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

D Employer identification number

30

	Α	Check box if address changed		Name of organization (	Check box if na	me changed	and see instruc	tions.)		(Emp!	oyer identification loyees' trust, see ictions )	ı number
	D [1	vernet under section	Delet	FURMAN UNIV	57-0314395							
		xempt under section   ] 501(c) 3 )	Print or	Number, street, and roor	E Unrelated business activity code							
	<u> </u>	408(e) 220(e)	Туре	3300 POINSE	(See II	nstructions)						
		408(e)220(e)   408A530(a)		City or town, state or pro	1							
		529(a)		GREENVILLE,			ii postai code			525	990	
	A Box									727	<del></del>	
	t at e	end of year 0 4 9 8 4 7 5	32.	F Group exemption num G Check organization type	501/c	\ cornoration	501	(c) trust	401/2	) trust	□ Ot	her trust
				tion's unrelated trades or		A.			ne only (or first) u			101 11 11 11
			•	EE STATEMENT					omplete Parts I-V			
		•		ce at the end of the previo		to Porte Lan		•	•		-	
				•	us semence, comple	ile Paris I aii	u II, complete a	Schedule i	i ioi eacii additioi	iai liauc	UI	
١,		siness, then complete F		oration a subsidiary in an	affiliated group or a	narent-cubei	diany controlled	group?		Ye	s X No	
K				tifying number of the pare		pai ent-suusi	dialy controlled	groups		· ·	18 <u>[44</u> ] 190	,
1				AMY ECKLUND	it corporation.			Telenhor	ne number 🕨 8	364-	294-34	96
				de or Business Inc	ome		(A) Inco		(B) Expense		(C) N	
		Gross receipts or sales			I		(,,,	+	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		(-/	
		Less returns and allow			c Balance	_   ,,						
	_			A line 7\	V V	1c 2						
		Cost of goods sold (So Gross profit, Subtract		•	/// / ·	3						
		•			. 1	48	306,	086			306	,086
		Capital gain net incom	•	art II, line 17) (attach Forr	n 4707\	48 4b	500,	,			300	,000
		- , , ,		• •		4c		<del></del>				-
		Capital loss deduction		sts	Hack statement)	5	-1,744,	977	STMT	2	-1,744	977
				ship of all 5 corporation (a	illacii statement)	6		3,,,	.01111		1,,11	<u>, , , , , , , , , , , , , , , , , , , </u>
		Rent income (Schedul		no (Cabadula E)	• • •	7				-		
		Unrelated debt-finance		,	araanination (Cabadi	<u> </u>	/		<del></del>			
Z0ZZ	-	•		nd rents from a controlled	-	··· /   <del>_ •</del>		-	·			-
				on 501(c)(7), (9), or (17) o	irganization (Schedu	10						
00		Exploited exempt activ	-	•	<i></i>	11						
<b>⊘</b>		Advertising income (S			· /·	12		<del></del> +				
FEB		Other income (See ins		· ·	<i>,</i>	13	-1,438,	891			-1,438	891
ī		Total. Combine lines		ot Taken Elsewhe	'É (See instructio						1,430	,051
				e directly connected w				20110710.,				
ANNED	14			rectors, and trustees (Sch						14		
Ź	15	Salaries and wages		rectors, and trustees (Sch	R	ECEIV	ret of	• •		15		
K		Repairs and maintena			···				•	16		
S	16 17	Bad debts	11106		· . [3]	AY 2 1	2021 13	·		17		
	18	Interest (attach sched	اماناه/ (در	a instructions)		Al A	u,			18		
	19	Taxes and licenses	iule) (30	se manuchona)				1	•	19	19	,514
	20	Depreciation (attach,	orm AF	562)	1 - 0	GDEN	V. U I	20	• •	13		,
	21			i Schedule A and elsewhei	T	and the state of the state of		21a		21b		
	22	Depletion /	illica oi	Ochedale A and cisewhol	· · · · · · · · · · · · · · · · · · ·		٠ .	<u>, '</u>		22		
	23	Contributions to defe	rred cor	mnancation nlanc	•		•	••		23		
	24	Employee benefit pro		mponoution plans	- •	•	•	••		24		
	25	Excess exempt expen		hedule I)		•	•			25		
	26 26	Excess readership co			•	•	•		•	26		
	27	Other deductions (att	-				SEE	STATE	EMENT 3	27	3	,050
	28	Total deductions. Ad			• •	•				28		,564
	29 /			ncome before net operatin	a loss deduction. Su	btract line 28	from line 13	•	••	29	-1,461	,455
	30			oss arising in tax years be					-			
	/	(see instructions)			Jg			STATI	EMENT 4	30		0

EXTENDED TO MAY 17, 2021 **Exempt Organization Business Income Tax Return** 

For calendar year 2019 or other tax year beginning  $\[ \underline{JUL} \] \[ 1 \], \[ 2019 \]$  , and ending  $\[ \underline{JUN} \]$ 

(and proxy tax under section 6033(e))

► 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).

Form **990-T** 

Department of the Treasury Internal Revenue Service

(see instructions) . .

Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

-1,461,455.

Form **990-T** (2019)

P00748038 AMANDA ADAMS Preparer Firm's name ► CHERRY BEKAERT LLP 56-0574444 Firm's EIN ▶ **Use Only** STREET, SUITE 500 110 EAST COURT Phone no. 864-233-3981 Firm's address ► GREENVILLE, SC 29601 Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation ▶ N/A					_
1 Inventory at beginning of year	1			Inventory at end of year	ar		6		
2 Purchases	2		_	Cost of goods sold. Si		line 6			
3 Cost of labor	3			from line 5. Enter here			L	_	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No	,
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		}	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Pro	perty	<i>(</i> )	
1. Description of property									
(1)									_
(2)							_		_
(3)		•							_
(4)		**							_
	2. Rent receiv	ed or accrued							_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions direct columns 2(a)	ly conne and 2(b)	ected with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0	
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-		3. Deductions directly co to debt-finar		pperty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)									
(3)									
(4)									_
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to need 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)			<b>T</b>	%			$\top$		_
(2)	ĺ	· · · · · · · · · · · · · · · · · · ·		%					_
(3)				%					
(4)			T	%					
			•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals						0		0 .	
Total dividends-received deductions in	cluded in column	18				<u> </u>	<b>&gt;</b>	0.	

Form **990-T** (2019)

			Exempt	Controlled O	rganızatı	ons				
Name of controlled organiza	ıdeni	mployer dification imber	3. Net uni (loss) (sec	related income e instructions)	4. Tot payr	al of specified nents made	include	of column 4 t d in the contra ition's gross ii	olling	6. Deductions directly connected with income in column 5
(1)		-								
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income	8. Net unrelated inco (see instruction	ome (loss) ons)	9. Total	of specified payr made	nents	10 Part of colur in the controlli gross	mn 9 that ing organi s income	is included zation's	11. Dec	ductions directly connected income in column 10
(1)					-					
(2)			<u> </u>							
(3)			<u> </u>			<del></del> _				
(4)	<u> </u>		<u> </u>							
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<b>•</b>			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (	17) Org	anization				
	ructions)					•				
1. Desc	cription of income			2. Amount of	ıncome	3. Deduction directly conne- (attach sched	cted	4. Set-a (attach se		5. Total deductions and set-asides (col 3 plus col 4)
(1)		-						-		
(2)										
(3)										
(4)										
		·		Enter here and o Part I, line 9, co			<u> </u>			Enter here and on page 1 Part I, line 9, column (B)
Totals .			<b>&gt;</b>		0.					0.
Schedule I - Exploited (see instru		/ Incom	e, Other	Than Adv	ertisin	g Income			_	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with proof un	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1								· · · ·
(2)		1								
(3)			-							
(4)										
	Enter here and on page 1, Part I, line 10, col. (A)	page 10,	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 25
otals ► Schedule J - Advertisi	0 .		0.							0.
	Periodicals Rep	orted o		solidated	Basis					<del>.</del>
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	юп	6. Reader		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									;	
(2)				4		<u></u>				
(3)				4		<u></u>	<b></b>			
(4)			<del></del>			<del> </del>				
otals (carry to Part II, line (5))	. ▶	0.	0	•						0.
				<u></u>						Form 990-T (2019

1 0.111 000 1	(EU IO) I GILLELI GILL VEINE I			
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	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)						
(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, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	L			0.

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

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

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

### INVESTMENT INCOME FROM PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
CCM AVIATION HOLDINGS II LLC - OTHER INCOME (LOSS)	-33,157
COATUE - OTHER INCOME (LOSS)	-1,710
CORRUM CAPITAL AVIATION PARTNERS, LP - OTHER INCOME (LOSS)	-112,736
DENHAM COMMODITY PARTNERS FUND VI LP - OTHER INCOME (LOSS)	195,704
GEM REALTY FUND VI, LP - OTHER INCOME (LOSS)	-478
GREENSPRING GLOBAL PARTNERS V-B LP - OTHER INCOME (LOSS)	-1,426
MORGAN CREEK PARTNERS SPV - AEPB, LP - OTHER INCOME (LOSS)	-1,333,479
MREP DISTRESSED STRATEGIES II, LP - OTHER INCOME (LOSS)	2,707
POINSETT HOTEL COMPANY - OTHER INCOME (LOSS)	20,814
RCP FUND VIII, LP - OTHER INCOME (LOSS)	235,605
RCP FUND X, LP - OTHER INCOME (LOSS)	-27,538
RCP FUND XI, LP - OTHER INCOME (LOSS)	-18,640
GREENSPRING GLOBAL PARTNERS VI LP - OTHER INCOME (LOSS)	-333
REENSPRING GLOBAL PARTNERS VII-B LP - OTHER INCOME (LOSS) REENSPRING GLOBAL PARTNERS VIII-B, LP - OTHER INCOME	-119
(LOSS)	-1,204
GREENSPRING OPPORTUNITIES V LP - OTHER INCOME (LOSS)	-5,020
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS)	-75,084
JUNIPER CAPITAL III, LP - OTHER INCOME (LOSS)	-340,961
OSSPIV - OTHER INCOME (LOSS)	-53,856
HIGHFIELDS CAPITAL IV LP - OTHER INCOME (LOSS)	-1,981
NCI ONE HOLDINGS II, LLC - OTHER INCOME (LOSS)	-11,307
FIRST EAGLE CLO EQUITY FUND I, LP - OTHER INCOME (LOSS)	25,940
GRUBB FUND VI - OTHER INCOME (LOSS)	-379,996
CCM AVIATION HOLDINGS 2 - OTHER INCOME (LOSS)	173,278
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,744,977
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
TAX PREPARATION FEES	3,050
TOTAL TO FORM 990-T, PAGE 1, LINE 27	3,050

FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,639,095.	· · · · · · · · · · · · · · · · · · ·	0.	1,639,095.	1,639,095.
NOL CARRYO	VER AVAILABLE THIS	YEAR		1,639,095.	1,639,095.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	111,291.	64,557.	46,734.	46,734.
06/30/16	24,537.	0.	24,537.	24,537.
06/30/17	3,512.	0.	3,512.	3,512.
06/30/18	750,384.	0.	750,384.	750,384.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	825,167.	825,167.
NOL CARRIOV	EK WATHWORE IUTS	ICAR	323,107.	

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	6
	CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018	CONTRIBUTIONS 27,692 97,885 42,294 26,987 54,845			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBU	TIONS	249,703		
	RIBUTIONS AVAILABLE	JUSTED	249,703 0	-	
EXCESS 100	TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	_	249,703 0 249,703	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	ON		_	0
TOTAL CONT	RIBUTION DEDUCTION				0

Employer identification number

## SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

00.40

2019

Department of the Treasury Internal Revenue Service

Name of the organization

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

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	FURMAN UNIVERSITY	57-03	1439			
	Inrelated Business Activity Code (see instructions)   53200 Describe the unrelated trade or business  RENTAL AC		ITIES - CAMPS	AND CONI	EREI	NCES
Pa			(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 16,885.					
	Less returns and allowances c Balance	1c	16,885.			
2	Cost of goods sold (Schedule A, line 7)	2	9,236.			
3	Gross profit. Subtract line 2 from line 1c	3	7,649.			7,649.
4 a	Capital gain net income (attach Schedule D)	4a		•		"
Ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
	Capital loss deduction for trusts	4c	-''' '			
5	Income (loss) from a partnership or an S corporation (attach					
_	statement)	5				
6	Rent income (Schedule C)	6	245,224.	296,1	23.	-50,899.
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8			<b>[</b>	
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	252,873.	296,1	23.	-43,250.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions f	or limitations on dec	luctions.) (Dec		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)			- •	14	4,808.
15	Salaries and wages		•		15	4,000.
16	Repairs and maintenance		•		16	<del></del>
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	<del></del>
19	Taxes and licenses	-	) 1.	40 430	19	
20	Depreciation (attach Form 4562)	•	20	40,438.		^
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	40,438.		0.
22	Depletion	_			22	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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

Contributions to deferred compensation plans

Total deductions. Add lines 14 through 27

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

<u>24</u>

25

26

27

28

29

30

367.

415.

5,590.

-48,840.

instructions)

23

24

25

26

27

28

29

30

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
SUPPLIES PROFESSIONAL SERVICES TAX PREPARATION FEES		30. 35. 350.
TOTAL TO SCHEDULE M, PART II,	LINE 27	415.

								PMITII	Т.
For	m 990-T (2019)								Page :
_	FURMAN UNI	VERSITY	<u>.                                    </u>				57-031	.4395	
50	chedule A - Cost of Goods	Sold. Enter	method of invent	ory \	valuation ► N/A	<u> </u>			
1	Inventory at beginning of year	1		6	Inventory at end of yea	ar .		6	
2	Purchases	. 2	9,236.	. 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,		
4 a	Additional section 263A costs				line 2			7	9,236.
	(attach schedule)	4a		8		•	•		Yes No
	Other costs (attach schedule)	4b	2 226	4	property produced or a	acquired	for resale) apply to		<u></u> -
	Total. Add lines 1 through 4b	5	9,236.		the organization?		IMEN D. I D.		<u> </u>
	hedule C - Rent Income (F	rom Real	Property and	Per	sonal Property L	.ease	d With Real Prop	perty)	
(s	see instructions)	<del> </del>							
1. (	Description of property								
(1)							-		
(2)	)								
(3)	l					_			
(4)	1								
			ed or accrued				3(a) Deductions directl	v connected with the	income in
	(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	ntage of nan	of rent for pe	ersona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	age columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Tota	al	0.	Total			0.			
	<b>Total income</b> . Add totals of columns 2 e and on page 1, Part I, line 6, column (		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Sc	hedule E - Unrelated Debt	-Financed	Income (see	nstn	uctions)				
					2. Gross income from		3. Deductions directly conto debt-finan		ble
Description of debt-financed property					or allocable to debt- financed property	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions ichedule)	
(1)									
(2)									
(3)									
(4)									
	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to need property		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x t	le deductions otal of columns and 3(b))

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

0.

Form 990-T (2019)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

Form 990-T (2019)									Page	
FURMAN UN			57-0314395							
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	aluation >						
1 `Inventory at beginning of year	1		6	Inventory at end of year	ar	.	6			
2 Purchases	2		7	Cost of goods sold. S	ine 6	]				
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		<u> Y</u>	es No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		1	property produced or a	l for resale) apply to					
5 Total. Add lines 1 through 4b	5			the organization?			<u> </u>	<u>L</u>		
Schedule C - Rent Income	(From Real i	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)			
(see instructions)										
1. Description of property										
(1) YOUNTS CONFERENC	E CENTER									
(2) TIMMONS ARENA										
(3) MCALISTER AUDITO	RIUM									
(4)						1				
		ed or accrued				3(a) Deductions directly	connected v	with the incor	ne in	
' rent for personal property is more than ' of rent for per			ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	SEE STAT	d 2(b) (attac	h schedule)		
(1)	0.			84,4	85.				,085.	
(2)	0.			114,0					,295.	
(3)	0.			46,7	18.	<u> </u>		47	,743.	
(4)										
Total	0.	Total		245,2	24.					
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions. Enter here and on page 1.				
here and on page 1, Part I, line 6, column		<u> </u>		245,2	24.	Part I, line 6, column (B)	<u> </u>	296	<u>,123.</u>	
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)		·				
			2	. Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed property			
Description of debt-financed property				financed property	(a)	(a) Straight line depreciation (attach schedule)		Other deducation	ctions lule)	
(1)							ļ			
(2)										
(3)					ļ <u> </u>					
(4)		<del> </del>								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5	d 7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))		of columns	
(1)				%						
(2)				%						

%

%

Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (2019)

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 9
			A	CTIVITY		
DESCRIPTION			;	NUMBER	AMOUNT	TOTAL
DEPRECIATION			_		12,661.	
SALARIES					81,655.	
MEALS FOR CAMPER	S				36,436.	
OTHER					14,196.	
SUPPLIES					2,137.	
		- SUBTOTA	<b>և</b> –	1		147,085
DEPRECIATION					13,364.	
SALARIES					13,960.	
BENEFITS					3,051.	
SERVICES					69,717.	
OTHER				_	1,203.	
		- SUBTOTAL		2		101,295
DEPRECIATION					14,413.	
SALARIES					10,852.	
BENEFITS					723.	
SERVICES					11,990.	
SUPPLIES RENTALS					1,962.	
OTHER					5,680. 2,123.	
OTHER		- SUBTOTAI		3	2,123.	47,743
		BOBIOIRI		,		47,743
TOTAL TO FORM 99	0-T, SCHEDUI	LE C, COLUM	1EN 3			296,123

#### 3

**SCHEDULE M** (Form 990-T)

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

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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 prognization is a 501(c)(3).

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

Name	of the organization  FURMAN UNIVERSITY	ntification				
	Inrelated Business Activity Code (see instructions)   52599	0				
	Describe the unrelated trade or business D S S IV-	C				
Par			(A) Income	(B) Expense	es	(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				
3	Gross profit. Subtract line 2 from line 1c	3		<del></del>		<u></u>
4 a	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	-56,921.			-56,921.
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				<u> </u>
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	-56,921.			56,921.
Par	directly connected with the unrelated business in			ductions.) (Ded	<del></del>	s must be
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	<del></del>
19	Taxes and licenses		1.21.		19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion .	•			22	
23	Contributions to deferred compensation plans		• •		23	
24	Employee benefit programs	•	••		24	
25	Excess exempt expenses (Schedule I)			-	25	
26	Excess readership costs (Schedule J)	•••		•	26	
27	Other deductions (attach schedule)				27	0.
28	Total deductions. Add lines 14 through 27				28	-56,921.
29	Unrelated business taxable income before net operating loss deduc			13	29	-50,541.
30	Deduction for net operating loss arising in tax years beginning on o	r aπer Ja	anuary 1, 2018 (see			0.
21	Instructions) Unrelated business taxable income. Subtract line 30 from line 29		• • • •	• •	30	-56,921.
31	Universitied pusiness taxable income. Subtract line 30 from line 29				1 <b>3 1</b> 1	JU, JAI.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

## SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

o not enter SSN numbers on this form as it may be made public if your organization is a 501(cK3).

Open to Public Inspection for

Name	of the organization  FURMAN UNIVERSITY			Employer identif		
	Inrelated Business Activity Code (see instructions) > 52599	0				
	escribe the unrelated trade or business RCP MF F	IX/	DII			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
	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				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 8	5	25,740.	_		25,740.
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_	25,740.			25,740.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in					s must be
14	Compensation of officers, directors, and trustees (Schedule K)	•		–	14	
15	Salaries and wages	•	• •		15	
16	Repairs and maintenance		• •	<del>-</del>	16	
17	Bad debts	•	•	· · -	17	<u> </u>
18	Interest (attach schedule) (see instructions)			· · · -	18	
19	Taxes and licenses		. )	· ·	19	
20	Depreciation (attach Form 4562)		20	<del></del>	_	
21	Less depreciation claimed on Schedule A and elsewhere on return		. <u>21a</u>		21b 22	
22	Depletion		• • •	··· ⊢		
23	Contributions to deferred compensation plans			• • –	23 24	
24	Employee benefit programs				2 <del>4</del> 25	
25	Excess exempt expenses (Schedule I)		• • •	· · -	26 26	
26	Excess readership costs (Schedule J)	-		·	20 27	
27	Other deductions (attach schedule)	•	• •	· · · –	27 28	0.
28	<b>Total deductions.</b> Add lines 14 through 27 Unrelated business taxable income before net operating loss deductions.	 ntin = '	Cubtrast line 20 from line 4	–	28 29	25,740.
29	Deduction for net operating loss arising in tax years beginning on o			<b>'</b> · F	23	20,740.
30		יי פונצו	January 1, 2010 (SEE	<del>-</del>	30	0.
21	instructions) Unrelated business taxable income. Subtract line 30 from line 29			–	31	25,740.
31	Unrelated business taxable income. Subtract line 30 from line 29				<u> </u>	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION		NET INCOME OR (LOSS)
D S S IV-C - OTHER	INCOME (LOSS)	-56,921.
TOTAL INCLUDED ON SO	CHEDULE M, PART I, LINE 5	-56,921.

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

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

FURMAN UNIVERSITY	57-0314395				
Did the corporation dispose of any investmer	nt(s) ın a qualified opportuni	ty fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instruc			gain or loss.		
Part I Short-Term Capital Gai	ns and Losses (See I	nstructions.)			<del></del>
See instructions for how to figure the amounts to enter on the lines below.	(h) Gain or (loss) Subtra 49, column (e) from column (d)				
This form may be easier to complete if you round off cents to whole dollars.	) '	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					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					20,275.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824		• •	5	
6 Unused capital loss carryover (attach computa		6	()		
7 Net short-term capital gain or (loss). Combine				7_	20,275.
Part II   Long-Term Capital Gai	ns and Losses (See in	structions.)	· · · · · · · · · · · · · · · · · · ·		·
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) 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			<del>-</del>		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					101 074
Form(s) 8949 with Box F checked			_L		191,874.
11 Enter gain from Form 4797, line 7 or 9		•		11	93,937.
12 Long-term capital gain from installment sales				12	<u> </u>
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824	• •		13	
14 Capital gain distributions				14	205 011
15 Net long-term capital gain or (loss). Combine		<u>h</u>	<u></u>	15	285,811.
Part III Summary of Parts I and		. "		40	20 275
16 Enter excess of net short-term capital gain (lin	16	20,275. 285,811.			
17 Net capital gain. Enter excess of net long-term			e () .	17	306,086.
18 Add lines 16 and 17. Enter here and on Form		per line on other returns		18	300,000.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

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.

FURMAN UNIVERS	SITY					57-0	314395
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	low, see whether ation as Form 109 box to check	you received any 99-B. Either will s	/ Form(s) 1099-B show whether you	or substitute statem ur basis (usually you	ent(s) from y r cost) was r	your broker. A sureported to the IR	bstitute S by your
Part I Short-Term. Transac	tions involving capit	al assets you held	1 year or less are g	enerally short-term (see	instructions)	For long-term	
transactions, see page 2  Note: You may aggregate a  codes are required. Enter th	ill short-term transac	tions reported on F Schedule D. line 1a	Form(s) 1099-B sho	wing basis was reported to report	ed to the IRS a	and for which no ad	justments or
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separate l	Form 8949, page 1, for	
(A) Short-term transactions re							
(B) Short-term transactions re		•	•			•	
X (C) Short-term transactions no	•	•	~				
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	in column (d	enter an amount g), 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	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
C Q P							21,239.
D S S P IV							225.
F E CLO E F I							<1,189.
	<u></u>						
							<del> </del>
	1			<del> </del>			
	<u> </u>			<del>                                       </del>			<u> </u>
	<del></del>			<del> </del>			
				<del>                                     </del>			
				<del> </del>			· · · · · · · · · · · · · · · · · · ·
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				-			
<u> </u>				<del>                                     </del>			
				<del>                                     </del>			
				<del>                                     </del>			
	+			<del>                                     </del>		<del></del>	
O Tabala Add the amazanta in action		nd (b) (a) things		<del> </del>			
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		· · ·					
Schedule D, line 1b (if Box A ab							20,275.
above is checked), or line 3 (if E	OUX C ADOVE IS CH	eckea)					20,213.

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.

FURMAN UNIVERS	SITY						314395
Before you check Box D, E, or F be statement will have the same inform broker and may even tell you which	low, see whether y nation as Form 10:	you received any 99-B. Either will s	Form(s) 1099-B show whether you	or substitute statem ur basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transac	tions involving capita	al assets you held r	nore than 1 year are	e generally long-term (s	ee instruction	ons). For short-term t	ransactions,
Note: You may aggregate:	all long-term transact	tions reported on F	orm(s) 1099-B show	ving basis was reported	d to the IRS	and for which no adj	ustments or
codes are required Enter to	Check only one bo	x. If more than one b	ox applies for your long	g-term transactions, compl	ete a separate	Form 8949, page 2, for 6	each applicable box
If you have more long-term transactions than w							
(D) Long-term transactions re	•	•			Note abo	ove)	
(E) Long-term transactions re	•			eported to the IRS			
X (F) Long-term transactions no				T	Adjustmen	nt, if any, to gain or	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss, if v	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in ). See instructions.	Subtract column (e)
(E.a.i.p.o. 100 5iii 7ii 2 00)	(,,, ,,	(Mo., day, yr.)		Note below and	(6)		from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
CQP				·		aujustinent	199,663.
G G P V-B	·			<del></del>	<del></del>	-	<669.
D S S P IV	<del></del>			<del>-</del>			21.
F E CLO E F I	_			<del> </del>		-	<7,141.:
F E CHO E F I				-			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				-			
				-			
	-			· · -			
	-						· · · · · · · · · · · · · · · · · · ·
			-				
			<del></del>				
					•		
		-:-					
			_				
-							
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each t	otal here and inclu	ide on your					
Schedule D, line 8b (if Box D at	oove is checked),	line 9 (If Box E					404 0= 1
above is checked), or line 10 (if	Box F above is ch	necked)			L		191,874.

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.