28

29

30

31

Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 618 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 3Ô 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 Form 990-T (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

63

Form 990-	(2018) Claremont Graduate University	95-16	<u>64100</u>	Page 2
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	37.
34	Amounts paid for disallowed fringes		34	
35	· •	tmt 6	35	37.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1-00	
30	·		26	
	lines 33 and 34	20	36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>ુ</b> ક્ક	> <del>  \$7  </del>	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			•
[	enter the smaller of zero or line 36		38	0.
Part	•			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>•</b>	89	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		<b>_1_</b>	
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>•</b>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		7 - 17	
	Other credits (see instructions)  45b		<b>∃</b> :	
	General business credit. Attach Form 3800 45c	•	<b>⊣</b> '	
C	V - V		- ,	
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		(attach schedule)	* 1	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		_  `	
b	2018 estimated tax payments 50b		'	
c	Tax deposited with Form 8868 51 C 50c	700	<u>.</u> .	
d	Foreign organizations Tax paid or withheld at source (see instructions) 500		] '	
е	Backup withholding (see instructions) 50¢			
	Credit for small employer health insurance premiums (attach Form 8941) 50f		7 1	
	Other credits, adjustments, and payments: Form 2439		7 7	
•	☐ Form 4136 ☐ Other Total ▶ 50g		1 4	
51	Total payments. Add lines 50a through 50g		5/1	700.
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	
		CS	54	700.
955	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax  700.	マファ	55	0.
Rart V		efunded   votions)	1 25 1	
		•		Tye. I ii
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authori			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil			'
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			_ <u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		X
	If "Yes," see instructions for other forms the organization may have to file			ı
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
O:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my knowle	edge and belief, it	is true,
Sign	Controller and	_	May the IRS discus	ss this return with
Here	Assistant VP		the preparer shows	
	Signature of officer Date Title	ı	instructions)? X	Yes No
	Print/Type preparer's name Preparer's signature / . Date	Check	ıf PTIN	
Paid	Yuu S Loon	self- employed	ı	
Prepa	m a p1:- m a p 105/12/201	. •		66884
•	Me - Adams IID	Firm's EIN		189318
Use (	3121 W March Ln, Ste 200	1		
	Firm's address Stockton, CA 95219-2367	Phone no.	209-955	-6100
823711 01		1		m <b>990-T</b> (2018)
020111 01			ron	(2010)

Schedule A - Cost of Goods Sold. Ente	r method of invent	ory v	aluation N/A					
1 Inventory at beginning of year 1			Inventory at end of yea	iΓ		6_		
2 Purchases 2		7	Cost of goods sold. St	ubtract I	ine 6			
3 Cost of labor 3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs	<u> </u>	1	line 2			7		
(attach schedule)		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule) 4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b 5			the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	Pers	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)				_				
(4)								
2 Rent recei	ved 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 pe	ersonat	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) ar	connected (b) (c)	ted with the income in attach schedule)	ı
(1)					Ì			
(2)								
(3)								
(4)								
Total 0.	Total			0.				
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	<b>&gt;</b>	·		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt-Financed	Income (see I	nstru	ctions)					
		2	. Gross income from or allocable to debt-		3. Deductions directly control to debt-finance		erty	
Description of debt-financed property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)						1		
(2)								
(3)								
(4)						$\top$		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6	. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		(	8. Allocable deducti column 6 x total of col 3(a) and 3(b))	ons lumns
(1)			%			$\top$		
(2)			%					
(3)			%					
(4)			%					
<u>,                                      </u>	'				nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals					0	.		0.
Total dividends-received deductions included in column	n 8				<b>&gt;</b>	.		0.

			Exempt (	Controlled O	rganızatı	ons				
Name of controlled organization	ıdent	mployer ification imber				tal of specified ments made 5 Part of colum included in the corganization's gro		d in the contr	olling	6. Deductions directly connected with income in column 5
(1)							<u> </u>			
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	izations									
7. Taxable Income	8 Net unrelated inco	omo (loce)	O Total	of specified payr	nonto T	10. Part of colu	nn Q that	is included	11 Dec	luctions directly connected
7. Taxable Income	(see instruction		9, 10121	made	iems	in the controlli	ng organi	zation's		income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<b>•</b>			0.		0
Schedule G - Investme (see inst	ent Income of a ructions)	Section	501(c)(7	'), (9), or ( <sup>·</sup>	17) Org	janization				
1. Desc	cription of income			2. Amount of	income	<ol> <li>Deduction directly connective school</li> </ol>	cted	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)					Ī					
(4)									•	
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals			•		0.					0
Schedule I - Exploited	=	y Incom	e, Other	Than Adv	ertisin	g Income	•			-
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributs colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1								
(2)		T		<u> </u>						
(3)	† · · · · · · · · · · · · · · · · · · ·	1								
(4)	<u> </u>	1					o			1
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)				1		-	Enter here and on page 1, Part II, line 26
Totals • Advantia	0.		0.	L		-				0
Schedule J - Advertisi Part I Income From				solidated	Basis					
Name of periodical	2. Gross advertising income	ad	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus nn, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				<b>⊣</b>		<u> </u>				
(3)				_		<u> </u>				
(4)						ļ				
Totals (carry to Part II, line (5))	•	0.	0							0
				-1					1	Form 990-T (201

Form 990-T (2018) Claremont Graduate University 95-16641

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1, Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)				<del></del>		
(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.

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

Form 990-T (2018)

Form 990-T	Description of Organization's Primary Unrelated	Statement 1					
Business Activity							

Interests in equity investment partnerships

To Form 990-T, Page 1

## Footnotes

Statement 2

The net operating loss carryover generated during the 6/30/2018 tax year was increased from \$6,381 (which was the loss appearing on the originally filed Form 990-T) to \$8,616, a difference of \$2,235. The increase represents the amount of qualified transportation fringe benefits (which was required to be reported as unrelated business income at the time the 6/30/2018 Form 990-T was filed), but which has since been retroactively reversed in accordance with the signing of the "Further Consolidated Appropriations Act, 2020" on December 20, 2019.

Form 990-T Income	(Loss) from Partnerships	Statement 3
Description		Net Income or (Loss)
Passthrough Income - Ordinary Passthrough Income - Other income Passthrough Income - Ordinary Passthrough Income - Ordinary Passthrough Income - Ordinary	come (loss) Business Income (loss) Business Income (loss)	-5. 38. -542. 1,334. -170.
Total Included on Form 990-T,	Page 1, line 5	655.
Form 990-T	Contributions	Statement 4
Description/Kind of Property	Method Used to Determine FMV	Amount
Passthroughs	N/A	37.
Total to Form 990-T, Page 1, 1	ine 20	37.

Form 990-T C	ontributions Summary	Stat	ement 5
Qualified Contributions Sub	ject to 100% Limit		
Carryover of Prior Years Un For Tax Year 2013 For Tax Year 2014 For Tax Year 2015	used Contributions		
For Tax Year 2016	46		
For Tax Year 2017	11		
Total Carryover Total Current Year 10% Cont	ributions	57 37	
Total Contributions Availab Taxable Income Limitation a		94 0	
Excess 10% Contributions		94	
Excess 100% Contributions		0	
Total Excess Contributions		94	
Allowable Contributions Ded	uction		0
Total Contribution Deduction	n		0

Form 990-T	Net	Operating	Loss	Deduction	Statement 6
Tax Year	Loss Sustained	Loss Previous Applie		Loss Remaining	Available This Year
06/30/18	8,616.		0.	8,616.	8,616.
NOL Carryov	er Available This	Year		8,616.	8,616.

## 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

<u>Claremont Graduate</u>				95-	<u>1664100</u>
Part I Short-Term Capital Gai	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 round off cents 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 (g	n 9, )	(h) Gain or (loss) Subtrect column (e) from column (d) and 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					
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)	See St	tatement 7	6	( 1,408.)
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	ı h		7	-1,408.
RPart IIC Long-Term Capital Gai	ns and Losses (See	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	9.	(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 II, line 2, column (g	1)	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				4 4 4	
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 <b>Box F</b> checked					-2.
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		n h		15	-2.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	ı capıtal gaın (line 15) over ne	short-term capital loss (line	7)	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pre	oper line on other returns.		18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

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

Schedule D (Form 1120) 2018

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. 95-1664100

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 Part II | 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 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

X (F) Long-term transactions not	t reported to you	on Form 1099-E	3				
1 (a) 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	in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(MO, day, yr)		see <i>Column (e)</i> In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Passthrough from						_	
06-1563330-Passthr							
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	1						
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2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract			<u> </u>		
negative amounts) Enter each to	tal here and ınclu	ıde on your					
Schedule D, line 8b (if Box D abo	ove is checked), !	line 9 (if Box E					
above is checked), or line 10 (if E	Box F above is ch	necked)			<u>.</u>		<2.

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)

Schedule D	Capital Loss Carryover			Statement 7
	Loss Year	Original Loss Sustained	Loss Previously Applied	Loss Remaining
	2013 2014 2015			
	2013 2016 2017	1,408		1,408
Capital Loss Carryover to Current Taxable Year				1,408