25-)			2	939309	330	9418 1				
'7 / 1000 T	Everent Overenization D.					OMB No 1545-0687				
Form 990-T	Exempt Organization Bu	ISINE	ss income i	ax Return	\	OMB NO 1343-0087				
•	1 ' ' =	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 2018								
	Go to www urs gov/Form990T for instructions and the latest information									
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3)								
A Check box if		Name of programming / Check how if name changed and see instructions) D Employer identification number								
address changed		(Employees' trust, see instructions)								
B Exempt under section	Print SOUTHERN NAZARENE UNI									
X 501(CV)(3)	or Number, street, and room or suite no. If a P.O. t		structions.			lated business activity code instructions)				
408(e) 220(e)	0/29 N.W. SOTH EXPRES				4					
408A530(a)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	or foreigi	n postal code		E 2 E	000				
529(a) C Book value of all assets	F Group exemption number (See instructions.)				<u> </u> 2∠2	990				
at end of year	787. G Check organization type ► X 501(c) co	ornoration	501(c) trust) trust	Other trust				
	organization's unrelated trades or businesses.	1		the only (or first) u						
	SEE STATEMENT 1			complete Parts I-V						
	plank space at the end of the previous sentence, complete	Parts I and		•						
business, then complete	Parts III-V.									
-	the corporation a subsidiary in an affiliated group or a pair	rent-subsi	diary controlled group?	>	Y	es X No				
	and identifying number of the parent corporation.					\ 104 COOC				
	▶ PHIL WHITE d Trade or Business Income				405	, 				
<u> </u>		\dashv	(A) Income	(B) Expense	<u> </u>	(C) Net				
1 a Gross receipts or sal b Less returns and allo		. 44								
b Less returns and allo 2 Cost of goods sold (1c 2	·		-					
3 Gross profit. Subtrac	· · · · · · · · · · · · · · · · · · ·	3	\							
,	ne (attach Schedule D)	4a	1,624.			1,624.				
, ,	1 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>	$\overline{}$					
c Capital loss deductio		4c								
•	partnership or an S corporation (attach statement)	5	-20.	SAMT	2 🔻	-20.				
6 Rent income (Schedi		6								
•	ced income (Schedule E)	7								
8 Interest, annuities, ro	yalties, and rents from a controlled organization (Schedule F	9 8								
9 Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule 6	i) 9								
10 Exploited exempt act	ıvıty ıncome (Schedule I)	10								
11 Advertising income (Schedule J)	11								
12 Other income (See in	structions, attach schedule)	12								
13 Total, Combine lines	s 3 through 12	13	1,604.			1,604.				
	ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connected			incomo l						
		ea with th	Te unrelated business			· · · · · · · · · · · · · · · · · · ·				
14 Compensation of of	ficers, directors, and rustees (Schedulers) (ED				14					
15 Salaries and wages		51			15					
16 Repairs and mainter 17 Bad debts	SEP 0 4 2020	S-080			16					
	edule) (see instructions	쓰	SEE STAT	тмтип 3	17	388.				
№ 19 Taxes and licenses		-	DEE DIAI	EMENT 5	18 19	300.				
20 Charitable contribut	ons (See instructions or limitation rules) Form 4562				20	2.				
21 Depreciation (attach	Form 45621		21							
	aimed on Schedule A and elsewhere on return		22a		22b					
23 Depletion	unicoon ounced a une discondre on retern		[220]		23					
24 Contributions to def	erred compensation plans				24					
25 Employee benefit pr					25					
() 26 Evenes avant aven					26					
27 Excess readership c	•				27					
28 Other deductions (a	•				28					
,	dd lines 14 through 28		•		29	390.				
	axable income before net operating loss deduction. Subtra	ct line 29	from line 13		30	1,214.				
	erating loss arising in tax years beginning on or after Janu				31					
	axable income. Subtract line 31 from line 30		· 		32	1,214.				
, — <u>— — — — — — — — — — — — — — — — — —</u>	or Paperwork Reduction Act Notice, see instructions.				1	Form 990-T (2018)				

SUITE 200

Phone no. 405 - 848 - 2020

Form 990-T (2018)

1225 N BROADWAY AVENUE,

Firm's address ► OKLAHOMA CITY, OK 73103

Schedule A - Cost of Goods Sold. Enter	method of inven	tory valuation N	/A				
1 Inventory at beginning of year 1		6 Inventory at end of	year		6		
2 Purchases 2		7 Cost of goods sold.	Subtract	line 6			
3 Cost of labor 3		from line 5. Enter h	ere and in	Part I,			
4 a Additional section 263A costs		line 2			7		
(attach schedule) 4a		8 Do the rules of section 263A (with respec				Yes	No
b Other costs (attach schedule) 4b		property produced	or acquired	d for resale) apply to		ļ	.
5 Total Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property	/ Lease	d With Real Prop	erty) 		
1 Description of property							
(1)				-			
(2)						_	
(3)							
(4)			_		_		
	ed or accrued						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the perce ersonal property exceeds 50% or t is based on profit or income)	entage If	3(a) Deductions directly columns 2(a) ar	connected ad 2(b) (atta	with the income in ich schedule)	1
(1)							
(2)							
(3)							
(4)							
Total 0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-Financed	income (see	instructions)		0.5.1.1			
		2 Gross income from		Deductions directly control to debt-finance			
1 Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(Other deduction (attach schedule)	ns
(1)		."				"	
(2)							
(3)							
(4)							
4. Amount of average acquisition 5. Average debt on or allocable to debt-financed of or a property (attach schedule) debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(col	. Allocable deduct umn 6 x total of co 3(a) and 3(b))	ions Iumns
(1)		9/					
(2)		9/					
(3)		9/					
(4)		9/					
<u> </u>		•	Ε	inter here and on page 1, Part I, line 7, column (A)		er here and on pag rt I, line 7, column (
Totals		ĺ		0	.		0.
Total dividends-received deductions included in column	18	'		•	1		0.

Commercial commercial control of commercial commercial commercial control of commercial commercial commercial commercial control of control of commercial commercia				Exempt	Controlled O	rganızatı	ons					
(3) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Name of controlled organization		dentification				4. Total of specified payments made		included in the controlling		6. Deductions directly connected with income in column 5	
Column C	(1)											
Comparison Controlled Organizations Controlled Organizations S. Net interest encome (easily created in the controlled Organizations S. Net interest encome (easily created in the controlled organizations S. Net interest encome (easily created in the controlled organizations S. Net interest encome (easily created in the controlled organizations S. Net interest encome organization S. Net intere	_(2)			<u> </u>								
Nonexempt Controlled Organizations 7. Tastable income 8. Net vertilities received (see instructions) 9. Total of Septiding payments (1) (2) (3) (4) And John of Septiding payments (5) Code in the controlling againstations great winds an evaluated on page 1. Pert 1. Code in the controlling againstations greated and the controlling againstation of the controlling againstat				<u> </u>							 ,,,,,	
8. Net unablated income 8. Net unablated income alocal test in the controlling organization of the controlling organization												
(1) (2) (3) (4) Add column 5 and 10 Enter here and on page 1, Part 1, less 6, column (1) (2) (3) (4) Add column 6 and 11 Enter here and on page 1, Part 1, less 6, column (1) (2) (3) (4) Add column 6 and 11 Enter here and on page 1, Part 1, less 6, column (1) (2) (3) (4) Add column 6 and 11 Enter here and on page 1, Part 1, less 6, column (1) (2) (3) (4) Enter here and on page 1, Part 1, less 6, column (1) (4) Enter here and on page 1, Part 1, less 6, column (1) (5) (6) (7) (8) (8) (9) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, less 6, column (1) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (10) (11) (12) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		ızatıons										
(d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f	7. Taxable Income			9. Total		nents	in the controlli	ng organi	is included zation's			
(d) (d) (d) (d) (d) (d) (d) (d)	(1)											
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8)												
Add columns 5 and 10 Criter here and on page 1, Part 1, inc 8, column (A)												
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income 3. Describers directly connected (eitern schedule) (intelligence of intelligence of												
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions derectly connected (etitach schedule) (placed s		•		-			Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,	
(see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Description of process of a section of the control of attach schedule) (2) (3) (4) Enter here and on page 1, Part I, Immune column 3) I agent, compute do activity and seeks income for exploited activity 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross, unrealised business income (see instructions) (1) (2) (3) (4) Enter here and on page 1, Part 1, Immunic activity Income (see instructions) Enter here and on page 1, Part 1, Immunic activity Income (see instructions) Part 1 Income From Periodical Reported on a Consolidated Basis 1 Name of periodical Reported on a Consolidated Basis 2 Gross advertising income (see instructions) Part 1 Income From Periodical Reported on a Consolidated Basis 4 Activities pairs and on page 1, Part 1, Immunic activity Income (see instructions) Part 1 Income From Periodical Reported on a Consolidated Basis 4 Activities page 1, Part 1, Immunic activity Income (see instructions) 1 Name of periodical Reported on a Consolidated Basis						>	-12-		0.		0.	
1 Description of income 2 Amount of income 2 Amount of income 3 A Set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1 Part I I Income (see instructions) 2 Cross income (see instructions) 3 Expenses from unrelated discharges income from trade or business income (2) (3) (4) Enter here and on page 1 Part I Income (see instructions) 3 Expenses directly connected with production must lead or business income from trade or business income (2) (3) (4) (4) (5) Enter here and on page 1 Part I Income (see instructions) 4. Net income (see) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (see) 4. Net income (see) 1 Description of exploited trades or income from trade or business income trade or income from trade or business income trade or income from trade or business income income trade or income from trade or business income inco			Section 1	1 501(c)(7	7), (9), or (⁻	17) Org	janization					
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Totals						· •						
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross urrelated business income from trade or business income for business income intrade or business intrade or business income intrade or business income intrade or business intrade or business income intrade or business income intrade or business intrade or business income intrade or business intrade or business income intrade or business											Enter here and on page 1, Part I, line 9, column (B)	
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1 Description of exploited activity unrelated business income from trade or business (column 2 minus column 3) in the production of trade or business income from activity that is not unrelated business income from trade or business income from activity that is not unrelated business income follows.	•	•	y Incom	e, Other	Than Adv	ertisin	g Income					
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 1 Name of periodical 2. Gross advertising costs advertising costs of line 10, col (B) 3 Direct advertising gain or (loss) (Col 2 minus col 3) If a gain, compute costs foculum 6 m (column 6), but not in than column 4) (1) (2) (3) (4)		unrelated business income from	directly with po	connected roduction related	from unrelated business (col minus column gain, compute	trade or umn 2 3) If a cols 5	from activity the is not unrelated	at d	attributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income advertising costs of advertising costs of through 7 (1) (2) (3) (4)	(1)					İ		Î				
Enter here and on page 1, Part 1, Inne 10, col (A) D. Enter here and on page 1, Part 1, Inne 10, col (B) D. D.	(2)					J						
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Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising advertising costs or (loss) (col 2 minus cols 5 through 7 1. Name of periodical 2. Gross advertising costs advertising costs (column 6 mincome costs) 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income costs 6. Readership costs ocots (column 6 mincome than column 4) (1) (2) (3) (4)					<u> </u>				<u>.</u>	<u> </u>	0.	
2. Gross advertising advertising costs or (loss) (col 2 minus cols 5 through 7 (1) (2) (3) (4) A Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income costs 6. Readership costs column 6 microme costs (2) (3) (4)											_	
1 Name of periodical advertising costs advertising costs advertising costs (column 6 microme) advertising costs (column 6 microme) 5. Circulation income (costs) (column 6 microme) 5. Circulation income (costs) (column 6 microme) 6. Readership costs (co	Part I Income From I	Periodicals Re	ported o	n a Cons	solidated l	Basis						
(2) (3) (4)	1 Name of periodical	advertising	.		or (loss) (co col 3) If a ga	l 2 minus in, compute		on			Excess readership costs (column 6 minus column 5, but not more than column 4)	
(3) (4)												
(4)					_			\longrightarrow				
					_						şi.	
	(4)						_				_	
Totals (carry to Part II, line (5)) ► 0 . 0 .	Totals (carry to Part II, line (5))	•	0.	0	.]						0 . Form 990-T (2018	

Total. Enter here and on page 1, Part II, line 14

Rart 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) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2 Gross 3. Direct 5 Circulation 6. Readership 1. Name of periodical advertising costs income costs (1) (2) (3) (4) 0 0. 0. Totals from Part ! Enter here and Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name (1) (2) % (3) % % (4)

Form 990-T (2018)

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FORM 990-T	DESCRIPTION O	F ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1	
		BUSINESS ACTIVIT	ľΥ			

BUSINESS ACTIVITY CARRIED ON BY PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
		NET INCOME
DESCRIPTION		OR (LOSS)
COMMONFUND CAPITAL P	PARTNERS VII, LP - ORDINARY BUSINESS	
INCOME (LOSS)		-247.
	PARTNERS VII, LP - NET RENTAL REAL	
ESTATE INCOME		-17
	ARTNERS VII, LP - INTEREST INCOME	10
	PARTNERS VII, LP - DIVIDEND INCOME	8
	PARTNERS VII, LP - ROYALTIES	20
	ARTNERS VII, LP - OTHER PORTFOLIO	-48
INCOME (LOSS)	NAME OF THE OWNER AND THE PROPERTY OF THE PROP	-46. -353.
	PARTNERS VII, LP - OTHER INCOME (LOSS)	-353.
	ARTNERS VII, LP - ORDINARY BUSINESS	-247
INCOME (LOSS)	PARTNERS VII, LP - NET RENTAL REAL	-247
COMMONFUND CAPITAL P ESTATE INCOME	ARINERS VII, DF - NEI RENIAD READ	-17
	PARTNERS VII, LP - INTEREST INCOME	10
	PARTNERS VII, LP - DIVIDEND INCOME	8
	PARTNERS VII, LP - ROYALTIES	20
	PARTNERS VII, LP - OTHER PORTFOLIO	20
INCOME (LOSS)	MINIMO VII, EI OIMEN IONII OEE	-48
	PARTNERS VII, LP - OTHER INCOME (LOSS)	-353
	DRWARD TO 2019 - SEE 8810 FOR DETAIL -	
OTHER INCOME (LOSS		1,234
	NOW 000 M DIGHT 1 TIME F	-20
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	-20.
FORM 990-T	INTEREST PAID	STATEMENT 3
DESCRIPTION		AMOUNT
	ADMNEDS VII I.D	194
COMMONFUND CAPITAL P	·	194.
TOTAL TO FORM 990-T,	DIGE 1 TIME 10	388

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

	THERN NAZARENE				7 <u>3</u> -	<u> 0587210 </u>
Part I	Short-Term Capital Ga	ins and Losses (See	instructions)			
to enter on the	s for how to figure the amounts lines below. he easier to complete if you to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (s	19.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for a reported on was reporte have no adj However, if	Il short-term transactions Form 1099-B for which basis id to the IRS and for which you ustments (see instructions) you choose to report all these s on Form 8949, leave this line				•	
	II transactions reported on 49 with Box A checked					
	II transactions reported on 49 with Box B checked					
	Il transactions reported on 49 with Box C checked					16.
4 Short-term	capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term	capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused cap	ital loss carryover (attach computa	ation)			6	()
7 Net short-te	rm capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	16.
Part II	Long-Term Capital Gai	ns and Losses (See II	nstructions.)			
to enter on the I	for how to figure the amounts ines below e easier to complete if you owhole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g	9.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for al on Form 10 reported to no adjustme if you choos	I long-term transactions reported 99-B for which basis was the IRS and for which you have ints (see instructions). However, se to report all these transactions 49, leave this line blank and go to				· 	
	I transactions reported on 49 with Box D checked					
	I transactions reported on			1		
Form(s) 894	19 with Box E checked					
10 Totals for al	I transactions reported on					
Form(s) 894	19 with Box F checked					1,608.
	rom Form 4797, line 7 or 9				11	
12 Long-term	capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term	capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain	distributions	·		ĺ	14	
15 Net long-ter	m capital gain or (loss). Combine	lines 8a through 14 in column	ı h		15	1,608.
	Summary of Parts I and					
16 Enter excess	s of net short-term capital gain (lin	ie 7) over net long-term capital	loss (line 15)		16	16.
	gain. Enter excess of net long-term	, ,	• •	e 7)	17	1,608.
	3 and 17. Enter here and on Form		· · · · · · · · · · · · · · · · · · ·	ſ	18	1,624.
	es exceed gains, see Capital losse		:	`		

JWA

Department of the Treasure 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.

73-0587210

SOUTHERN NAZARENE 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 (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) (h) 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 (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (g) Amount of (Mo, day, yr) combine the result see Column (e) In Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL PARTNERS VII, LP 8. COMMONFUND CAPITAL PARTNERS VII, LP 8. 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

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.

16.

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

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

Social security number or

						taxpayer ide	entification no.
SOUTHERN NAZAR	ENE UNIV	ERSITY				73-0	587210
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10		Form(s) 1099-B on the show whether you	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re		
Part II Long-Term. Transactions see page 1 Note: You may aggregate all	ons involving capita						
codes are required Enter the	e totals directly on :	Schedule D, line 8a	, you aren't required	to report these trans	actions on Forr	n 8949 (see instru	ictions)
You must check Box D, E, or F below. (If you have more long-term transactions than will	fit on this page for one	e or more of the boxes,	complete as many forr	ns with the same box che	cked as you need		each applicable box
(D) Long-term transactions rep (E) Long-term transactions rep	•	•		•	Note above	?)	
X (F) Long-term transactions not	reported to you	on Form 1099-B	<u> </u>				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss If you on the column (g)	f any, to gain or enter an amount , enter a code in	(h) Gain or (loss). Subtract column (e)
(Example 100 sh. XYZ Co.)	(Mo , day, yr)	disposed of	()	Note below and	<u>``</u>	ee instructions.	from column (d) &
_		(Mo , day, yr.)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL							004
PARTNERS VII, LP				 	<u> </u>		804.
COMMONFUND CAPITAL					ļ		
PARTNERS VII, LP				 		-	804.
				<u> </u>			<u> </u>
				-	 		
							
							
							 -
							·
							
				 			
	 -			 	+		
2 Totals. Add the amounts in colum		nd (h) (subtract			+		
negative amounts) Enter each tot		, , ,					
Schedule D, line 8b (if Box D abo	• • • • • • • • • • • • • • • • • • • •	`					1,608.
above is checked) or line 10 (if B	AV E SDAVA IS CH	ecked) -		1	1	l l	T'0/U'

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