	Form	990-T	E	Exempt Orga	nization Bus	ine	ss Inco	me T	ax Re	turn	ı [	OMB No 1545-0687		
	سو. سو	1			nd proxy tax und					190	املا	0040		
		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019									9	2018		
		tment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.							ŀ	Open to Public Inspection for 501(c)(3) Organizations Only			
	Interna	I Revenue Service		Do not enter SSN number					ation is a 50	1(0)(3).		501(c)(3) Organizations Only oyer identification number		
	A L	Check box if address changed		Name of organization ( L	Check box if name c	hanged	and see instri	ictions.)			(Emp	loyees' trust, see uctions)		
		cempt under section	Print	CHATHAM UNI	VERSITY							<u>5-0717890</u>		
	X	] 501(c)(3 )	or Type		n or suite no. If a P.O. box	c, see in	structions.					ated business activity code instructions )		
	<u> </u>	408(e) 220(e)	.,,,,	WOODLAND RO										
		] 408A		City or town, state or pro PITTSBURGH,	vince, country, and ZIP or PA 15232	r foreigi	n postal code				523	523000		
	C Boo	k value of all assets nd of year		F Group exemption num	ber (See instructions.)	<b></b>								
		217,898,2		G Check organization typ		oration	50	1(c) trust		401(a)	trust	Other trust		
			-	tion's unrelated trades or l		2			the only (or	•				
				ESTMENT IN					, complete Pa					
				ce at the end of the previo	us sentence, complete Pa	rts I an	d II, complete	a Schedule	M for each	addition	al trade	or		
		iness, then complete I				4 - 1 -				<u> </u>	<del>- 1</del> 1/2	es X No		
				oration a subsidiary in an ifying number of the parer		it-subsi	diary controlle	a group?			Ye	es 🔼 No		
		books are in care of		ENNIFER HOE				Telenh	one number	<b>\</b>	412	)365-1145		
				le or Business Inc			(A) Inc	<u>'</u> _		xpenses		(C) Net		
	<u> </u>	Gross receipts or sale		·			` `		Į.			[		
		Less returns and allow			c Balance	1c			].					
,	2	Cost of goods sold (S	chedule	A, line 7)		2			<u> </u>			<u> </u>		
1	3	Gross profit. Subtract	line 2 fr	om line 1c	<b>YY</b> \	3			<i>z</i>	 	• •			
								658.			-	9,658.		
	b						-3	254.				-3,254.		
		Capital loss deduction				4c		F 2 4		- -		20 524		
			ome (loss) from a partnership or an S corporation (attach statement)					5 28,524. STMT			2∤ .	28,524.		
		Rent income (Schedul	•	(C-b-d-l- F)		6		-	<del>                                     </del>					
		Unrelated debt-finance		ne (Schedule E) and rents from a controlled (	organization (Cahadula E)	7 8						<u> </u>		
		-		n 501(c)(7), (9), or (17) o	-	9								
		Exploited exempt activ			rgamzation (ochedate d)	10								
		Advertising income (S	•			11						·		
		Other income (See ins		•		12								
	13	Total. Combine lines	3 throug	gh 12		13		928.				34,928.		
	Par	t II Deduction	ns No	t Taken Elsewher	e (See instructions fo	r lımıta	tions on dec	uctions)						
9		(Except for c	ontribu	itions, deductions must	be directly connected	with t	ne unrelated	business	inceme.)					
ողշը	14	•	cers, dır	ectors, and trustees (Sche	edule K)					ပ္က	14	11 400		
5	15	Salaries and wages					8076 W	Y 22	2020	IRS-OSC	15	11,498.		
7	16	Repairs and maintena	ance				<b>86</b> ""			SS	16			
Ξ_	17 _ 10	Bad debts	lula) (ca	a instructions)						'≕∤	17 18			
2	⊃18 J <sub>10</sub>	Taxes and licenses	inie) (se	ule) (see instructions)			00	シリヒい	I, UT		19			
M Batching Option	J <sub>20</sub>		ons (See instructions for limitation rules)				SEE	STAT	EMENT	4	20	0.		
₹8,5	ਰ 21	Depreciation (attach			,		1	21			1			
\$ 5 C	22			Schedule A and elsewher	e on return			22a			22b			
<b>8</b> 55 5	5 523	Depletion					_				23	1,484.		
	C <sub>24</sub>	Contributions to defe	rred cor	npensation plans							24			
80	25	Employee benefit pro	grams								25			
<u>u</u>	<u>j</u> 26	Excess exempt exper	•								26			
Ž	<b>5</b> 27	Excess readership co		•			485	am.	101111111111111111111111111111111111111	2	27	E1 003		
<	<b>[</b> 28	Other deductions (att					SEE	STAT	EMENT	3	28	51,983. 64,965.		
ζ	25 26 27 28 29 030	Total deductions. Ad			Loce deduction Cubt	line 00	from line 10			28	29 30	-30,037.		
	30 31			icome before net operating oss arising in tax years be				tione)			31	1 1		
	32		_	oss arising in tax years be icome. Subtract line 31 fro		y 1, ZU	10 1966 111911111	MUII3)		131	32	-30,037.		
				work Reduction Act Notice							Ť	Form <b>990-T</b> (2018)		

Form 990-				<u>25-071</u>	<u> 7890                                   </u>	Page 2
Part I	Total Unrelated Business Tax	able Income				
33	Total of unrelated business taxable income comp	uted from all unrelated trades or businesse	s (see instructions)	·	33	0.
34	Amounts paid for disallowed fringes		,	•	34	· — — —
35	Deduction for net operating loss arising in tax year	urs beginning before January 1, 2018 (see i	nstructions) S	<b>TMT</b> 5	35	0.
36	Total of unrelated business taxable income before		,			-
50	lines 33 and 34	specific deduction. Outstact fine 55 from t			36	
0.7		27 instructions for exceptions)		24	-	1,000.
37	Specific deduction (Generally \$1,000, but see line	· · ·	t 00	38	37 -	1,000.
38	Unrelated business taxable income. Subtract lin	ie 37 from line 36. If line 37 is greater than	line 36,		1	0
<u> </u>	enter the smaller of zero or line 36				38	0.
Part I			<del></del>		<del> </del>	
39	Organizations Taxable as Corporations. Multiply			•	39	0.
40	Trusts Taxable at Trust Rates. See instructions f	· ·	ount on line 38 from:			
	Tax rate schedule or Schedule D (F	orm 1041)		<b>•</b>	40	
41	Proxy tax. See instructions			<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru	uctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w	hichever applies			44	0.
Part \	Tax and Payments				i	
45a	Foreign tax credit (corporations attach Form 1118	; trusts attach Form 1116)	45a			
b	Other credits (see instructions)		45b		]	
c	General business credit. Attach Form 3800		45c		1 1	
d	Credit for prior year minimum tax (attach Form 88	301 or 8827)	45d		1	
	Total credits. Add lines 45a through 45d	70 1 01 0021 )	<u> </u>		45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 [ ] Other	(attach schedule)	47	<u>.</u>
		10/11/00/1 [10/11/009/	11 00000 [] Other	(attach schedule)	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)	Form OCE B. Dort II. column (IV. Iron O.			49	0.
49	2018 net 965 tax liability paid from Form 965-A o		1 00 1	0 200	49	
	Payments: A 2017 overpayment credited to 2018	Slo	50a	9,299.		
	2018 estimated tax payments		50b			
	Tax deposited with Form 8868		50c			
	Foreign organizations: Tax paid or withheld at sou	rce (see instructions)	50d			
	Backup withholding (see instructions)		50e			
f	Credit for small employer health insurance <u>premit</u>	ıms (attach Form 8941)	50f			
g	Other credits, adjustments, and payments:	Form 2439				
	Form 4136	Other Total	► 50g		<sub>+</sub> -	
51	Total payments. Add lines 50a through 50g				51	9,299.
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		, , <b>&gt;</b>	58	
54	Overpayment. If line 51 is larger than the total of	lines 48, 49, and 52, enter amount overpaid	d (	\$5.►	54	9,299.
<u>८</u> \ <u>9</u> ₅~	Enter the amount of line 54 you want: Credited to	2019 estimated tax	9,299. Re	funded	55	0.
Part \	I Statements Regarding Certain	Activities and Other Informa	ition (see instru	ctions)		
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signa	ture or other authorit	ty		Yes No
	over a financial account (bank, securities, or other	•		•		
	FinCEN Form 114, Report of Foreign Bank and Fin	,	•			
	here ► CAYMAN ISLANDS		,			x
57	During the tax year, did the organization receive a	distribution from or was it the grantor of	or transferor to a foi	reinn trust?		X
٠,	If "Yes," see instructions for other forms the organ	•	or transfer to, a 101	orgir a doc		
58	Enter the amount of tax-exempt interest received	•				'
	Under penalties of perjury, I declare that I have examine	<u> </u>	d statements, and to the	best of my knowled	ge and belief, it is	true.
Sign	correct, and complete Declaration of preparer (other the	in taxpayer) is based on all information of which pre	parer has any knowledge R VP FINA	θ		
Here	1 motor	1/5/1		Ma	y the IRS discuss	
	Signature of officer	CON 9/3/20 ADMIN			preparer shown to tructions)?	
	<u> </u>	T- Title	<u> </u>			Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid				self- employed		14265
Prepa	rer SUSAN M. KIRSCH	SUSAN M. KIRSCH		<del></del>	P0034	
Use C		OWNS & CO., INC.		Firm's EIN	25-14	108703
	ONE PPG PI	LACE, SUITE 1700		_		
	Firm's address PITTSBURGI	H, PA 15222		Phone no. 4	<u> 12-261-</u>	
823711 01-	09-19		_		Form	990-T (2018)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	aluation N/A		<u></u>	
1 Inventory at beginning of year	1		1	Inventory at end of yea			6
2 Purchases	2	-	7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3			from line 5. Enter here		1	
4a Additional section 263A costs			1	line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		1	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	Property and	Pers	sonal Property L	ease	d With Real Prope	rty) 
1. Description of property							
(1)							<u> </u>
(2)							
(3)							
(4)							
	:	ed or accrued				3(a) Deductions directly co	annocted with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal į	onal property (if the percentag property exceeds 50% or if id on profit or income)	<b>3</b> e	columns 2(a) and	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	ı (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)			
			,	, Gross income from		<ol><li>Deductions directly connect to debt-financed</li></ol>	
1. Description of debt-fir	nanced property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
/4\		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
(1)	<u>.</u>		<del>                                     </del>				
(3)							
(4)						. <u>:</u>	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)				%			
(2)				%			-
(3)				%			
(4)			<u></u>	%			
						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				<b>&gt;</b>		0.	0.
Total dividends-received deductions in	icluded in column	ı 8				<b>&gt;</b>	0.
							Form 990-T (2018)

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(4)

13

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

0.

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

11

▶

Form 990-T (2018) CHATHAM UNIVERSITY 25-07178

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

Form 990-T (2018)

0.

FOOTNOTES

STATEMENT 1

AS A RESULT OF THE REPEAL OF IRC SECTION 512(A)(7) THE NET OPERATING LOSS WAS INCREASED BY \$18,685, THE VALUE OF QUALIFIED TRANSPORTATION BENEFITS REPORTED AS OTHER INCOME ON LINE 12 OF THE 2017 FORM 990-T.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI LP - ORDINARY	4.25
BUSINESS INCOME ( COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII - ORDINARY	135
BUSINESS INCOME (LO COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V LP - ORDINARY	198
BUSINESS INCOME (	99
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI LP - ORDINARY BUSINESS INCOME	12,618
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII L -	
ORDINARY BUSINESS INCOME COMMONFUND CAPITAL VENTURE PARTNERS VI LP - ORDINARY	13,847
BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS VII LP - ORDINARY	-64
BUSINESS INCOME (LOSS)	-3
COMMONFUND CAPITAL VENTURE PARTNERS VIII LP - ORDINARY BUSINESS INCOME (LOSS	-15
COMMONFUND CAPITAL VENTURE PARTNERS IX - ORDINARY BUSINESS	
NCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS X - ORDINARY BUSINESS	-1,072
NCOME (LOSS) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII -	-131
ORDINARY BUSINESS INCOME	6,340
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII - ORDINARY BUSINESS INCOM	-5,851
DAKTREE PRIVATE INVESTMENT FUND IV, LP - ORDINARY BUSINESS	•
NCOME (LOSS) NAVIDSON PRIVATE INVESTMENT FUND IV LP - ORDINARY BUSINESS	2,873
NCOME (LOSS) NDOWMENT VENTURE PARTNERS V LP - ORDINARY BUSINESS INCOME	-338
LOSS)	12
JOB PORTFOLI ADVISORS PAN ASIA SELECT FUND III, - ORDINARY BUSINESS INCOME (	-57
OMMONFUND CAPITAL EMERGING MARKETS 2013, LP - ORDINARY	
USINESS INCOME (LOS COMMONFUND GLOBAL DISTRESSED - ORDINARY BUSINESS INCOME	-65
LOSS)	-2
COTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	28,524
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
AFCOD T DOT ON	AMOUNT
DESCRIPTION	
NVESTMENT ADVISORY EXPENSES	51,983
COTAL TO FORM 990-T, PAGE 1, LINE 28	51,983

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FORM 990-T	CONTRIBUTIONS SUMMARY	<u>.</u>	STATEMENT 4
QUALIFIED CONTRIBUTIONS S	SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	UNUSED CONTRIBUTIONS 15,400 15,400 25,414 23,175 15,875		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO	ONTRIBUTIONS	95,264	
TOTAL CONTRIBUTIONS AVAIL		95,264 0	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION		95,264 0 95,264	
ALLOWABLE CONTRIBUTIONS I	DEDUCTION		0
TOTAL CONTRIBUTION DEDUCT	TION	_	0

FORM 990-T	NET	NET OPERATING LOSS DEDUCTION					
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
06/30/09	135,420.	135,420.	0.	0.			
06/30/10	65,141.	54,535.	10,606.	10,606.			
06/30/11	0.	0.	0.	0.			
06/30/12	26,735.	0.	26,735.	26,735.			
06/30/13	205.	0.	205.	205.			
06/30/15	220.	0.	220.	220.			
06/30/16	108,407.	0.	108,407.	108,407.			
06/30/17	0.	0.	0.	0.			
06/30/18	40,506.	0.	40,506.	40,506.			
NOL CARRYO	VER AVAILABLE THIS	YEAR	186,679.	186,679.			

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 1
OMB No 1545-0687

2040

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning  $\boxed{JUL~1,~2018}$  , and ending  $\boxed{JUN~30,~2019}$ 

► 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).

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

Name of the organization  CHATHAM UNIVERSITY					Employer identification number 25-0717890			
	Inrelated business activity code (see instructions)   53111	.0				<u>-</u>		
	Describe the unrelated trade or business RENTALS							
	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses	(C) Net		
1 a	Gross receipts or sales 59,926.					<del></del> " - <b>-</b>		
b	Less returns and allowances c Balance	1c	59,926.	, la == =				
2	Cost of goods sold (Schedule A, line 7)	2	69,439.	ľ	<u></u>			
3	Gross profit Subtract line 2 from line 1c	3	-9,513.	Γ		-9,513.		
4 a	Capital gain net income (attach Schedule D)	4a		L				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		[				
С	Capital loss deduction for trusts	4c		[		-		
5	Income (loss) from a partnership or an S corporation (attach			<b>.</b>				
	statement)	5		2				
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12	· · · · · · · · · · · · · · · · · · ·	, - -				
13	Total. Combine lines 3 through 12	13	-9,513.			-9,513.		
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u					contributions,		
14	Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages							
16 17	Repairs and maintenance				16			
17 10	Bad debts				18	<del></del>		
18 19	Interest (attach schedule) (see instructions) Taxes and licenses				19			
20	Charitable contributions (See instructions for limitation rules)				20			
21	Depreciation (attach Form 4562)		21		1:			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b			
23	Depletion		[ 220 ]		23	····································		
24	Contributions to deferred compensation plans				24			
25	Employee benefit programs				25	-		
26	Excess exempt expenses (Schedule I)				26	<u> </u>		
27	Excess readership costs (Schedule J)				27			
28	Other deductions (attach schedule)				28			
29	Total deductions. Add lines 14 through 28				29	0.		
30	Unrelated business taxable income before net operating loss deduced	ction Su	btract line 29 from line	13	30	-9,513.		
31	Deduction for net operating loss arising in tax years beginning on o			-	<del>-</del>			
	instructions)		, ,		31			
32	Unrelated business taxable income Subtract line 31 from line 30				32	-9,513.		
LΗΔ					Schedula	M (Form 990-T) 2018		

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•							PMITI	I I
orm 990-T (2018)						25 0717		Page
CHATHAM U Schedule A - Cost of Goods	NIARKSTI	'Y		aluation ▶ N/A		25-0717	890	
		method of liveri						<del></del>
1 Inventory at beginning of year	1-1-		1	Inventory at end of yea		<del> </del>	6	
2 Purchases	2		┤ ′	Cost of goods sold. S				
3 Cost of labor	3		ł	from line 5. Enter here	and in i	art I,	<u> </u>	0 420
4a Additional section 263A costs				line 2		L	7   03	9,439.
(attach schedule)	4a	50 100	8	Do the rules of section		•		Yes No
<b>b</b> Other costs (attach schedule)	* 4b	69,439.	Į	property produced or a	acquired	for resale) apply to	].	
5 Total. Add lines 1 through 4b	5	69,439.	<u> </u>	the organization?		d Milab David David	-4-3	X
Schedule C - Rent Income (	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)	
(see instructions)								
. Description of property								
(4)								
(1)				<del></del>				
(2)								
(3)								
(4)	O Booksoons	ed or accrued				I		
(a) From personal property (if the per			nd norse	onal property (if the percente		3(a) Deductions directly c	onnected with the inc	ome in
rent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersonal	property exceeds 50% or if ed on profit or income)	Ae	columns 2(a) and	2(b) (attach schedule	*)
(1)	····	u.e ren	13 043	-				
						<u> </u>		
(2)								
(3)								
(4) Total	0.	Total			0.			
		<u>.                                    </u>			0.	(b) Total deductions.		
<ul> <li>c) Total income. Add totals of columns here and on page 1, Part I, line 6, column</li> </ul>		ter			0.	Enter here and on page 1,		0.
Schedule E - Unrelated Deb		Income (see	netnu	ctions)	<u> </u>	Part I, line 6, column (B)	<u> </u>	
Scriedaic E - Officialed Bea	r i iiiaiioca	moonie (see i	listiu	Cuorisj	<del> </del>	3. Deductions directly conne	cted with or allocable	
			2	. Gross income from		to debt-finance		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec	ductions (etitle)
						(atmos sorround)	(2,2000,	00010)
(1)		<del></del>	$\vdash$					
(2)			$\vdash$			<del></del>		
(3)								
(4)		-			<del> </del>	•		
4. Amount of average acquisition	E Average	adjusted basis	_	Column 4 divided		7. Gross income	8. Allocable o	
debt on or allocable to debt-financed property (attach schedule)	of or a	illocable to nced property	l °	by column 5		reportable (column	(column 6 x tota	of columns
property (attach schodule)		schedule)				2 x column 6)	3(a) and	3(D))
(1)			<del>                                     </del>	%			<del>                                     </del>	
(2)				<u> </u>			<del> </del>	
(3)				<u> </u>			<del> </del>	
(4)			$\vdash$		<b>—</b> —		<del>                                     </del>	
\"/	l							

Form 990-T (2018)

0.

0.

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

SEE STATEMENT 6

Totals

Total dividends-received deductions included in column 8

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

0.

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 6
DESCRIPTION		AMOUNT
GATEHOUSE EXPENSES		69,439.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	69,439.

## 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.

Name

Employer identification number

CHATHAM UNIVERSITY				25-	0717890
ſPart I Short-Term Capital Ga	ins and Losses (See i	nstructions.)			
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 19, 1)	(h) Gain or (loss) Subtract column (e) from column (d) and 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 <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	188.	229.		,	-41.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-king	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss) Combin		<u> </u>		7	<u>-41.</u>
Part II. Long-Term Capital Gai	ns and Losses (See in	nstructions.)			r
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gain	n	(ħ) 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				<del></del>	
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	10,103.	404.			9,699.
11 Enter gain from Form 4797, line 7 or 9					<del></del>
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				14	
15 Net long-term capital gain or (loss). Combine		<u>h</u>		15	9,699.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	, , ,	, ,		16	0.650
17 Net capital gain. Enter excess of net long-term	,	·	7)	17	9,658.
18 Add lines 16 and 17. Enter here and on Form		per line on other returns.		18	9,658.
Note: If losses exceed gains, see Capital loss	es in the instructions				

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

Schedule D (Form 1120) 2018

JWA