		000 ±	-	EXT	TENDED TO M	AY 1	17, 2021	ov Boturn	. 1	OMD No	1545-0047		
•	Form	990,T	E	Exempt Organ	nization bus nd proxy tax und			ax Return	\  -	OMB NO	1545-0047		
1			For onl	d) lendar year 2019 or other tax yea	•			NT 30 202	ا ه	20	119		
	•	1 11.	For Car				ons and the latest inform		ŤΙ	Z U	, 13		
		ment of the Treasury I Revenue Service		Do not enter SSN numbe					( <i>n</i> t	Open to Publi 501(c)(3) Orga	ic Inspection for anizations Only		
	A	Check box if		Name of organization (			and see instructions.)		D Emple	oyer identifica loyees' trust, :	ition number		
		address changed					· ····································			ctions)	300		
	B Ex	Exempt under section Print MILLIKIN UNIVERSITY									37-0706154		
	X	] 501(c)( <b>3, )</b> )	or '	Number, street, and roon	or suite no. If a P O. bo	x, see II	nstructions.			ated business nstructions )	activity code		
		] 408(e)220(e)	Type	1184 WEST M	AIN STREET				] `	·			
		] 408A530(a)		City or town, state or pro			n postal code						
		]529(a)		DECATUR, IL		4			523	000			
	C Boo	ok value of all assets nd of year		F Group exemption number	<del>`</del>								
		256,486,8		G Check organization typ				401(a)			Other trust		
				tion's unrelated trades or t	·	2		the only (or first) un					
				RTNERSHIP IN				complete Parts I-V.					
				ce at the end of the previous	is sentence, complete Pa	arts I an	id II, complete a Schedule	M for each addition	ai trade	or			
	_	iness, then complete f			Milated assure as a second	-t oubo	diam partialled group?	<b>▶</b> ∫	Ye	s X	No.		
		• • •		oration a subsidiary in an a hifying number of the paren		กเ-รนอร	idiary controlled group?		16	S LAL	140		
				RUBY F. JAME			Telenh	one number 🕨 2	17-	420-6	029		
				de or Business Inc			(A) Income	(B) Expenses			) Net		
		Gross receipts or sale:						1 A Statistical	鐵鴻	30 - 15 / 15 ·			
		Less returns and allow			c Balance	1c							
			eturns and allowances c balance ic balance if c balance i										
		Gross profit. Subtract line 2 from line 1c											
		Capital gain net incom				4a	15,769.	<b>建筑建筑</b> 物的	223	1	5,769.		
				art II, line 17) (attach Form	引起音管原常	1/							
		Capital loss deduction			·	4c		2000年代主义					
	5	Income (loss) from a	artners	ship or an S corporation (a	tach statement)	5	-52,723.		TE A	-5	2,723.		
	6	Rent income (Schedul	e C)			6							
	7	Unrelated debt-finance	d incor	ne (Schedule E)		7							
	8	Interest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8		/		,			
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9							
	10	Exploited exempt activ	ity inco	me (Schedule I)		10	/						
		Advertising income (S		•		11		54 1 . T W. T V V SELSE.	เกาะราชิตส์	<del></del>			
		Other income (See ins		·		12	25 054	AND AT THE SAME		2	6,954.		
		Total. Combine lines		<sub>gh 12</sub> ot Taken Elsewher	0.00	13	-36,954.	·		- 3	6,954.		
	*£ai			be directly connected wi						,			
				rectors, and trustees (Sche		/			14				
	14 15	Salaries and wages	cers, an	rectors, and trustees (Sche	dule K)				15	· · · · · · · · · · · · · · · · · · ·			
	16	Repairs and mainten	ance						16				
	17	Bad debts	11100						17	-			
2	18	Interest (attach sched	dule) (se	ee instructions)					18				
202	19	Taxes and licenses	, , ,	•					19				
	20	Depreciation (attach	Form 45	562)			20		1835 3828				
⊜`	<sup>-</sup> 21	Less depreciation cla	ımed or	n Schedule A and elsewher	e on return		21a		21b				
Ė	22	Depletion		. /	R	ECE	IVED		22				
0	23	Contributions to defe	rred co	mpensation plans			8 2020 SSO-SS		23				
$\bigcirc$	24	Employee benefit pro	grams		DI C202	Fri	8 2020 S		24				
Ш	25	Excess exempt exper	ises (So	chedule 1)	181		18 18 1 S		25				
SCANNED OCT 0.4	26	Excess readership co							26				
₹	27	Other deductions (att				シリ	IN, UT	,	27				
S S	28	Total deductions. Ad						•	28		0. 6,954.		
ð	29				ne before net operating loss deduction. Subtract line 28 from line 13								
	30		erating l	loss arising in tax years be	rising in tax years beginning on or after January 1, 2018 SEE STATEMENT 2								
	0.4	(see instructions)	ated pusiness taxable income Subtract line 30 from line 29										
	31								31		6,954. <b>90-T</b> (2019)		
	923701	1 01-2/-20 LMA FO	raper	work Reduction Act Notice	, see mstructions.					1	(2019)		

07371123 765826 0257392.0

2019.05000 MILLIKIN UNIVERSITY / 02573921

Form 990-T (2019) MILLIKIN UNIVERSITY		37-0706154 Page 2
Pärt III Total Unrelated Business Taxable Income		
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32 0.
33 · Amounts paid for disallowed fringes		33
34 Charitable contributions (see instructions for limitation rules)		34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subject line 24 from the sum of lines 32	and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STM		36 0.
37 Total of unrelated business taxable income before specific deduction. Subtract line of from line 35		37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	$\nabla$	38 1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	8	1 2,000.
enter the smaller of zero or line 37		39 0.
Part: IV:   Tax Computation		1 39   0.
		40 0.
40 Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)		40 0.
Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from		se
Tax rate schedule or Schedule D (Form 1041)		41
42 Proxy tax. See instructions	▶	42
43 Alternative minimum tax (trusts only)		43
44 Tax on Noncompliant Facility Income. See instructions		44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45 0.
\		<u>,                                      </u>
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b Other credits (see instructions) 46b		
c General business credit. Attach Form 3800		200 m
d Credit for prior year minimum tax (attach Form 8801 or 8827)		
e Total credits. Add lines 46a through 46d		46e
47 Subtract line 46e from line 45	1	47 0.
48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule)	48
49 Total tax Add lines 47 and 48 (see instructions)	criedalo,	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1	50 0.
	-	57
		**************************************
b 2019 estimated tax payments		
c Tax deposited with Form 8868		
d Foreign organizations Tax paid or withheld at source (see instructions)		<b>34.33</b>
e Backup withholding (see instructions)		
f Credit for small employer health insurance premiums (attach Form 8941)		
g Other credits, adjustments, and payments: Form 2439		18 44 8
Form 4136 Other Total ▶ 51g		La Carrier Control of the Control of
52 Total payments. Add lines 51a through 51g		52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached		53
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<b>▶</b> ]	54
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶	55
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax	▶	56
Part VI Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>	
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
here CAYMAN ISLANDS		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	12	Х
If "Yes," see instructions for other forms the organization may have to file.		**************************************
59 Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
Under penalties of perury, I declare that I have examined this return including accompanying schedules and statements, and to the best of a	ny knowled	ge and belief, it is true,
Sign correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP FINANCE &		_
Here   12/8/00 BUSINESS AFFAIRS		y the IRS discuss this return with
Signature of offider Date Title		preparer shown below (see tructions)? X Yes No
Print/Type preparer's name Preparer's signature Date Check		
		L THA
TITLE ME DOWN TO THE ME DOWN TO CONTRACT CONTRACTOR	mployed	P01246734
Tropurer	- FINI -	36-3168081
Use Only   Firm's name   SIKICH   LLP   Firm's   Firm's   SIKICH   LLP   Firm's   Firm's   SIKICH   LLP   Firm's   Firm's   SIKICH   LLP   Firm's   Firm's	s EIN ▶	20-2100001
Firm's address ► SPRINGFIELD, IL 62704 Phone	ຸກາ າ	17-793-3363

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A								
1 Inventory at beginning of year	1_1_		6 Inventory at end of year	ar		6					
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6						
3 Cost of labor	3_		from line 5. Enter here	and in F	Part I,						
4a Additional section 263A costs			line 2		Ĺ	7					
(attach schedule)	4a		8 Do the rules of section	1263A (\	with respect to	Yes No					
b Other costs (attach schedule)	4b	<u></u>	property produced or a	<u></u>							
5 Total Add lines 1 through 4b	5		the organization? d Personal Property Leased With Real Property)								
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Personal Property L	_ease	d With Real Prope	erty)					
1. Description of property											
(1)			· · · · · ·								
(2)											
(3)											
(4)											
	-	ed or accrued			O(a) Dad ustrans directly						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	190	columns 2(a) and	connected with the income in d 2(b) (attach schedule)							
(1)											
(2)						<u> </u>					
(3)											
(4)											
Total	0.	Total		0.	<b>.</b>						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>D</b> .					
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	<del></del>	<del></del>	<del></del>					
			2. Gross income from		<ol><li>Deductions directly conn to debt-finance</li></ol>						
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)				<u> </u>							
(2)											
(3)											
(4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	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)	<u></u>		%_								
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)					
Totals			<b>&gt;</b>	L	0.						
Total dividends-received deductions in	icluded in column	1.8				0.					
						Form 990-T (2019)					

Schedule F - Interest, A	annuities	s, Royalt						LIOIIS	see ins	tructions	5)
•	}				ontrolled Or	<del>-</del>		т_			
<ol> <li>Name of controlled organization</li> </ol>	on	2. Emp identific numb	ation (loss		ated income instructions)		tal of specified ments made	ınctud	t of column 4 t ed in the contr ation's gross i	olling	Deductions directly connected with income in column 5
(1)									<del></del>		
(2)											
(3)					-						
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income		nrelated income se instructions)		Total of	specified payn made	nents	10. Part of colu in the controll gros	mn 9 tha ing orgar s income	nization's		fuctions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colui Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)
Totals						<b>•</b>			0.		0.
Schedule G - Investme		ne of a S	ection 501(	c)(7)	, (9), or (1	17) Org	ganization				
(see instr	ructions)						3. Deduction		ı		T E Total de disease
1. Descri	1. Description of income				2. Amount of	Amount of income directly connected 4.			4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											ļ <u> </u>
(2)											ļ
(3)				_							ļ
(4)							15 Pp. Jags w#02100000	887 - TUNKTO	Sec. 4000 4000 475	107 49	1 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					enter here and o Part I, line 9, col	umn (A)					Enter here and on page 1 Part I, line 9, column (8)
Totals Schedule I - Exploited	-	Activity I	ncome, Otl	her T	han Adv	0. ertisin	ig Income	1965 1965 1965 - 1965 1965 1965 - 1965 1965 - 1965 1965 1965 - 1965 1965 - 1965 1965 1965 - 1965 1965 - 1965 1965 - 1965 1965 1965 1965 1965 1965 1965 1965		Sales Second	<u> </u>
(see instru	2 Gi unrelated l income trade or b	business from	3. Expenses directly connecte with production of urrelated business income	o	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inc from activity is not unrela business inco	that ted	6. Exp attributa colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<del></del>								
(2)											
(3)											
(4) Totals	Enter here page 1, line 10, c	Part I,	Enter here and o page 1, Part I, line 10, cot (B)	n (8)							Enter here and on page 1, Part II, line 25
Schedule J - Advertisir	ng Incon	ne (see in	structions)								
Part I∦ Income From I	Periodica	als Repo	rted on a C	onso	olidated	Basis			-		
1. Name of periodical		2. Gross advertising income	3 Directard advertising of		4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circula		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del></del>	· · · · · ·	1		12:50	(36.222				į	
(2)										1	
(4)	<u>·</u>				ESTE F	1000年	E			É	8 #8 #51 FC #8 #8
Totals (carry to Part II, line (5))	▶	0		0.							. 0
			<del></del>		<u> </u>				·		Form 990-T (2019

923731 01-27-20

Form 990-1 (2019) MITPITKIN								0/00134	<u>t</u>	Page :
Part II Income From Perio columns 2 through 7 on a			a Separ	ate Basis (For ea	ch perio	dical listed	d in Pa	ert II, fill in		
Name of periodical	2 Gross 3 Dire advertising income						6	Readership costs	7. Excess reader costs (column 6 m column 5, but not a than column 4)	ninus more
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.	FALL COVER		46.0	<b>POST</b>			0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I 1, col (B)						Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	0.		0.	# 4 3 2 2 P F F B	ho for from	學等無常				0.
Schedule K - Compensation	n of Officers, [	Directo	ors, and	Trustees (see in	structio	ns)				
<b>1.</b> Name				2. Title		3. Percer time devot busines	ed to		nsation attributable elated business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, II	ne 14						<b>&gt;</b>			0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION .	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	44,449.	0.	44,449.	44,449.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	44,449.	44,449.

FORM 990-T		NET	OPERATING	LOSS	DEDUCTION	STATEMENT 3		
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED  13,122.		LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/18	<u> </u>	58,643.			45,521.	45,521.		
NOL CARRYOV	ER AVA	LILABLE THIS	YEAR		45,521.	45,521.		

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY :

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\underline{JUL} 1$ ,  $\underline{2019}$ , and ending  $\underline{JUN} 30$ ,  $\underline{2020}$ 

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

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

Name	of the organization MILLIKIN UNIVERSITY		37-0706154				
	Inrelated Business Activity Code (see instructions)   21111						
	Describe the unrelated trade or business    WORKING I	NTE:	REST IN OIL/	GA:	S		<del></del>
Pá	ที่เบิ Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net
1 a	Gross receipts or sales 41,300.		·			凝	
b	Less returns and allowances c Balance ▶	1c	41,300.	2		ŠŔ.	
2	Cost of goods sold (Schedule A, line 7)	2	63,205.	1		17.1	
3	Gross profit Subtract line 2 from line 1c	3	-21,905.	變		99% 557	-21,905.
4 a	Capital gain net income (attach Schedule D)	4a			深。	飚	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		3			
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach			1000	A STATE	ŝ	
	statement)	5					
6	Rent income (Schedule C)	_6		<u> </u>			
7	Unrelated debt-financed income (Schedule E)	7		<u> </u>			
8	Interest, annuities, royalties, and rents from a controlled			1			
	organization (Schedule F)	8		<u> </u>			
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10		L			
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		1 16		×2.	
13	Total. Combine lines 3 through 12	13	-21,905.				-21,905.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			educ		etic 14	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				<b>⊢</b>	5	
15 16	Salaries and wages Repairs and maintenance					6	
17	Bad debts				<u> </u>	7	
18	Interest (attach schedule) (see instructions)				<u> </u>	8	
19	Taxes and licenses				<del>-</del>	9	
20	Depreciation (attach Form 4562)		20			. '\$'.	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			ئٹسڈ 1b	
	·		[214]			22	
22 23	Depletion  Contributions to deferred compensation plans					23	
23 24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
25 26	Excess readership costs (Schedule J)					26	
26 27	Other deductions (attach schedule)				<u> </u>	27	
21	Other deductions (attach schedule)				<u>_</u>	••	L

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

28

29

30

28

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

0.

-21,905.

-21,905.

					_			_	
Form 990-T (2019)	LLIKIN UNIVER	CIMV		2	7-07061	5.4	F	Page 3	
	st of Goods Sold. Er		entory valuation		7-07001	74			
1 Inventory at beginn		iter metrod or my	6 Inventory at end of year	ar			· · ·		
2 Purchases	2	<del></del>	7 Cost of goods sold. S						
_	<del></del>		from line 5. Enter here						
3 Cost of labor	3			anu iii raiti,		_			
4a Additional section 2	1		line 2	. 0004 (	<u> </u>	-	Yes	No	
(attach schedule)	4a		8 Do the rules of section	•		}	162	NU	
<b>b</b> Other costs (attach	, <u> </u>		property produced or	acquired for resale) a	рріу то			i	
5 Total. Add lines 1			the organization? nd Personal Property L	13461 5	15				
(see instructions)  1. Description of property  (1)  (2)  (3)									
(4)	2. Rentre	ceived or accrued							
` rent for persor	property (if the percentage of nal property is more than not more than 50%)	(b) From rea	al and personal property (if the percente or personal property exceeds 50% or if rent is based on profit or income)	age   ``'	uctions directly con columns 2(a) and 2(	cions directly connected with the income in lumns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0	• Total		0.					
(c) Total income. Add to here and on page 1, Part	tals of columns 2(a) and 2(b) I, line 6, column (A)	. Enter		(b) Total do Enter here an Part I, line 6,	d on page 1,			0.	
Schedule E - Uni	elated Debt-Financ	ed Income (se	ee instructions)						
			2. Gross income from	3. Deduction	ns directly connect to debt-financed p		le		
<b>1</b> . De	scription of debt-financed property	or allocable to debt- financed property	(a) Straight line de (attach sche		(b) Other de (attach sch		s		

(1) (2) (3) (4) 7. Gross income reportable (column 2 x column 6) Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6 Column 4 divided by column 5 (1) % (2) % (3) % (4) % Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0. Total dividends-received deductions included in column 8

Form 990-T (2019)

### **SCHEDULE D** (Form 1120) Department of the Treasury

Capital Gains and Losses

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

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Internal Revenue Service Name

Employer identification number

MTI I TVTN	7		•	37_	0706154
MILLIKIN UNIVERSITY  Did the corporation dispose of any investmen		uty fund during the toy	· ·- · ·	<i>5                                    </i>	▶ Yes X No
If "Yes," attach Form 8949 and see its instruc		•	•		162 17 140
Part I Short-Term Capital Gai			ur gain or loss		
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	3, )	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on	•				
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	1			_	
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					390.
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kind	•			5	
6 Unused capital loss carryover (attach compute	•			6	( )
7 Net short-term capital gain or (loss). Combine				• 7	390.
Partil Long-Term Capital Gai	ns and Losses (See i	nstructions)	<del></del>		<u> </u>
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9, )	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					4,148.
11 Enter gain from Form 4797, line 7 or 9				11	11,231.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind		•		13	
14 Capital gain distributions	2 exonanges in our rouni con r			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	15,379.
Part III Summary of Parts I and		····			
16 Enter excess of net short-term capital gain (lir		l loss (line 15)		16	390.
17 Net capital gain Enter excess of net long-term			ne 7)	17	15,379.
18 Add lines 16 and 17 Enter here and on Form			•	18	15,769.
Note If losses exceed gains, see Capital Los		•	•		
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2019

Department of the Treasury Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

Social security number or

						1 ' -	
MILLIKIN UNIVE							706154
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which i	atıon as Form 10:	you received any 99-B Either will :	y Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	nent(s) from y r cost) was r	your broker A su eported to the IF	bstitute IS by your
Part I Short-Term. Transact transactions, see page 2 Note: You may aggregate al	ions involving capit						ustments or
codes are required Enter the	e totals directly on	Schedule D, line 1a	i, you aren't required	d to report these trans	actions on For	m 8949 (see instru	ctions)
You must check Box A, B, or C below.  If you have more short-term transactions than will  A D C C C C C C C C C C C C C C C C C C	ll fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	cked as you nee	d	each applicable box
(A) Short-term transactions re					Note abov	/e)	
(B) Short-term transactions re				eported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В				
1 (a)	(b)	(c)	_ (d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount a), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(sales price)	basis See the	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
NB CROSSROADS FUND			<del></del>			aajaatiiioiit	
XX ASSET							
ALLOCATION L							390.
<del></del>							
<del></del>							
	· · · · · · · · · · · · · · · · · · ·						
			<del></del>				
			<u>-</u>				
	<b></b>			<del> </del>			
				<del> </del>			
2 Totals. Add the amounts in colum	ne (d) (e) (e) e	nd (b) (cubtrost		<del> </del>			
negative amounts) Enter each tot		,					
Schedule D, line 1b (if Box A abo		· · · · · · · · · · · · · · · · · · ·					
above is checked), or line 3 (if Bo	•	` 1					390.
				!			•

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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

Form 8949 (2019)

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.

## MILLIKIN UNIVERSITY 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

37-0706154

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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of (f) combine the result see *Column (e*) ın Code(s) the instructions with column (g) adjustment NB CROSSROADS FUND XX ASSET 4,083. ALLOCATION L PARK STREET CAPITAL PRIVATE EQUITY FUND 65.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

4,148.

Form 8949 (2019)

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

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