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For Paperwork Reduction Act Notice, see instructions. 8X2740 1,000 74892V 700J

Form 990-T (2018)

ST. FRANCIS COLLEGE

Form	990-T (2018)				Page 4
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions).	33			
34	Amounts paid for disallowed fringes	34			
		1 			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1			
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum-				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
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
Par		1 30			
_		T-0-1			
39	Organizations Taxable as Corporations, Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates See instructions for lax computation income tax on	1 1			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	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	$\overline{}$			
Par					
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1			
		1 1			
	Other credits (see instructions)	-			
	General business credit Atlach Form 3800 (see instructions)	↓			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	∤			
e	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
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			
	Payments A 2017 overpayment credited to 2018				
70 G	2018 estimated tax payments	1			
	Tax deposited with Form 8868	1 1			
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1			
6	Backup withholding (see instructions)	1 1			
f	Credit for small employer health insurance premiums (attach Form 8941)	1 1			
g	Other credits, adjustments, and payments. Form 2439	1			
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tex 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	$\overline{}$			
		$\overline{}$			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	$\overline{}$			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded				
Par					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization me	ay have	to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		i
	here >				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?			
	if "Yes," see instructions for other forms the organization may have to file	3			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		1		1
	Under penalties of perjury, I declare that I have examined this return including accompanying schoolies and statements, and to the b	est of my	knowledge	and bei	iof, it b
Sigr	true correct find complete. Declaration of preparer (other than taxoeyer) is based on all information of which preparer has any knowledge				
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Her			reparer sh		~ I
			YE X YE	: <u>></u>	No
Paid	Print/Type preparer's name Preparer's signature Date Check	π لـــا،		A 4 4 -	
	DANTED ROTANO SEILE	mployed	P005		
Prep	Lims usus Agama thordaton ppr	EIN >	36-605	5558	1
	Firm's address > 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013 Phone	no 212	2-599-0	J100	
ABL			Form 99	30-T	(2018)

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b Other costs (attach schedule) . 4b property produced or acquired for resale) apply	Form 990-T (2018)	51 110	ANCID CO	Judege				11 10	33103	Page
1 Inventory at beginning of year	Schedule A - Cost of Go	oods Sold. Er	nter method	d of invento	ry valuation	>				
2 Purchases		- · · · · · · · · · · · · · · · · · · ·						6		
3 Cost of labor	2 Purchases	2								
Additional section 263A costs (attach schedule)					6 from	line 5 Er	iter here and in			
(attach schedule) 4a					Part I, line	2		7		
b Other costs (attach schedule) 5 Total Add inest 1 through 4b 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the personal property (if the personal property is more than 10% but not personal property is more than 10% but not more than 50%) (5) (6) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(attach schedule)	4a						ith resp	ect to	Yes No
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(3) %				 						
		<u> </u>								
\'\'\'										
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)	<u> </u>	 		<u> </u>				Enter h Part I,	ere and on line 7, colun	page 1, nn (B)

Form **990-T** (2018)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	aities, Royalties			ntrolled Or			atioi	3 (300	i ii sti ucuc	<u>"115)</u> _	
Name of controlled organization	2 Employer identification numb)EI		ted income structions)		of speci	fied	ncluded	of column 4 that is in the controlling tion's gross income		6 Deductions directly connected with income in column 5
(1)					ļ <u>.</u>				-		
(2)					<u> </u>		_				
				_	<u> </u>		-				
(4)					<u></u>						<u> </u>
Nonexempt Controlled Organia	zations				_	1					
7. Taxable Income	8 Net unrelated ii (loss) (see instruc	1		otal of specific		ınc	luded i	n the co	9 that is ntrolling s income		Deductions directly nected with income in column 10
(1)			_			<u> </u>					
(2)											
(3)			-								
(4)			_	··				mns 5 a			id columns 6 and 11
Totals		 ction 501(c	:)(7), (9), or (17	▶ ') Orga	Pa	rt I, line	e and on e 8, colui	mn (A)		ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	f income		3. Deduction directly corting (attach sch	nnected				t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			-								
(2)			+								
(3)			 								
(4)	Enter here and		├							\rightarrow	Enter here and on page 1
Totals	2 Gross unrelated business income	3 Expense directly connected production	es with	4 Net inconfrom unrelated or business 2 minus columns	ne (loss) led trade (column lumn 3)	5 G from	ross ind	come y that	6. Exper	ble to	7. Excess exempt expenses (column 6 minus column 5. but not
	from trade or business	unrelated business inc	d (If a gain, co			ness in		colum		more than column 4)
(1)											
(2)	<u>-</u>								<u>.</u>		
(3)		<u></u> _									
(4)						<u> </u>					
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rtl,								Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instr	uctions)									
Part I Income From Peri	iodicals Report	ed on a Co	nsoli	dated Bas	sis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4 Advertigation or (los 2 minus co a gain, coi cols 5 thro	s) (col of 3) If mpute	J.	Circulai income		6 Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						·					
(2)											7
(3)	<u> </u>								`		7
(4)											
Totals (carry to Part II, line (5))											Form 990-T (2018

										_	
Part II	Income From	Periodicals Rep	orted on	a Separate	Basis	(For each	periodical	listed in	Part II,	fill ın	columns
	2 through 7 o	n a line-by-line ba	asis.)								

1 Name of periodical	2. Gross 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 ▶]	•		
	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) ▶			[_

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

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		

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