		>	EXTENDED TO						700		
Form	990-T	•	Exempt Organization Bu and proxy tax ur					ax K	eturr 100	וו	OMB No 1545-0687
•	-	For cal	lender year 2018 or other tax year beginning JUL 1,		CCII		oo(e)) ending JUN				2012
		10,00	Go to www.irs.gov/Form990T fo		tions					-	2010
	tment of the Treasury al Revenue Service		Do not enter SSN numbers on this form as it n						i01(c)(3).	. [Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if nam			_				D Empl (Emp	oyer identification number lloyees' trust, see actions)
		D-!-4	NATIONAL INTUERSITY							Insu	23-7172306
	kempt under section 501(c % 3)	Print or	NATIONAL UNIVERSITY Number, street, and room or suite no. If a P.O.	hov cod	ınotri	uotiono				E Unrel	ated business activity code
A	408(e) 220(e)	Туре	11355 NORTH TORREY PINES ROAD	00x, 566	1115111	uctions.				(See	instructions)
	408A 530(a)		City or town, state or province, country, and ZII	or fore	ian na	nstal code	 !			1	
	529(a)		LA JOLLA, CA 92037-1013	01 1010	·9·· p·					5311	10
C Boo	ok value of all assets and of year		F Group exemption number (See instructions.)								•
	977,804,	219.	G Check organization type ► x 501(c) c	orporat	on	5	01(c) trust		401(a) trust	Other trust
		•	tion's unrelated trades or businesses. 🕨 🔃	2			_	the only (c			
			ERENCE FACILITY LAB RENTALS				. If only one,				
			ce at the end of the previous sentence, complete	Parts I	and II,	, complete	e a Schedule	M for eacl	n addition	ial trade	or
	siness, then complete						lad avana0			· · · · · ·	es X No
			oration a subsidiary in an affiliated group or a pa ifying number of the parent corporation.	irent-sui	ISIOIAI	ry control	iea group?			Ye	es (A) NO
			IICHELLE BELLO, ASSOCIATE V.C. F	IN			Telenh	one numbe	r > (858)	642-8636
Pa			le or Business Income		Τ	(A) In			Expense		(C) Net
Ь	Gross receipts or sale	!S			\top					1	
	Less returns and allow		c Balance	► 1c		i	RECE	EIVEC)	[
2	Cost of goods sold (S	chedule	A, line 7)	2					၂ပ္ဟ		
3	Gross profit. Subtract	line 2 fr	om line 1c	3)6	11.119	9 2021	ιlő		
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a		ĬĞİ	JUL A	D LOL	S		
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		<u> </u>	25 25 PS P		<u></u>		
C	Capital loss deduction	for trus	ets	4c	Д	<u> </u>	<u>ogde</u>	<u>:N, U</u>	<u> </u>		
	` '	•	thip or an S corporation (attach statement)	5	4						
	Rent income (Schedu	•		6			67,280.		53	,742.	13,538.
	Unrelated debt-financ		, ,	7	+						
	•		nd rents from a controlled organization (Schedule		+						
	Exploited exempt active		n 501(c)(7), (9), or (17) organization (Schedule	G) 9 10	+						
	Advertising income (S	-	,	11							
	Other income (See ins		•	12	_		-				
	Total. Combine lines		•	13	\neg		67,280.		53	,742.	13,538.
			t Taken Elsewhere (See instructions	for lim	itatio	ns on de	ductions)				
			itions, deductions must be directly connec					income)			
14	Compensation of off	icers, dir	ectors, and trustees (Schedule K)							14	
15	Salaries and wages									15	
_16	Repairs and mainten	ance								16	
0717 0718	Bad debts									17	
	Interest (attach sche	dule) (se	ee instructions)							18	
- 19	Taxes and licenses		e instructions for limitation rules) STATEMEN	m 4		CEE	STATEMEN	ım 2		19	0.
™20		•	matractions for initiation rules)	1 4		SEE		11 2		20	<u> </u>
21 22	Depreciation (attach		(62) Schedule A and elsewhere on return				21 22a	<u></u>		22b	
	Depletion	1111160 01	Schedule A and eisewhere on return				[22a]			23	
1 124	Contributions to defe	erred cor	mnensation plans							24	
Z ₂₅	Employee benefit pro								1	25	
23 Li24 E25 E26 E27	Excess exempt exper	-	hedule i)							26	
327	Excess readership co	•	•							27	
£28	Other deductions (at	•	•			SEE	STATEMEN	T 3		28	1,500.
29	Total deductions. A	dd lines	14 through 28						28	29	1,500.
30			ncome before net operating loss deduction. Subtr							30	12,038.
31	Deduction for net op-	erating l	oss arısıng ın tax years beginning on or after Jan	uary 1,	2018 ((see instr	uctions)		<i>_,</i>	31	
32	Unrelated business to	axable ır	come. Subtract line 31 from line 30						<u> 31</u>	32/	12,038.

Paid PATRICIA J. MA **Preparer** Firm's name Mos **Use Only**

Firm's address

Date PTIN

YER Ratricia jo Mayer	7/14/2020	Sen- employeu	P00188643
SS ADAMS LLP		Firm's EIN ▶	91-0189318
4747 EXECUTIVE DR SUITE 1300	•		
SAN DIEGO, CA 92121		Phone no. 858	-627-1400

Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N	/A			
1 Inventory at beginning of year	1		6 Inventory at end of	of year	,		6
2 Purchases	2		7 Cost of goods sol	ld. Sul	btract I	ine 6	
3 Cost of labor	3		from line 5. Enter	here a	and in F	Part I,	
4a Additional section 263A costs			line 2				7
(attach schedule)	4a		8 Do the rules of se	ction 2	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		1		•	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		•		
Schedule C - Rent Income	From Real	Property and			ease	d With Real Prop	erty)
(see instructions)						-	
Description of property							
(1) CONFERENCE FACILITY LAB	RENTALS						
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued					
(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 pe	nd personal property (if the per ersonal property exceeds 50% is based on profit or income)	centage or if	е	3(a) Deductions directly columns 2(a) an SEE STATEMEN	connected with the income in d 2(b) (attach schedule) T 6
(1)		uno run	as based on profit of income,	67 2	280.		53,742.
(2)			,	, -			
(3)							
(4)							
Total	0.	Total		67.2	280.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		67,2	280.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	53,742.
Schedule E - Unrelated Deb	t-Financed	Income (see i	nstructions)	T		3. Deductions directly conn	nected with or allocable
			2. Gross income from	L		to debt-finance	
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)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable 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)				%			
						nter here and on page 1, lart 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	cluded in column	18		- L			0.

Schedule F - Interest,				r	Controlled O					tructions		
Name of controlled organization		2. Em identif num	nployer acation aber		related income a instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	Deductions directly connected with income in column 5	
(1)	_											
(2)												
(3)												
(4)							· <u> </u>					
Nonexempt Controlled Organ	nizations											
7. Taxable Income		inrelated incon see instruction		9. Total	of specified payn made	nents	10. Part of colur in the controlli gross	nn 9 that ng organ i income	ization's		ductions directly connected income in column 10	
(1)												
(2)												
(3)	1		_			i						
(4)	+			<u> </u>						-		
				•			Add colum Enter here and line 8, c		1, Part I, \)	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals	l		Doc41	E04/-1/5	N (O) (-	17\ 0=			0.			
Schedule G - Investm	ent Incon structions)	пе от а \$	section	5)(3) FUC), (9), or ((/) Org	anization					
· · · · · · · · · · · · · · · · · · ·	scription of incom	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)							·		=			
(2)												
(3)					1	i	}					
(4)					1							
			-		Enter here and o Part I, line 9, co		-		•		Enter here and on page Part I, line 9, column (B)	
Totals				<u> </u>		0.						
Schedule I - Exploited (see inst	-	Activity	Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated	e from	directly of with pro of un	penses connected oduction related as income	4. Net incomfrom unrelated business (cominus 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 attributs colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)					Ī	†	.					
	Enter her page 1 line 10,		page 1	re and on 1, Part I, , col (B)					-		Enter here and on page 1, Part II, line 26	
Totals	ing lass:	0.		0.	l				<u></u>			
Schedule J - Advertis Part I Income From			nstruction orted o		solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2)											4	
(3)			<u> </u>							$\neg \neg$		
(4)												
	Ī											
Totals (carry to Part II, line (5))	>		0.).			·			- 000 T	
											Form 990-T (201	

823731 01-09-19

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	>	0. 0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, tine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	o. o.	_		.5	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter her	re and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS ORGANIZATIONS	N/A	316.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	316.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,500.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,500.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 38,443,002		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	38,443,002 316	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	38,443,318	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	38,443,318 0 38,443,318	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	35,202.	28,242.	6,960.	6,960.
06/30/14	642,113.	0.	642,113.	642,113.
06/30/15	297,553.	0.	297,553.	297,553.
06/30/16	1,315,437.	0.	1,315,437.	1,315,437.
06/30/17	1,041,450.	ο.	1,041,450.	1,041,450.
06/30/18	1,434,483.	0.	1,434,483.	1,434,483.
NOL CARRYO	VER AVAILABLE THIS	YEAR	4,737,996.	4,737,996.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 6
DESCRIPTION			ACTIVITY NUMBER	Z AMOUNT	TOTAL
RENTAL EXPENSE				53,742.	
				0.	
		- SUBTOTA	L - 1		53,742.
TOTAL TO FORM 99	0-Т, SCHEDUI	LE C, COLUI	MIN 3		53,742.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

0, 2019 2018

ENTITY

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

OMB No 1545-0687

NI	Do not enter SSN numbers on this form as it	may be	made public it your organiz	T	30 I(c)(3) Organizations Unity
Name	of the organization NATIONAL UNIVERSITY			Employer identificate 23-7172306	
$\overline{}$	Unrelated business activity code (see instructions) > 900099				
	Describe the unrelated trade or business K-1 PASSTHROU	GH			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	T 1			
b	Less returns and allowances c 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	18,177.		18,177.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-1,379.		-1,379.
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7	5	-1,911,332.	·	-1,911,332.
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	-1,894,534.		-1,894,534.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the under the connected with the under the connected with)	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)		•	18	
19	Taxes and licenses			19	0.
20	Chàritable contributions (See instructions for limitation rules)		أيما	20	· · · · · ·
21	Depreciation (attach Form 4562)		21	I	.I

24 Contributions to deferred compensation plans25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

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

Less depreciation claimed on Schedule A and elsewhere on return

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

32 Unrelated business taxable income Subtract line 31 from line 30 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

22b

23

24

25

26

27

28

29

30

31

22

23

Depletion

22a

SEE STATEMENT 8

25,675.

25,675.

-1,920,209.

-1,920,209.

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP - ORDINARY	
BUSINESS INCOME (LOSS) DENHAM COMMODITY PARTNERS FUND VI L.P ORDINARY BUSINESS	-9 '
NCOME (LOSS) NCAP ENERGY CAPITAL FUND IX - ORDINARY BUSINESS INCOME	-49,6
LOSS) INDEAVOUR CAPITAL FUND VI, L.P ORDINARY BUSINESS INCOME	-223,0
LOSS) AYNE ANDERSON ENERGY FUND VI (QP), L.P ORDINARY	115,6
USINESS INCOME (LOSS)	-187,0
ETROPOLITAN REAL ESTATE PARTNERS V, L.P ORDINARY USINESS INCOME (LOSS)	-1,7
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V - ORDINARY USINESS INCOME (LOS	1
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI - ORDINARY USINESS INCOME (LO	15,1
OMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII - ORDINARY USINESS INCOME (L	13,8
OMMONFUND CAPITAL VENTURE PARTNERS VI - ORDINARY BUSINESS NCOME (LOSS)	, -1
OMMONFUND CAPITAL VENTURE PARTNERS VII - ORDINARY	•
JSINESS INCOME (LOSS) DMMONFUND CAPITAL VENTURE PARTNERS VIII - ORDINARY	
JSINESS INCOME (LOSS) NDOWMENT PRIVATE EQUITY PARTNERS IV - ORDINARY BUSINESS	
NCOME (LOSS) NDOWMENT PRIVATE EQUITY PARTNERS V - ORDINARY BUSINESS	-2
ICOME (LOSS) ITERNATIONAL PRIVATE EQUITY PARTNERS III - ORDINARY	
JSINESS INCOME (LOSS)	-1
OMMONFUND CAPITAL INTERNATIONAL PARTNERS VI - ORDINARY USINESS INCOME (LOS	3
OMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII - RDINARY BUSINESS INCOME	9,5
OMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII - RDINARY BUSINESS INCOM	-17,5
RATEGIC INVESTORS FUND III LP - ORDINARY BUSINESS INCOME	
HE VARDE FUND X(B) (FEEDER), L.P ORDINARY BUSINESS	-8,5
CAP ENERGY CAPITAL FUND X, L.P ORDINARY BUSINESS	·
ICOME (LOSS) IDEAVOUR CAPITAL FUND VII, L.P ORDINARY BUSINESS	-579,4
ICOME (LOSS) ISIGHT VENTURE PARTNERS IX, L.P ORDINARY BUSINESS	66,4
COME (LOSS) TERO MIDSTREAM PARTNERS, L.P ORDINARY BUSINESS INCOME	-24,9
LOSS) MINION MIDSTREAM PARTNERS, LP - ORDINARY BUSINESS INCOME	-35,2
LOSS)	-19,0
NTERPRISE PRODUCTS PARTNERS, LP - ORDINARY BUSINESS NCOME (LOSS)	-156,6

NATIONAL UNIVERSITY	23-7172306
EQGP HOLDINGS, LP - ORDINARY BUSINESS INCOME (LOSS) EQT MIDSTREAM PARTNERS, LP - ORDINARY BUSINESS INCOME	-2,168.
(LOSS)	-138,903.
MAGELLAN MIDSTREAM PARTNERS, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-78,646.
MPLX LP - ORDINARY BUSINESS INCOME (LOSS)	-188,3 48. -50,913.
PHILLIPS 66 PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS) VALERO ENERGY PARTNERS LP - ORDINARY BUSINESS INCOME	-50,513.
(LOSS)	-11,241,
PLAINS ALL AMERICAN PIPELINE, LP - ORDINARY BUSINESS	,
INCOME (LOSS)	-120,436.
CARLYLE INTERNATIONAL ENERGY PARTNERS - ORDINARY BUSINESS	
INCOME (LOSS)	19,966.
ENCAP FLATROCK MIDSTREAM FUND IV - ORDINARY BUSINESS	
INCOME (LOSS)	-285,244.
WNDRCO, LLC - ORDINARY BUSINESS INCOME (LOSS) ARTEMIS REAL ESTATE PARTNERS HEALTHCARE FUND I, LP -	-56,191.
ORDINARY BUSINESS INCOM	58.
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS	-
INCOME (LOSS)	-58,251.
THOMA BRAVO CREDIT FUND I, LP - ORDINARY BUSINESS INCOME	
(LOSS)	129,899.
THOMA BRAVO CREDIT FUND I, LP - OTHER INCOME (LOSS)	11,750.
SECTION 179 LIMITATION - ORDINARY BUSINESS INCOME (LOSS)	,247.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-1,911,332.
·	
FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION	AMOUNT
A CCOLLIMITATO FEEC	25,675.
ACCOUNTING FEES	23,073.
TOTAL TO SCHEDULE M, PART II, LINE 28	25,675.

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

OMB No 1545-0123

Name

Employer identification number

NATIONAL UNIVERSITY				23-	7172306
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			<u> </u>		125.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	•		4	
5 Short-term capital gain or (loss) from like-kir	id exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	tation)			6	(
7 Net short-term capital gain or (loss). Combin				7	125.
Part II Long-Term Capital Ga	i ns and Losses (See it	nstructions.)			T
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 to gair or loss from Form(s) 894 Part II, line 2, column (g) 5 ,,	(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			<u> </u>		18,052.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	•		12	
13 Long-term capital gain or (loss) from like-kin	id exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in column	ı h		15	18,052.
Part III Summary of Parts I and	d II				-
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capital	l loss (line 15)	Į	16	125.
17 Not capital gain. Enter excess of not long terr	n capital gain (line 15) over net	chort-term capital loss (line	: 7)	17	18,052.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns.	[18	18,177.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

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.

23-7172306

NATIONAL UNIVERSITY

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may 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 reported on Form(s) 1099-B showing basis wasn't reported to the IRS

	(b) Date acquired Date (Mo , day, yr) disp	(c) Date sold or disposed of	(c) (d) Date sold or disposed of (sales price)	(e) Cost or other basis See the Note below and see Column (e) In the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions		Gain or (loss). Subtract column (e)
		(Mo , day, yr)			14\	(g) Amount of adjustment	from column (d) & combine the result with column (g)
COMMONFUND CAPITAL PRIVATE							
EQUITY PARTNE							<5.>
COMMONFUND CAPITAL NATURAL							
RESOURCES PAR							<4.>
THE VARDE FUND X(B)							
(FEEDER), L.P.							1.
INSIGHT VENTURE PARTNERS							
IX, L.P.				1			109.
THOMA BRAVO CREDIT FUND I,							
LP							24.
				1			
				Ì.			
		·					
	-						
						-	
				<u> </u>			
				<u> </u>	-		
				1			
						-	
							-
					-		-
				 			
O Table Add the assemble as a firm	nno (d) (-) (-) -	ad (b) (authire si					
2 Totals. Add the amounts in colum							
negative amounts) Enter each tot Schedule D, line 1b (if Box A abo		· · · · · · · · · · · · · · · · · · ·					
	ve is checked). I	ine 2 /it Hox R T		1	1		

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 (q) 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.

NATIONAL UNIVERSITY

(F) Long-term transactions not reported to you on Form 1099-B

23-7172306

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

		1000 L					
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	Date sold or disposed of Mo day yr)	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the resul with column (g)
METROPOLITAN REAL ESTATE							
PARTNERS V, L.P				1			<675.>
COMMONFUND CAPITAL PRIVATE							
EQUITY PARTNE							4,345.
COMMONFUND CAPITAL PRIVATE							
EQUITY PARTNE							4,952.
ENDOWMENT PRIVATE EQUITY							
PARTNERS IV							<1.>
COMMONFUND CAPITAL							
INTERNATIONAL PARTNER							35.
COMMONFUND CAPITAL NATURAL							
RESOURCES PAR							206.
COMMONFUND CAPITAL NATURAL							
RESOURCES PAR							1,640.
THE VARDE FUND X(B)		<u> </u>		1			
(FEEDER), L.P.	 	 					435.
INSIGHT VENTURE PARTNERS		<u> </u>					
IX, L.P.		<u> </u>	· ··· ··· ··· · · · · · · · · · · · ·				7,115.
				<u> </u>			<u> </u>
			·-·········			· · · · · · · · · · · · · · · · · · ·	
			-				
-							
	<u> </u>		<u> </u>				
						·	
-							
	 					·	
2 Totals. Add the amounts in colur							
negative amounts) Enter each to		•					
Schedule D, line 8b (if Box D abo	•	•			j ;		10 050
above is checked), or line 10 (if E	ox F above is ch	necked)		l	L		18,052.

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)