses (see Caution above line 1)		.17			350			
е	Exported		244			413			

Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene dld not contain visible Exception. If any of the kerosene included in this claim d		ence of dye	, attach an explan	ation and check here ▶	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$ 243	1		
b	Use on a farm for farming purposes		243	J	\$	346
C	Use in certain intercity and local buses (see Caution above line 1)		17			347
d	Exported		244			414
е	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$ 200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355
C	Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369
е	LUST tax on aviation fuels used in foreign trade		.001			433

Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifles that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Use by a state or local government	\$ 243		\$		360
b	Use In certain Intercity and local buses	.17				350

Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

	Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here					
	* **-	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
a	Use by a state or local government	\$.243	1			
b	Sales from a blocked pump	.243		 \$	346	
c	Use in certain intercity and local buses	.17			347	

Sales by Registered Ultimate Vendors of Kerosene For Use In Avlation Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ 175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$ 244		.200			417
C	Nonexempt use in noncommercial aviation		.025			418
d	Other nontaxable uses taxed at \$.244		243			346
8	Other nontaxable uses taxed at \$.219		218			369
f	LUST tax on aviation fuels used in foreign trade		.001			433

10 Reserved for future use

Reserved for future use

Registration No. ▶

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
а	Reserved for future use			\$	- 1
b	Reserved for future use		-		- (
C	Reserved for future use	,		18 7	1

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of cre	dit (e) C	RN
а	Liquefied petroleum gas (LPG) (see instructions)		\$ 183		\$	419	9
þ	"P Series" fuels		183			420	0
C	Compressed natural gas (CNG) (see instructions)	13	.183	1,722	315	42	<u> </u>
d	Liquefied hydrogen		.183			422	2
e	Fischer-Tropsch process liquid fuel from coal (including peat)		.243			42:	3
f	Liquid fuel derived from biomass		.243			424	4
g	Liquefied natural gas (LNG) (see Instructions)		.243			42	5
h	Liquefied gas derived from biomass		.183			43	5

12 Reserved for future use Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Reserved for future use	-		\$.	
b	Reserved for future use	-			1
C	Reserved for future use	_	:	冠 足 37 .	. 4
d	Reserved for future use	* &r	/		. 1
е	Reserved for future use	}_			
f	Reserved for future use	-	-		_ [
g	Reserved for future use			,	1
h	Reserved for future use	,		-	' 1
i	Reserved for future use	, 	The second of the second		

13 Registered Credit Card Issuers

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b	Kerosene sold for the exclusive use of a state or local government	.243			346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Nontaxable use		\$.197		\$	309	
<u>b</u>	Exported		.198			306	

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$ 001	•	\$		415
b	Exported dyed kerosene	.001				416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 5 (Form 1040), line 73; Form 1120, Schedule J, line 20b; Form 1120S, line 23c; Form			
	1041, line 25h; or the proper line of other returns. ►	17	\$ 16,067	