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<u>.</u> .	For cal		sar beginning JUN 1,				Y 31. 201	ا کو		2018
5		Go to www.irs.gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number	ers on this form as it may	be ma	de public if your a	rganiz	ation is a 501(c)(3)		501(c)(o Public Inspection for 3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instruction	ns.)		Emp		entification number trust, see)
B Exempt under section	Print	CHRISTIAN B	ROTHERS UNIV	VER	SITY					476666
X 501(c)(3)	or . Type	1 ' '	m or suite no. If a P O. box	k, see II	nstructions.				lated bu instructi	siness activity code ions)
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408A 530(a) 529(a)		City or town, state or pro	ovince, country, and ZIP or 38104	r foreig	n postal code		<u> </u>	523	000	<u> </u>
C Book value of all assets at end of year		F Group exemption num		<u> </u>						<u> </u>
		G Check organization type		_			401(a)			Other trust
H Enter the number of the	-			1			the only (or first) un			one
		EE STATEMENT	us sentence, complete Pa	rte I an		•	, complete Parts I-V. M for each addition			one,
business, then complete	•	•	ius semence, complete ra	1151 411	o II, complete a St	iicuuii	e IVI TOT GACTI AUGICIOTI	ai ii auc	, Oi	
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J The books are in care of				DON		Teleph	none number 🕨 9	01-	321	3381
Part Unrelated	Trac	de or Business Inc	come		(A) Income)	(B) Expenses	3		(C) Net
1a Gross receipts or sale	s								A. L.	
b Less returns and allow	vances		c Balance	1c			E PRINTED AND THE PRINTED AND	1 T T T T	FE 19	
2 Cost of goods sold (S		•	WΛ	2					\$\$4. E	學之為於於此類
3 Gross profit. Subtract			1,1	3	15 0		Telephone Control of the Control		-	15 055
4 a Capital gain net incom	•	•	. 4707\	4a	15,0	<u> </u>				15,055.
		'art II, line 17) (attach Fori	n 4/9/)	4b			The state of the s	Prints Prints	;	
c Capital loss deduction5 Income (loss) from a		sis ship or an S corporation (a	ittach etatement\	4c 5	-23,8	51.	STMT	2分剛組(-23,851.
6 Rent income (Schedu	•	silp of all o corporation (a	ittacii statement)	6	23,0				-	1
7 Unrelated debt-finance	•	ne (Schedule E)		7		i –	NECLIVE			
		nd rents from a controlled	organization (Schedule F)	8		രി			13	
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9		121	MAR 1 3 20	120		
10 Exploited exempt activ				10					185	
11 Advertising income (S	Schedule	: J)		11_	_			1 17		
12 Other income (See ins			,	12		1	Caneix	<u> </u>	 	
13 Total. Combine lines	3 throu	gh 12	*** (2)	13	-8,7				<u>i </u>	-8,796.
			re (See instructions fo							
		rectors, and trustees (Sch						14	Τ	
14 Compensation of off15 Salaries and wages	icers, un	rectors, and trustees (Sch	eunie K)					15		
16 Repairs and mainten	ance							16		
17 Bad debts	4							17		
18 Interest (attach sche	dule) (se	ee instructions)						18		
19 Taxes and licenses		•						19		
20 Charitable contribution	ons (See	e instructions for limitation	rules)					20		
21 Depreciation (attach	Form 45	562)			21				3	
22 Less depreciation cla	umed or	n Schedule A and elsewhe	re on return		22a	Ц		22b		
23 Depletion								23	-	
24 Contributions to defe		mpensation plans						24	-	
25 Employee benefit pro	_	shadula IX						25	+	
26 Excess exempt experience27 Excess readership co		•						26 27	 	
27 Excess readership co28 Other deductions (at		•						28	\vdash	
29 Total deductions A		•						29	\vdash	0.
		-	g loss deduction. Subtract	t line 29	9 from line 13			3b		-8,796.
		•	ginning on or after Januar			าร)				
·	_	ncome. Subtract line 31 fr		· ·	·		31	32		<i>i</i> -8,796.
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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 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjay, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which proparer has now knowledge and belief, it is true, FINANCE FINANCE Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check If PTIN self- employed AMY M. DOOLIN AMY M. DOOLIN 03/02/20 Firm's name DIXON HUGHES GOODMAN LLP Firm's name DIXON HUGHES GOODMAN LLP Firm's address MEMPHIS, TN 38120 Phone no (901)761-3000	56 /	At any time during the 2018 calendar year, did the orga	anization have an interest in or a signatu	re or other authorit	v		Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$		•	· · · · · · · · · · · · · · · · · · ·		=		
bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. VP - ADMINISTRATION & May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed AMY M. DOOLIN AMY M. DOOLIN 03/02/20 P01297217 Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-0747981 999 S. SHADY GROVE RD, STE 400 Firm's address ▶ MEMPHIS, TN 38120 Phone no (901)761-3000		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	• •	•			
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. FINANCE FINANCE Signature of officer Date Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed PO1297217 Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-0747981 999 S. SHADY GROVE RD, STE 400 Firm's address ▶ MEMPHIS, TN 38120			,	,			X
If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. VP - ADMINISTRATION & May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed Preparer Use Only Prim's name DIXON HUGHES GOODMAN LLP Signature of officer Date Firm's EIN 56-0747981 Prim's address MEMPHIS, TN 38120 Phone no (901)761-3000			bution from, or was it the granter of, or	r transferor to, a for	eian trust?		$ \overline{x}$
Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Sign			•	, , , , , , , , , , , , , , , , , , , ,	3		
Sign Here		•	-				
FINANCE Signature of officer Print/Type preparer's name Preparer's signature Date Check If PTIN self- employed Pol 1297217 Firm's name ▶ DIXON HUGHES GOODMAN LLP Print's name ▶ DIXON HUGHES GOODMAN LLP Print's address ▶ MEMPHIS, TN 38120 Phone no (901)761-3000		Under penalties of perjury, I declare that I have examined this	return, including accompanying schedules and	statements, and to the	best of my knowled	ge and belief,	it is true,
FINANCE Signature of officer Date Title Title	Sign	correct, and complete Declaration of preparer (other than tax)	(payer) is based on all information of which prepared VP – ADN	arer has any knowledge IINISTRAT	ÎON & 🖵	4	
Paid Preparer Use Only Signature of officer Date Title Date Title Date Check If self- employed self- employed PTIN Self- employed PO1297217 Pone No Po1297217 Firm's name ▶ DIXON HUGHES GOODMAN LLP 999 S. SHADY GROVE RD, STE 400 Firm's address ▶ MEMPHIS, TN 38120 Phone no (901)761-3000	Here	Komile Deli	1 / 1////////		IVIZ	•	
Paid Preparer Use Only AMY M. DOOLIN AMY M. DOOLIN 03/02/20 self- employed P01297217 999 S. SHADY GROVE RD, STE 400 Firm's address MEMPHIS, TN 38120 Phone no (901)761-3000		Signature of officer					
Paid Preparer Use Only AMY M. DOOLIN AMY M. DOOLIN 03/02/20 self- employed P01297217 999 S. SHADY GROVE RD, STE 400 Firm's address MEMPHIS, TN 38120 Phone no (901)761-3000		Print/Type preparer's name	reparer's signature	Date			
Preparer Use Only AMY M. DOOLIN AMY M. DOOLIN 03/02/20 P01297217 999 S. SHADY GROVE RD, STE 400 Firm's address ► MEMPHIS, TN 38120 Phone no (901)761-3000	De:4					""	
Use Only Firm's name ▶ DIXON HUGHES GOODMAN LLP 999 S. SHADY GROVE RD, STE 400 Firm's address ▶ MEMPHIS, TN 38120 Phone no (901)761-3000		ar AMY M. DOOLIN	MY M. DOOLIN	03/02/20	Jp.ojou	P01:	297217
999 S. SHADY GROVE RD, STE 400 Firm's address MEMPHIS, TN 38120 Phone no (901)761-3000	-	- DIVON INICHES C		<u> </u>	Firm's FIN ▶		
Firm's address ► MEMPHIS, TN 38120 Phone no (901)761-3000	ose Of			0	0 = 110 -		
		•		-	Phone no (901)76	51 <u>′</u> 3000
10111 000 1 120101	823711 01-0		<u> </u>				rm 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory v	aluation N/A				
1 Inventory at beginning of year	1_1_			Inventory at end of yea	r		6	
2 Purchases	2] 7	Cost of goods sold Su	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		Į	7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to	Yes	s No
 Other costs (attach schedule) 	4b		_	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real 1	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty) 	
1. Description of property						<u></u>		
(1)	.,							
(2)								
(3)								
(4)						y -		
		ed or accrued				3/a \ Deductions directly	connected with the income	ıın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	columns 2(a) ar	d 2(b) (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	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Pert I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)				
		-	7	2 Gross income from		3. Deductions directly cont to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deducti (attach schedule	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)		5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Altocable dedu (column 6 x total of o 3(a) and 3(b)	columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)	Enter here and on pa Part I, line 7, colum	
Totals				•		0	.	0.
Total dividends-received deductions in	ncluded in columi	n 8				<u> </u>		0.
						· <u> </u>	Form 990-	T (2018)

Schedule F - Interest,	Annuities	, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	itions	See ins	tructions	
				Exempt (Controlled O	rganızatı	ons				
1. Name of controlled organizat	tion	2 Emp Identific numi	cation		elated income instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5
(1)								<u> </u>	_		
(1)								<u> </u>			
(2)	i				·					\rightarrow	
(3)			+				- -	 			
(4)		_			_			L		1	
Nonexempt Controlled Organi	T	<u>'</u>			 						·
7 Taxable Income	(see instructions)		9 . Total	of specified payn made	nents	10. Part of colu in the controll gros	mn 9 thai ing organ s income	is included ization's	11 Dec with	ductions directly connected income in column 10	
(1)											
(2)							-				
(3)	•										
(4)											
,	•	"					Add colur Enter here and line 8,		1, Part I, \)	Enter h	d columns 6 and 11 ere and on page 1, Pert I, line 8, column (B)
Totals		- "				<u> </u>			0.		0.
Schedule G - Investme		ne of a S	Section 5	501(c)(7	7), (9), or (⁻	17) Org	janization				
(see inst	ructions)										
1 Desc	1 Description of income `			2. Amount of	ıncome	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)	•									-	
(3)									-		
(4)											
Totals	•			•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instri	-	Activity	Income,	, Other	Than Adv		g Income	1 mm), 2 , 4° (%)	1-1-1 × 2001-200-7-10	-1"gr 4(, 11)	
(See ITSU	T	Т			<u> </u>						
1. Déscription of exploited activity	2. Gurrelated income trade or b	business a from	3. Expedirectly con with prod of unrel business	nnected luction lated	4. Net incom from un elated business (co minus colum gain, compute through	Itrade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that led	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>								
(2)	1										
(3)	†										
(4)	†										
Totals	Enter here page 1, line 10, e	Part I,	Enter here page 1, l line 10, c	Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	ng Incon		nstructions		1 - 988 # 14 14 St	24 Calab of 1, 1994	**** 4 de rébet act, 1		· mx 402 x (20 EV 20 20 20 20 20 20 20 20 20 20 20 20 20	A . W 3 M/M C . C . E	<u>1</u>
Part Is Income From					solidated	Basis					
[[awa](c.a.*"]			-,								
1. Name of periodical		2. Gross advertising income		Direct tising costs	or (loss) (c	tising gain of 2 minus ain, comput trough 7	5. Circula income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							1				
(2)				·			S				
(3)					250						
(4)							*				ak ilinika j
			1		1-damm with job of 1s, 555,000	- 1 W - C4, 44600	1				
Totals (carry to Part II, line (5))	•	(0.	0							0.
											Form 990-T (2018)

Form 990-T (2018) CHRISTIAN BROTHERS UNIVERSITY 62-04766
| Part | III | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7 Excess reader ship costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0	. 0.			ecapanania	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 27
Totals, Part II (lines 1-5)	▶ 0	. 0.				0.

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

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

Form 990-T (2018)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UN	NRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ΓY			

UNRELATED INVESTMENT PASSTHROUGH INCOME

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
WEXFORD PARTNERS 11, LP - ORDINARY BUSINESS INCOME (LOSS) WEXFORD PARTNERS 9, LP - ORDINARY BUSINESS INCOME (LOSS) CSFB STRATEGIC PARTNERS III RE, LP - ORDINARY BUSINESS	-2,250. -5,925.
INCOME (LOSS) PAUL CAPITAL PARTNERS VIII-A, LP - ORDINARY BUSINESS	3,809.
INCOME (LOSS)	16.
GT US QP FUND - ORDINARY BUSINESS INCOME (LOSS)	594.
GT EMERGING MARKETS - ORDINARY BUSINESS INCOME (LOSS) SIGULER GUFF SMALL BUYOUT - ORDINARY BUSINESS INCOME	-151.
(LOSS)	-36.
GT REAL ASSETS II LP - ORDINARY BUSINESS INCOME (LOSS) PALLADIAN PARTNERS VIII-A, LP - ORDINARY BUSINESS INCOME	-1,582.
(LOSS)	-18,042.
PALLADIAN PARTNERS IX - ORDINARY BUSINESS INCOME (LOSS)	-284.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-23,851.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
05/31/09	62,323.	15,098.	47,225.	47,225.	
05/31/11	160,368.	0.	160,368.	160,368.	
05/31/11	167,300.	0.	167,300.	167,300.	
05/31/12	0.	0.	0.	0.	
05/31/13	71,873.	0.	71,873.	71,873.	
05/31/14	42,502.	0.	42,502.	42,502.	
05/31/15	73,239.	0.	73,239.	73,239.	
05/31/16	27,345.	0.	27,345.	27,345.	
05/31/17	11,831.	0.	11,831.	11,831.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	601,683.	601,683.	

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

CHRISTIAN BROTHERS UNIVERSITY

62-0476666

Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19.	(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)	combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					· · · · · · · · · · · · · · · · · · ·
Form(s) 8949 with Box C checked					1,513.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine	•	h		7	1,513.
Part II Long-Term Capital Gair					· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(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.	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			_		13,542.
11 Enter gain from Form 4797, line 7 or 9				11	
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	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	13,542.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin		Il loss (line 15)		16	1,513.
17 Net capital gain Enter excess of net long-term	, -	' '	ne 7)	17	13,542.
18 Add lines 16 and 17. Enter here and on Form			•	18	15,055.
Note If losses exceed gains, see Capital losse					
and the second s					
JWA For Paperwork Reduction Act Notice.	eas the Instructions for East	1100			Schedule D (Form 1120) 2018

JWA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

2018

Attachment 120

Social security number or taxpayer identification no.

62-0476666

CHRISTIAN BROTHERS UNIVERSITY

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (b) (d) (e) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. Subtract column (e) (sales price) basis See the (Example 100 sh XYZ Co) disposed of (Mo, day, yr) from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment 2,145. GT US QP FUND GT EMERGING <723.> MARKETS GT REAL ASSETS II LP PALLADIAN PARTNERS 70. VIII-A, LP 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 1b (if Box A above is checked), line 2 (if Box B 1,513. above is checked), or line 3 (if Box C above is checked)

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

rvaine(3) shown on return rvaine and	OOIT OF Taxpayo	i identinoation n	o not required in	anown on page 1		I	ntification no.
CHRISTIAN BROT	HERS UNIV	/ERSITY	_			62-0	476666
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which t	ation as Form 109	ou received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem er basis (usually you	ent(s) from y r cost) was r	our broker A sur eported to the IF	bstitute IS by your
Part II Long-Term. Transaction		l assets you held n	nore than 1 year are	generally long term (s	ee instruction:	s) For short-term to	ransactions,
see page 1 Note You may aggregate all codes are required. Enter the	l long-term transact totals directly on S	ions reported on F Schedule D, line 8a	orm(s) 1099 B show	ing basis was reported to report these trans	d to the IRS ar actions on For	nd for which no adj m 8949 (see instru	ustments or ctions)
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fo	orm 8949, page 2, for e	each applicable box
(D) Long-term transactions rep							
(E) Long-term transactions rep	•	•	•	•		•	
X (F) Long-term transactions not	reported to you	on Form 1099-B					
Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss. If you in column (g	if any, to gain or enter an amount g), enter a code in See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
GGDD, GDD, DDGTG				the instructions	Code(s)	adjustment	with column (g)
CSFB STRATEGIC				·	-		
PARTNERS III RE,							995.
GT US QP FUND							8,303.
GT EMERGING							0,303.
MARKETS							607.
GT REAL ASSETS II						·	5571
LP							19.
PALLADIAN PARTNERS							
VIII-A, LP							3,618.
						-	
						 -	
			· · · · · · · · · · · · · · · · · · ·				
					└		
				<u> </u>	 		
				-	-		
	L				 		
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 8b (if Box D abo	tal here and ınclu	ide on your					

above is checked), or line 10 (if Box F above is checked) 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

823012 11-28-18

Form **8949** (2018)