Form 990-T	E	Exempt Organization Bu					OMB No 1545-0687		
	l	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019							
	For cal					<u>.9</u>	2018		
Department of the Treasury Internal Revenue Service	•	Go to www.irs gov/Form990T for i Do not enter SSN numbers on this form as it ma				. !	Open to Public Inspection for 50 (c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees trust, see instructions.)							
B Exempt under section	Print	SOUTHWESTERN UNIVERSIT					<u>4-1233796 </u>		
X 501(c 103)	Type	Number, street, and room or suite no. If a P.O. bo		nstructions			ited business activity code istructions)		
408(e) 220(e)	1,700	1001 E. UNIVERSITY AVE	i •			4			
408A 530(a) 529(a)		City or town, state or province, country, and ZIP GEORGETOWN, TX 78626	or foreig	n postal code		5230	000		
C Book value of all assets at end of year		F Group exemption number (See instructions.)							
473,336,1		G Check organization type ► X 501(c) co		1 501(c) trust	401(a) trust	Other trust		
	-	ition's unrelated trades or businesses.	2		the only (or first) u				
trade or business here		*****			complete Parts I-V				
		ice at the end of the previous sentence, complete P	arts I an	d II, complete a Schedule	M for each addition	nal trade	or		
business, then complete						— ,,			
		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	nt-subs	idiary controlled group?		Yes	s X No		
		BRENDA THOMPSON		Talanh	one number 🕨 (512	863-1956		
		de or Business Income	-	(A) Income	(B) Expense		(C) Net		
1a Gross receipts or sale			T	(1) 15	(a) and one		(6)		
b Less returns and allow		c Balance	1c			i			
2 Cost of goods sold (S			2			-			
3 Gross profit. Subtract		^ ^^	3						
4 a Capital gain net incom	ne (attac	h Schedule D)	4a	187,027.			187,027.		
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduction	for trus	sts	4c		3 /~.				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	-419,539.	<i>,</i> \$ИМТ	1	-419,539.		
6 Rent income (Schedu	le C)		6						
7 Unrelated debt-financ	ed incon	ne (Schedule E)	7						
8 Interest, annuities, roy	/alties, ai	nd rents from a controlled organization (Schedule F)	8						
9 Investment income of	a sectio	on $501(c)(7)$, (9) , or (17) organization (Schedule G	9						
10 Exploited exempt activ	-	•	10						
11 Advertising income (S		,	11						
12 Other income (See ins		· ·	12/	030 510			020 510		
13 Total. Combine lines		gh 12 o t Taken Elsewhere (See instructions f	13	-232,512.			-232,512.		
(Except for d	contribu	utions, deductions must be directly connected	or limita d with t	he-unrelated business	income)				
		rectors, and trustees (Schedule K)	+	RECEIVED		14	•		
15 Salaries and wages	10010, 411	vocioro, una masicos (comodato X)	lat			15			
16 Repairs and mainten	ance		8000	MAY 2 2 2020 OGDEN, UT	7%	16			
17 Bad debts			ĮŌΙ	WAT 2 2 2020	181	17			
18 Interest (attach sche	dule) (se	ee instructions)	-		RS-	18			
19 Taxes and licenses	, ,			OGDEN LIT	⊣ ≝]	19			
20 Charitable contribution	ons (See	e instructions for limitation rules)			1	20			
21 Depreciation (attach	Form 45	562)		21					
22 Less depreciation cla	aimed on	Schedule A and elsewhere on return		22a	,	22b			
23 Depletion						23	_,		
24 Contributions to defe		mpensation plans				24	<u></u>		
25 Employee benefit pro						25			
26 Excess exempt exper						26			
27 Excess readership co						27			
28 Other deductions (at				SEE STAT	EMENT/2	28	1,000.		
29 Total deductions. A					128	29	1,000.		
/		ncome before net operating loss deduction. Subtrac			()	30	-233,512.		
		oss arising in tax years beginning on or after Janua	ıry 1, 20	18 (see instructions)	31	31	022 510		
•		ncome. Subtract line 31 from line 30			(3)	32	-233,512.		
823/01 01-09-19 LHA FO	ır raper	work Reduction Act Notice, see instructions.		615	_		Form 990-T (2018)		

Form 990-T	7	74-123	33796	Page 2
Part I	Total Unrelated Business Taxable Income		1	
33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
30	lines 33 and 34	\wedge	1 26	
		128	12/	1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	(30		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	•		0
	enter the smaller of zero or line 36		1 3/8	0.
Part I	/ Tax Computation		, , , , , , , , , , , , , , , , , , , 	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 f	from.		
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)	•	42	
	Tax on Noncompliant Facility Income. See instructions		43	
43			44	0.
Dort V	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		1 44 1	<u> </u>
Part V				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		-	
b	Other credits (see instructions)	,	4 1	
C	General business credit. Attach Form 3800		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	,	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
49			1 4 9	<u></u>
	Payments A 2017 overpayment credited to 2018		┥	
	2018 estimated tax payments 50b		-{	
C	Tax deposited with Form 8868		-	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		↓	
е	Backup withholding (see instructions) 50e		.	
f	Credit for small employer health insurance premiums (attach Form 8941) 501			
q	Other credits, adjustments, and payments: Form 2439			
Ū	☐ Form 4136 ☐ Other ☐ Total ► 50g			
51	Total payments Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	Data da d	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded >	55	
Part V		nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other au	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	to file		
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cou	untry		
	here			X
57	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			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perury I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my knowle	edge and belief it	is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno VP FOR FINAN	NCE &		
Here	15/14/2020 ADMIN	l N	•	ss this return with
	Signature of officer) Date Title		he preparer show nstructions)?	
-				163 10
	Print/Type preparer's name Preparer's signature Date 2020 05 12 16:32 30	, , , , , , , , , , , , , , , , , , , ,	if PTIN	
Paid	Amende Alamo agos	self- employed		40000
Prepa	rer AMANDA ADAMS			48038
Use C	Iniv Firm's name ► CHERRY BEKAERT LLP	Firm's EIN	56-0	574444
	1075 PEACHTREE STREET NE, SUITE 220	l l		
	Firm's address ► ATLANTA, GA 30309	Phone no 4	<u> 104-209</u>	
823711 01	09-19		For	m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A			 	··· —·
1 Inventory at beginning of year	1		T	Inventory at end of yea	ar		6	
2 Purchases	2			Cost of goods sold. Si	ubtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
 Other costs (attach schedule) 	4b			property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				<u> X</u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prope	erty) —————	
1. Description of property								
(1)								
(2)	_							
(3)								
(4)						•		
		ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	connected with the ind d 2(b) (attach schedule	e)
(1)				,				
(2)								
(3)	-							
(4)								
Total	0.	Total			0.			
(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>			0.	Part I, line 6, column (B)	<u> </u>	<u> </u>
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ictions)				
				2. Gross income from		Deductions directly connected to debt-finance		е
1. Description of debt-fi	nanced property		1 1	or allocable to debt-	(a)	Straight line depreciation	(b) Other de	ductions
1. Description of deci-	nancou property			financed property		(attach schedule)	(attach sch	edule)
(1)			 					
(2)								
(3)							<u> </u>	
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	5. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of columns
(1)				%				
(2)				%				J
(3)		_		%			ļ	
(4)				%				
	-	`				nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c	
Totals				•		0.		0.
Total dividends-received deductions	ncluded in columr	n 8				>		0.
		-				•	Form	000-T (2018)

Schedule F - Interest,	Annuities, Ro	yalties, an	1	From Co Controlled O			tions	(see ins	truction	s)
	_	. .					F -		T	6.5
Name of controlled organization		Employer lentification number		elated income a instructions)		il of specified ents made	included	of column 4 to d in the contr ion's gross i	olling	Deductions directly connected with income in column 5
(1)							<u> </u>			
(2)		 -								
(3)									İ	
(4)					1					
Nonexempt Controlled Organ	nizations			•					•	
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified paye made	ments	10. Part of column the controlling gross	nn 9 that is ng organiz s income	s included ation's		ductions directly connected income in column 10
(1)	-		<u> </u>		+					
(2)										
(3)			1		1					
(4)			<u> </u>		<u> </u>					-
,						Add colum Enter here and line 8, c			Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		a Section	501(c)(7	'), (9), or (17) Org	anization				
(see ins	tructions)						,			Ţ
1 Des	scription of income			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4, Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			1 (ĺ			
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
				ranti, iiile s, cc	admir (A)					Part i, line a, column (b)
Totals			•		0.					0.
Schedule I - Exploited (see instr	-	ity Incom	e, Other	Than Adv	/ertisin	g Income				
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction irelated ss income	4. Net incom from unrelated business (co minus colum gain, comput through	d trade or blumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6 Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					İ					
(2)										
(3)				<u> </u>			$\neg \uparrow$			
(4)							T		·	
Table'	Enter here and on page 1 Part I, line 10, cot (A)	page	ere and on 1, Part I, I, col (B)		•		•			Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis				<u>.</u>] 0.
Part I Income From				solidated	Basis					
								,		
				1 4	tising gain					7. Excess readership
1. Name of periodical	2. Gro advertis incon	sing od	3. Direct vertising costs	or (loss) (c col 3) If a g	of 2 minus ain compute hrough 7	5. Circulat income		6. Reade cost		costs (column 6 minus column 5, but not more than column 4)
Name of periodical	advertis	sing od		or (loss) (c col 3) If a g	of 2 minus ain compute					column 5, but not more
	advertis	sing od		or (loss) (c col 3) If a g	of 2 minus ain compute					column 5, but not more
(1)	advertis	sing od		or (loss) (c col 3) If a g	of 2 minus ain compute					column 5, but not more
(1)	advertis	sing od		or (loss) (c col 3) If a g	of 2 minus ain compute					column 5, but not more
(1) (2) (3)	advertis	sing od		or (loss) (c col 3) If a g	of 2 minus ain compute					column 5, but not more

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	2Gross 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 27
Totals, Part II (lines 1-5)	▶ 0.	0.				0.

Schedule K - C	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 INCOME (LOSS) FRO	OM PARTNERSHIPS STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
CGDI, LLC - OTHER INCOME (LOSS) CCIP VII - OTHER INCOME (LOSS) CCPEP VIII - OTHER INCOME (LOSS) CCVP IX - OTHER INCOME (LOSS) CCVP X - OTHER INCOME (LOSS) CCNRP VIII - OTHER INCOME (LOSS) CCNRP IX - OTHER INCOME (LOSS) CSSREOP FUND - OTHER INCOME (LOSS) CSSREOP FUND 2014 - OTHER INCOME (LOSS) CCVP XI - OTHER INCOME (LOSS) CCSSGPE FUND - OTHER INCOME (LOSS) CCNRP X - OTHER INCOME (LOSS) CCSSGPE FUND II - OTHER INCOME (LOSS) CCVP XII - OTHER INCOME (LOSS) CCVP XII - OTHER INCOME (LOSS) CNRP XI - OTHER INCOME (LOSS) CNRP XI - OTHER INCOME (LOSS)	-17. 2644942,6972,68336,661101,974. 7342,2626,5216,294183,38220,1327,23650,677. 493.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LIN	TE 5 -419,539.
FORM 990-T OTHER DEI	OUCTIONS STATEMENT 2
DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	76,449.	753.	75,696.	75,696.
06/30/04	113,917.	0.	113,917.	113,917.
06/30/05	100,387.	0.	100,387.	100,387.
06/30/06	87,245.	0.	87,245.	87,245.
06/30/07	83,156.	0.	83,156.	83,156.
06/30/08	78,412.	0.	78,412.	78,412.
06/30/09	78,573.	0.	78,573.	78,573.
06/30/10	150,642.	0.	150,642.	150,642.
06/30/11	126,277.	0.	126,277.	126,277.
06/30/12	169,447.	0.	169,447.	169,447.
06/30/13	[*] 83,873.	0.	83,873.	83,873.
06/30/14	137,020.	0.	137,020.	137,020.
06/30/15	110,639.	0.	110,639.	110,639.
06/30/16	131,415.	0.	131,415.	131,415.
06/30/18	179,266.	0.	179,266.	179,266.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,705,965.	1,705,965.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

.... TIII. 1 2018 . . TIIN 30 2019

For calendar year 2018 or other tax year beginning $\underline{JUL~1,~2018}$, and ending $\underline{JUN~30,~2019}$

4,331.

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

74-1233796

ENTITY 1

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► 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).

| Employer identification number

SOUTHWESTERN UNIVERSITY

Unrelated business activity code (see instructions) Describe the unrelated trade or business ▶ PUBLIC MEALS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 4,331 b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 4,331. $\overline{4.331}$ 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule)

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 1,625	<u> </u>	•
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	1,625.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 4	28	8,256.
29	Total deductions. Add lines 14 through 28	29	9,881.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-5,550.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-5,550.
		<u> </u>	14 (5 000 7) 004

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

SOUTHWEST	ERN UNI	ERSITY				74-1233	796	
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	г		6 , , , ,	
2 Purchases	2			Cost of goods sold St	ubtract l	ine 6		
3 Cost of labor	3		_	from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs				line 2		L	7 ,	
(attach schedule)	4a			Do the rules of section	263A (with respect to	Yes 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?			X	
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prope	rty)	
(see instructions)							 	
1. Description of property								
(1).								
(2)								
(3)								
(4)	-			<u></u>				
	•••	ed or accrued				3/3) Deductions directly of	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	' of rent for	personal	sonal property (if the percentage al property exceeds 50% or if used on profit or income) 3(a) Deductions directly connected with the columns 2(a) and 2(b) (attach schedules of one profit or income)			2(b) (attach schedule)	
(1)	`			•				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns		ter			_	(b) Total deductions. Enter here and on page 1,	_	
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	
Schedule E - Unrelated Deb	ot-Financed	income (see	nstru I	ictions)				
			:	2. Gross income from		Deductions directly conne to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a) Straight line depreciation		(b) Other deductions	
				,		(attach schedule)	(attach schedule)	
(1)				•				
(1)			+	•	 			
(3)			+					
(4)			1					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property	(5. 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))	
	(attac	h schedule)						
(1)		• •		%				
(2)				%				
(3)				%				
(4)	_			%				
						nter 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	ncluded in columi	n 8				•	0.	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
DIRECT PUBLIC MEALS EXPENSES TAX PREPARATION FEES		7,256.
TOTAL TO SCHEDULE M, PART II, L	INE 28	8,256.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Name

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

Employer identification number

SOUTHWESTERN UNIVERSITY					74-1233796		
Part I Short-Term Capital Ga	ins and Losses (See	instructions)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part I, line 2 column (g)) 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.	(sales price)	· (or other basis)	Faith inte 2 column (g)	'	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					9,935.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37	,	4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	9,935.		
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)					
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (d)		
This form may be easier to complete if you round off cents to whole dollars	,,				(9)		
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					102 414		
Form(s) 8949 with Box F checked	L		1		123,414.		
11 Enter gain from Form 4797, line 7 or 9		_	ļ-	11_	53,678.		
12 Long-term capital gain from installment sales		37	-	12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		-	13			
14 Capital gain distributions			-	14	177 002		
Part III Summary of Parts I and		<u>IN N</u>		15	177,092.		
16 Enter excess of net short-term capital gain (lii		al loss (line 15)		16	9,935.		
17 Net capital gain. Enter excess of net long-term		•	_{e 7)}	17	177,092.		
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.					187,027.		
Note If losses exceed gains, see Capital loss	· • ·		L	18			

82 105 1 01-03-19

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

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

ZUT8

Name(s) shown on return

Social security number or taxpayer identification no.

Before you Check Box A, B, or C Delow, see whether you received any Form(s) 1999-B or substitute statements in the most be same information as Form 1999-B. Either will show whether you have studiely your cost was reported to the PIRS by your profess and provided in the provided of the PIRS and provided in the PIRS by the PIRS by your profess and provided in the PIRS and provided to the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustment or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustments or the PIRS and for which no adjustment or the PIRS and the P	SOUTHWESTERN U	NIVERSIT	Y				74-1	233796
Part Short-Term Transactions wowing capital assets you held 1 year or less are generally short term (see instructions) For long-term transactions, see pages a shortsty minaschipers opported and forming (1909 & Shortsty plants and shortsty minaschipers of product on froming (1909 & Shortsty plants and shortsty minaschipers of product on the life in the life	Before you check Box A, B, or C bel statement will have the same information.	ow, see whether ation as Form 109		r Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was		
refreshcorous an agree of the third cold directly on Schedule D, Inter-Lay our ann't required to reput these interactions on Free the totals directly on Schedule D, Inter-Lay our ann't required to reput these interactions of remarkations of the IRS and for which no adjustments or codes are required. Either the totals directly on Schedule D, Inter-Lay our ann't required to reput these interactions, complete a separate From 8849, page 1, for each applicable boo life with the totals of totals of the totals of the totals of the totals of the totals of the totals of the totals of the totals of the totals of the tota	Part Short-Term. Transact	oox to cneck ions involving capit	al assets you held	1 year or less are ge	enerally short term (see	nstruction:	s) For long-term	· · · · · · · · · · · · · · · · · · ·
You must check Box A, B, or C below Check only one box. If we less one los applies for your 4 to 1-term temperature, complete a series for m 848ft, page 1, for each applicable box if you have more with a same box checked as you need. [A) Short-term transactions reported on Form(5) 1099-B showing basis was reported to the IRS (see Note above) [B) Short-term transactions reported on Form(5) 1099-B showing basis was reported to the IRS (see Note above) [C) Short-term transactions reported on Form(5) 1099-B showing basis was reported to the IRS (see Note above) [Example 100 sh XY2 Co) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) T VII [C) (C) (C) Short-term transactions not reported to the IRS (sales price) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) Date acquired Date sold or (No. day, yr) [C) CPEP VIII [C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (transactions, see page 2 Note You may aggregate al	I short-term transac	tions reported on I	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	and for which no ac	
If you have more sturcture in principations above with fire in the size for one or more of this blooks, complete as many forms with the same box checked asy sourced. (a) Short-term transactions reported on Form(s) 1099-8 showing basis was reported to the IRS								
Ill Short-term transactions reported to pour on Form (99-8 showing basis' wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form (199-8	If you have more short-term transactions than will	Il fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	icked as you n	eed	опол арриосою вох
1 (a) (a) (b) Class and the amounts in columns (d), (e), (g) Date acquired (b) Date social or (Example 100 sh XYZ Co) (Mo. day, yr) (Mo. day,	== ` '	•	•	•	•	Note abo	ove)	
(a) Description of property (Example 100 sh XYZ Co) Date acquired (Mo, day, yr) (Mo, day, yr) (Mo, day, yr) (Mo, day, yr) (CIP VII CCIP VIII CCYP X CCYP X CONRP IX CCSSREOP FUND CCSSREOF FUND CCSSREOF FUND II CCNRF X CCSSGOF FUND II CCNRF X CCSSGOF FUND II CCYP XII CONSTRIA CCSSGOF FUND II CCYP XII CCYP					eported to the IHS			
Description of property (Example 100 sh XYZ Go) Date acquired (Mo , day, yr) Date sold or disposed of (Mo , day, yr) CCIP VII CCPEP VIII CCPEP VIII CCNET IX CSSREOP FUND CCNSSREOF FUND CCNSSRE FUND CCNSSRE FUND CCNS XI COSSORE FUND CCYP XII COSSORE FUND		1			(a)	Adiustmen	t. if anv. to gain or	(b)
Cample Tuush XYZ-Co (Mo , day, yr) Cample Tuush XYZ-Co Cample (mo , day, yr) Cample Tuush XYZ-Co Cample (mo , day, yr) Cample Tuush XYZ-Co Cample Tuush XYZ-C	• •	Date acquired	Date sold or	Proceeds	Cost or other basis See the	loss. If you enter an amount		Gain or (loss). Subtract column (e)
CCIP VII See Column (e) n the instructions Code(s) Amount of adjustment with column (p) CODE(s) CODE(s	(Example 100 sh XYZ Co)					column (f). See instructions.		
the instructions Code(s) with column (g)			(Mo , day, yr)			(f)	(g)	
CCVP Y C C C C C C C C C						Code(s)		with column (g)
CCVP X								
CCNRP IX								
CSSREOP FUND		ļ						
CCVP XI CCSSGPE FUND CCNRP X CSSGPE FUND II CCVP XII CVP XII C								
CCSSGPE FUND CCNRP X CCSSGPE FUND II CCVP XII 49.								
CCNRP X CCSSGPE FUND II CCVP XII 49.							,	
CCSSGPE FUND II CCVP XII 1,502. 49. 49. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your								
CCVP XII 49. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your								
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your			 					
negative amounts) Enter each total here and include on your	CCVP XII				 			49.
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your		 			+			
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your		 			1			
negative amounts) Enter each total here and include on your					-			
negative amounts) Enter each total here and include on your	-							
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your		†						
negative amounts) Enter each total here and include on your					† — · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your								
negative amounts) Enter each total here and include on your					ļ			
negative amounts) Enter each total here and include on your					<u> </u>			
negative amounts) Enter each total here and include on your		ļ			 			
negative amounts) Enter each total here and include on your		ļ						
negative amounts) Enter each total here and include on your					 			
negative amounts) Enter each total here and include on your				1	1			
negative amounts) Enter each total here and include on your	0. T. A. I. A. I. I. I.	(1) () ()	1.0-1.7-		+	ļ		
			` ` `					
	•		•					

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)

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 identification no.

SOUTHWESTERN UNIVERSITY

74-1233796

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check
Partill Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions

See page 1

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

[A] (F) Long-term transactions no	t reported to you	on Form 1099-E	<u> </u>				
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 the instructions	loss. If y	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
CCIP VII				<u> </u>			<538.
CCNRP VIII							2,733.
CCNRP IX	-			 			74.
CSSREOP FUND	 			·			532.
CCVP XI							22,392.
CCSSGPE FUND	+			+			17,205.
CCNRP X	ļ						22,777.
				 			
CCSSGPE FUND II							51,682.
CCVP XII	ļ			-			6,557.
					•		
				Ì			
		· · · · · · · · · · · · · · · · · · ·		1			
				†			
				†			
	 			+			
	<u> </u>			****			
	 			 			
	-		ļ	 		ļ	
							
				<u> </u>			
]			
·····							
	-						
O Tabala Add the american series		n of (h) (a) : h time s t					
2 Totals. Add the amounts in colu	· · · · · · · · · · · · · · · · · · ·						
negative amounts) Enter each to		•	,				
Schedule D, line 8b (if Box D abo							1 2 2 4 1 4
above is checked), or line 10 (if E	Box F above is cl	necked)					123,414.

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

Form 8949 (2018)