	Form	990-T	E	empt Organization (and proxy tax					n	OMB N	No 1545-0687		
			For cale	ndar year 2018 or other tax year begin					019	9	@1 8		
	Depart	tment of the Treasury		► Go to www.irs.gov/Form990						ک			
		Revenue Service	▶ Do	not enter SSN numbers on this form	as it ma	ay be made public if yo	our orga	anization is a 501(c	:)(3)	Open to P 501(c)(3) (ublic Inspection for Organizations Only		
	A [Check box if	_	Name of organization (Check b	ox if na	me changed and see ins	struction	s)		oyer identific	cation number e instructions)		
		address changed							(Empic	yees dust, se	s instructions)		
	_	empt under section		STEVENSON UNIVERSIT	Y								
	X	501(C)(13_)	Print	Number, street, and room or suite no	lf a P O	box, see instructions			52~0	705392			
		408(e) 220(e)	08(e) 220(e) Type (6)								Unrelated business activity code (See instructions)		
		408A 530(a) 1525 GREENSPRING VALLEY ROAD								(See Instructions)			
	\perp	529(a)	4	· ·	y, and 2	ZIP or foreign postal code	е	1					
		ok value of all assets and of year	<u> </u>	STEVENSON, MD 21153		· · · · · · · · · · · · · · · · · · ·			5230	00			
		•		up exemption number (See instruct	<u>-</u> _			- -					
				eck organization type 🕨 🕺 501			501(c) trust	401(a)	trust	Other trust		
			_	inization's unrelated trades or busine				-	•	(or first) ui			
				RTNERSHIP INVESTMENT			-	complete Parts I-			describe the		
		·		e end of the previous sentence, co	mplete	Parts I and II, compli	ete a S	chedule M for eac	th addition	nal			
		ade or business, th	<u>-</u> -			<u> </u>					T., T.VT		
				corporation a subsidiary in an affil	_		sidiary d	controlled group?		▶ ∟	Yes X No		
				identifying number of the parent co ELANIE EDMONDSON	rporati		Jonhon	e number ▶ 44	3-334-	-2272			
				or Business Income		(A) Income	iepiioii	(B) Expen			(C) Net		
	1 a	Gross receipts or		DI Dusiness income	1	(A) moonie		(2) 22001		 	!		
	b	Less returns and allowa		c Balance ▶	1 c						,		
	2			ule A, line 7)	2					1	+		
	3			2 from line 1c	3			-					
	4 a	•		attach Schedule D)	4a	4,3	325.				4,325.		
	b			Part II, line 17) (attach Form 4797)	4b				-				
	С	Capital loss dedu	ction for t	trusts	4c								
	5			r an S corporation (attach statement)	5	-8,2	246.	ATCH 1			-8,246.		
	6	Rent income (Sch	nedule C)		6								
	7	Unrelated debt-fit	nanced in	come (Schedule E)	7						1-812,-		
	8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8								
	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9								
	10			ncome (Schedule I)	10			<u> </u>		 			
ì	11			dule J)	11_								
)	12			ctions, attach schedule)	12	-3,9	121	· · · · · · · · · · · · · · · · · · ·			-3,921.		
	13 // E4			ough 12		<u> </u>		eductions) (F	voont f	or contrib			
	LEK: U			be directly connected with t				, ,	-xcept i	Or COILLIE	Julions,		
	14							,,,,	. 14				
	15	Salaries and wage	es	directors, and trustees (Schedule K)	استست	OF CEIVE	√ \%	1	. 15				
	16	Repairs and main	tenance			141	I_{c}	<u>}</u>	. 16				
	17	Bad debts		(see instructions)		00 %	1	Œ l	. 17				
	18	Interest (attach s	chedule)	(see instructions)	 §	Ar W		\	. 18				
	19	Taxes and license	s		18	OGDEN,	سري		. 19				
	20	Charitable contrib	outions (S	See instructions for limitation rules)	. 🌡 . ˈ	OGUL			. 20				
	21			4562)									
	22	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn	22a			22b				
	23												
	24			compensation plans									
	25			s									
	26			Schedule I)									
	27			chedule J)						-	3,360.		
	28 29			chedule)					$\frac{28}{5}$	 	3,360.		
	29 30			s 14 through 26						 	-7,.281.		
	30 31			g loss arising in tax years beginnir					30 31	 			
	32		-	e income Subtract line 31 from line	_	•	•			 	₹ 7 ,281.		
	For P	aperwork Reduct	ion Act N	lotice, see instructions		<u> </u>		<u> </u>	111	For	m 990-T (2018)		
	8X274	0 1,000 A 2 9 C JSA 2 3	25		77 1	9-7 6F		517612	16	Cil			

Form	990-1 (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		1,	775
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
33	instructions)	35		1.	775
20	!				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		<u>'</u> ,	000
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0
Pai	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
4.4		41			
41	Proxy tax See instructions				
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income See instructions	43			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V. Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1			
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
		45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			0
48	Total tax Add lines 46 and 47 (see instructions)	48			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018				
b	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·				
С	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g g					
9					
- 4		-4			
51	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53 ,	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want	55			
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	·)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	v have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fi				
	here		,		х
_~			<u> </u>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trusts	$\cdots \cdots \}$		 ^-
	If "Yes," see instructions for other forms the organization may have to file		ļ		1
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				L
_	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my	knowledge a	ınd beli	iet, it :
Sigi	$\Gamma \setminus C \cap C$	the IF	RS discuss	this r	return
Her	e V V V PRESIDENT With	the p	reparer sho	own b	
	Signature of officer Date Title (see	instruction	s)?XYe	s	No
	Print/Type preparer's name Preparer's signature Date Check	☐ If	PTIN		
Paid	RAYMOND LY	nployed	P0120	0564	3
	parer Furn's name KPMG LLP		13-5565		
Use	Only Firm's address ▶ 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Phone	7.0.	3286800		
	Filode		Form 99		/2040
154			FUHH 33	, , , , ,	(ZU10

8X2741 1 000 5GA29G 2235

JSA

Form 990-T (2018)									Page 3
Schedule A'- Cost of Go	<u>oods Sold. En</u>	ter method					 		
1 Inventory at beginning of y			6			ar	6		
2 Purchases			7	Cost of	goods so	ld Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	iter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a		8			section 263A (w	•		No
b Other costs (attach schedu	ile) , <mark>4b</mark>					or acquired for			'
5 Total Add lines 1 through	4b . 5			to the orga	nization?.	1		<u> </u>	<u> </u>
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Prope	rty)		
(see instructions)		<u> </u>							
1 Description of property									
(1)									
(2)			<u></u>						
(3)		١							
(4)						· · · · · · · · · · · · · · · · · · ·			
	2. Rent recei	ved or accrue	ed						
for personal property is more than 10% but not percentage of rent to			age of rent for per				directly connected with the income 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)	***************************************								
(4)									
Total	•	Total							
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and or Part I, line 6, colur	n page 1,		
Schedule E - Unrelated D			e instructions)					
1 Description of del			2 Gross incor	me from or	debt-fin		connected with or allocable to anced property		
			proper	ty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)	,								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6 Colu 4 divid by colun	ed		ıncome reportable п 2 x column 6)	(column 6	able deductions x total of colur) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						re and on page 1, ne 7, column (A)		e and on page e 7, column (
Totals	nons included in co			>					

Schedule F-Interest, Annu	uities, Royalties	, and R	ents Fr	om Contro	lled Or	ganizati	ons (see	instructio	ns)	-
,		Ex	empt C	ontrolled Org	ganızatı	ons				
1 Name of controlled organization	2 Employer identification numb	iei [lated income instructions)	1	of specified ints made	ıncluded	f column 4 th in the contro ion's gross inc	lling	6 Deductions directly connected with income in column 5
(1)										
(2)		·			<u></u>					
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		includ	t of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)								· · · · · · · · · · · · · · · · · · ·		
(2)			_							
(3)		•								
(4)			<u> </u>				columns 5 a			d columns 6 and 11
Totals	ncome of a Sec	 ction 50	 1(c)(7),			Part I	nere and on line 8, colu	mn (A)		er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of	income		directly cor	Deductions 4 Set-asides city connected ach schedule) (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)			
(1)										
(2)										
(3)				**********						***************************************
(4)										
Totals , , , ▶	Cnter here and Part 1, line 9, c				* '	• •	· , '·	•		Enter here and on page 1. Part I, line 9, column (R)
Schedule I-Exploited Exe	empt Activity In	come, C	Other Ti	han Advert	ising Ir	ncome (s	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ unre	penses ectly cted with ction of elated is income	4 Net incor from unrelat or business 2 minus col If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from ac	Gross income a activity that not unrelated iness income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1									-
(2)										
(3)	,	•••••				<u> </u>		1		
(4)		I								
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J-Advertising Ir	ncome (see instr	uctions)		1						-
Part I Income From Per			Conso	lidated Bas	sis					
1 Name of periodical	2 Gross advertising income		ourect sing costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	1	culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<u> </u>				
(2)] '
(3)										
(4)										·
Totals (carry to Part II, line (5))										
						L				200 7

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.)

2 through '7 on a l	ine-by-line basis	3)	`	•		•
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1	
(2)						
(3)						
(4)						_
Totals from Part I ▶						
•	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, ine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2 Title		3 Percent of time devoted to business		
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Tetal Enter here and an page 1 B	ort II. lino 14					

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending

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

Name of organization

STEVENSON UNIVERSITY

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

Employer identification number 52-0705392

Unrelated business activity code (see instructions) ▶ 611430

Describe the unrelated trade or business ▶ ACTIVITIES FROM CONFERENCE SERVICES

Pái	Unrelated Trade or Business Income	1	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 9, 025.				
b	Less returns and allowances c Balance	1c	9,025.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	9,025.		9,025
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	,		
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	1 1			************
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		**************************************	
0	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	9,025.		9,025

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

	·		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	3,890.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
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	24	
25	Employee benefit programs	1 1	
26	Excess exempt expenses (Schedule I)	1 }	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	3,360.
29	Total deductions. Add lines 14 through 28,	1 1	7,250.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,775.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	1,775.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	OR S CORPORATIONS
PARTNERSHIP 2	-4,
PARTNERSHIP 3	
PARTNERSHIP 5	
PARTNERSHIP 6	
PARTNERSHIP 7	_
PARTNERSHIP 8	-2,
PARTNERSHIP 9	- -
PARTNERSHIP 10	
PARTNERSHIP 11	-
INCOME (LOSS) FROM PARTNERSHIPS	-8,

517612

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

3,360.

PART II - LINE 28 - OTHER DEDUCTIONS

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

3,360.

PART II - LINE 28 - OTHER DEDUCTIONS

3,360.

SCHEDULE D (Form 1120)

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

OMB No 1545-0123

Employer identification number

Department of the Treasury Internal Revenue Service

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

2018

STEV	VENSON UNIVERSITY			!	Ę	52-0705392
Part	Short-Term Capital Gains and Losses	(See instructions)	_		
Extraction	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments or loss from Fore 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	column (g)	3 Z,	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.					
1 b	O 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	954.	,			954.
	,			· · · · · · · · · · · · · · · · · · ·	T	
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			_5_	
6	Unused capital loss carryover (attach computation)			· • • • • • • • • • • • • • • • • • • •	6	()
-V -14-	Net short-term capital gain or (loss) Combine lines 1		h	<u>, , , , , , , , , , , , , , , , , , , </u>	7	954.
Par		(See instructions)		(a) Advistments	to ann	(h) Gain or (loss)
	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	(g) Adjustments or loss from Fore 8949, Part II, lin	n(s)	Subtract column (e) from column (d) and combine	
	whole dollars	(sales price)	(or other basis)	column (g)		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			,		
8 b	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				ï	
10	Totals for all transactions reported on Form(s) 8949		·		•	
	with Box F checked	1,198.	·			, 1,198.
11	Enter gain from Form 4797, line 7 or 9				11	2,173.
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind exchange	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	3,371.
Par	Summary of Parts I and II				1	
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	Il loss (line 15)		16	954.
17	Net capital gain. Enter excess of net long-term capit	al gain (line 15) over n	et short-term canital lo	iss (line 7)	17	3,371.
18	Add lines 16 and 17 Enter here and on Form 1120,					4,325.
	Note: If losses exceed gains, see Capital losses in the		,			<u> </u>
For Pa	aperwork Reduction Act Notice, see the Instructions				s	chedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury

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

Name(s) shown on return				Social se	curity number or	taxpayer identificat	on number
STEVENSON UNIVERSITY					52-	0705392	
Before you check Box A, B, or C below, statement will have the same informati broker and may even tell you which box	on as Form 10						
Part I Short-Term. Transactionstructions) For long				1 year or less	s are genera	lly short-term (s	see
Note: You may aggre	and for which	h no adjustr	nents or codes	are required	I Enter the to	otals directly on)
Schedule D, line 1a,							
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short	-term transac	tions than will fit o	s, in this page
(A) Short-term transactions r (B) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis			e Note above)	
X (C) Short-term transactions r	not reported t	o you on For	m 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) 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)
PARTNERSHIP 7	VARIOUS	VARIOUS	864				864
PARTNERSHIP 9	VARIOUS	VARIOUS	90				90
,							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above	here and inc	ude on your	954				954

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

For Paperwork Reduction Act Notice, see your tax return instructions

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2018)

1 6/11 0545 (2010)	Attachment Dequence No 1271	rage
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	
STEVENSON UNIVERSITY	52-0705392	

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

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

(a) Description of property	(b) Date acquired		Proceeds (sales price)	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
PARTNERSHIP 7	VARIOUS	VARIOUS	37				37	
PARTNERSHIP 8	VARIOUS	VARIOUS	118				118	
PARTNERSHIP 9	VARIOUS	VARIOUS	1,043				1,043	
	,				-	7-7-		
	,							
				, , , , , , , , , , , , , , , , , , ,				
		,		,	١			
		-						
				7.0				
			**					
2 Totals Add the amounts in columns in negative amounts) Enter each total Schedule D, line 8b (if Box D above showe is checked) or line 10 (if Box	here and incluis checked), line	ide on your 9 (if Box E	1,198				1,198	

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

V 18-7.6F

Form 8949 (2018)

1.

Stevenson University Form 990-T Net Operating Loss Carryover

Tax Period	Original NOL	Adjustment Per Rev Rul. 81-88*	NOL Utilized Prior Year	NOL Utilized Current Year Or Expired	NOL Carried Forward	Year of Expiration
6/30/2009	1,334		(1,334)		-	6/30/2029
6/30/2010	10,010		(10,010)		-	6/30/2030
6/30/2011	466,877	300	(165,786)	(1,775)	299,616	6/30/2031
6/30/2012	451,624		, , ,	, , ,	451,624	6/30/2032
6/30/2016	10,255				10,255	6/30/2033
Totals	940,100	300	(177,130)	(1,775)	761,495	•

^{*}Stevenson University is adjusting the 6/30/11 NOL as a result of the legislative retroactive repeal of IRC Section 512(a)(7) on December 20, 2019