34.

H Enter the number of the organization's unrelated trades or businesses*   3 * Describe the only (or first) unrelated trade or business here   RENTAL INCOME  If only one, complete Parts I-V If more than one, describe first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	y code
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).   Copen to Public Inspect   A	y code
A Check box if address changed  B Exempt under section  X 501( C 3 3 408(e) 220(e) 408A 530(a) 529(a)  C Book value of all assets at end of year at end of y	y code
B Exempt under section  X 501( C Ø 3	y code
X   501( C	ner trust
X   501( C	ner trust
408(e) 220(e) 408A 530(a) 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code  C Book value of all assets at end of year 511, 119, 313. G Check organization type ▶ X 501(c) corporation  H Enter the number of the organization's unrelated trades or businesses ▶ 3 Describe the only (or first) unrelated trade or business here ▶ RENTAL INCOME  If only one, complete Parts I-V If more than one, describe first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	ner trust
A08A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code  C Book value of all assets at end of year 511, 119, 313. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trade or business here ▶ RENTAL INCOME  FROUTE 9  City or town, state or province, country, and ZIP or foreign postal code  Toughow	_
C Book value of all assets at end of year B Group exemption number (See instructions )  F Group exemption number (See instructions )  311,119,313. G Check organization type  X 501(c) corporation  H Enter the number of the organization's unrelated trades or businesses  Observe the only (or first) unrelated trade or business here RENTAL INCOME  first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	_
at end of year  F Group exemption number (See instructions ) ▶  311,119,313. G Check organization type ▶ X 501(c) corporation  H Enter the number of the organization's unrelated trades or businesses ▶ 3 Describe the only (or first) unrelated trade or business here ▶ RENTAL INCOME  first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	_
Signature   F   Group exemption number (See instructions )   Signature   Si	_
H Enter the number of the organization's unrelated trades or businesses* 3 * Describe the only (or first) unrelated trade or business here RENTAL INCOME If only one, complete Parts I-V If more than one, describe first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	_
trade or business here RENTAL INCOME  If only one, complete Parts I-V If more than one, describe first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	the
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	the
1	
trade or business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes	<u> </u>
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes {  If "Yes," enter the name and identifying number of the parent corporation ▶	<u>X</u> ] No
J The books are in care of ▶PAUL STEC  Telephone number ▶ 578-783-2300	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	
1a Gross receipts or sales	1
b Less returns and allowances c Balance ▶ 1c	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit Subtract line 2 from line 1c	
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 5	705
	<u>,</u> 795.
7 Unrelated debt-financed income (Schedule E)	
, marsay, eminant of the same same same same same same same sam	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 1  10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other income (See instructions, attach schedule) 12	
13 Total. Combine lines 3 through 12	,795.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be dir	ectly
connected with the unrelated <u>business income.</u>	
14 Compensation of officers, directors, and trustees Resources VED	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts	
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Interest (attach schedule) (see instructions)	83.
19 Taxes and licenses	
21 Less depreciation claimed on Schedule A and elsewhere on return	
22 Depletion	
23 Contributions to deferred compensation plans	
24 Employee benefit programs	
25 Excess exempt expenses (Schedule I)	
26 Excess readership costs (Schedule J)	
27 Other deductions (attach schedule)	503.
28 Total deductions. Add lines 14 through 27	586.
23 Similared business taxable meeting belong the operating less deduction established into 25 mem and 25	<u>,</u> 209.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30	
31 Unrelated business taxable income Subtract line 30 from line 29	,209.

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Form 9	990-T (2019) SIENA COLLEGE	14-1338498	Page 2
Par	t 🚻 🧻 Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	3,724.
33	Amounts paid for disallowed fringes	33	
	Charitable contributions (see instructions for limitation rules)	34	
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	3,724.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	3,724.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Par	Tax Computation	T -	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	-	
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	<del></del>
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
	Tax and Payments	<del></del>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	460	
		46e	<del></del>
47 40	Subtract line 46e from line 45	48	
48 40	<del></del>	49	0.
49 50	Total tax. Add lines 47 and 48 (see instructions)	50	<del></del>
	Payments A 2018 overpayment credited to 2019	30	
ь	2019 estimated tax payments		
	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 51f		
	Other credits, adjustments, and payments Form 2439		
3	Form 4136   Other   Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	5/2	25,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	25,000.
<u>56</u>	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶10,000. Refunded ▶	5,6	15,000.
Par			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here <u>UNITED KINGDOM</u>		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	set of my knowledge	and heliof it is
C:	true, correct, and complete Declaration of preparer (other than taxnaver) is based on all information of which preparer has any knowledge	on or my knowleage a	and Denet, It IS
Sign		y the IRS discuss	
Her	· · · · · · · · · · · · · · · · · · ·	n the preparer sh instructions)?X <b>Ye</b>	
	Print/Type preparer's name Preparer's signature Date	PTIN	S I IND
Paid	Check	if	77392

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Preparer

Use Only

GENEVA FURLANO

Firm's name ► KPMG LLP

11

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self-employed

Firm's EIN ▶ 13-5565207

Firm's address ▶ 515 BROADWAY, 4TH FLOOR, ALBANY, NY 12207-2974

Form 990-T (2019)							_	Page 3	
Schedule A - Cost of Go	ods Sold. En	ter method	of invento	ory valuation	<b>&gt;</b>				
1 Inventory at beginning of ye						ar	. 6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor	3			6 from	ine 5 Enter	here and in Part	t   <u></u>		
4a Additional section 263A co	sts			I, line 2			. [7]		
(attach schedule)	4a		_			section 263A (		O Yes No	
<b>b</b> Other costs (attach schedul	le) 4b			property	produced	or acquired fo	or resale) appl	у	
5 Total. Add lines 1 through				to the or	ganization? .	<u> </u>	<u></u> <u></u>	. X	
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal Propert	Leased V	Vith Real Prope	erty)		
(see instructions)									
Description of property									
(1) ATCH 3									
(2)									
(3)									
(4)									
	2. Rent recei	ed or accru	ed						
(a) From personal property (if the		(b) F	rom real and	personal proper	y (if the	3(a) Deductions	directly connected v	with the income	
for personal property is more the more than 50%)	an 10% but not			r personal prope based on profit of	operty exceeds in columns 2(a) and 2(b) (attach schedule)				
more than 50 %)		30% 0	ii the rent is	based on profit t					
(1) ATCH 4									
(2)									
(3)									
(4)									
Total		Total	85	5,244.					
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deduct Enter here and o			
<u>he</u> re and on page 1, Part I, line 6,	column (A)	▶	85,	244.		Part I, line 6, coli		83,449.	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructi	ons)					
			2. Gross	income from or	3.1	Deductions directly c	onnected with or allo nced property	cable to	
<ol> <li>Description of deb</li> </ol>	t-financed property			to debt-financed	(a) Straig	ht line depreciation	(b) Other deductions		
<del></del>						ich schedule)	(attach so	(attach schedule)	
(1)								<u> </u>	
(2)									
(3)									
(4)			ļ						
4. Amount of average	5 Average adju		6.	Column			8. Allocable	deductions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4	divided		income reportable n 2 x column 6)	(column 6 x to	tal of columns	
property (attach schedule)	(attach sche		by c	column 5	(00.0		3(a) an	d 3(b))	
(1)				9	6				
(2)				0	6				
(3)				0	6				
(4)	-			- 0	6				
			-			re and on page 1,	Enter here ar		
					Part I, III	ne 7, column (A)	Part I, line 7,	column (B)	
Totals				. 1					

Schedule F – Interest, Annu	,			ntrolled Or			(56)			
Name of controlled organization	2. Employer identification numb	e,		ated income nstructions)		of specified	ıncluded	f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)							<u> </u>			
(3)					<u> </u>		ļ			
(4)	<del></del>		<u>.</u>					_		<u> </u>
Nonexempt Controlled Organiz						40 0-		0.45-24-2	1 42	1 Deductions describe
7. Taxable Income	8. Net unrelated in (loss) (see instruction			Total of specific ayments made	ed 	includ	rt of column ed in the co ration's gross	ntrolling		Deductions directly nected with income in column 10
(1)									<u> </u>	
(2)					_				ļ	
(3)									-	<del>_</del>
(4)	·						columns 5 a		<u> </u>	dd columns 6 and 11
T <sub>otals</sub>	come of a Sec	tion 50	 I(c)(7),	(9), or (17		Part I	`	mn (A)		ter here and on page 1, int 1, line 8, column (B)
1. Description of income	2 Amount of	ıncome		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)	<u> </u>			<del></del>		<del></del>	<del></del>			
( <u>3</u> )	-									<del></del>
(4)			-				<del></del>		-	<del></del>
Totals	Enter here and Part I, line 9, compt Activity In	olumn (A)	ther Th	an Advert	ising Ir	come (	see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire- connect produc unrel business	ctly ed with tion of ated	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ed trade (column lumn 3) ompute	from ac	ss income clivity that unrelated ss income	6 Expe attributi colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								<del>                                     </del>		
(2)								-		
(3)										
<u>(4)</u>										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,		١.					Enter here and on page 1, Part II, line 25
Totals										
Schedule J- Advertising In			Consol	idated Da	eic .					
Part I Income From Per	iodicals Report	ea on a	Consol	idated Ba	515			<u> </u>		
Name of periodical	2. Gross advertising income	3. Di advertisii		4. Adver gain or (los 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute	_	culation come	6 Read cos	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-	Τ,	-					
(2)										•
(3)										
(4)										
									_	
Totals (carry to Part II, line (5))		····								Form <b>990-T</b> (2019

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Form 990-T (2019)

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

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			* * * * * *	- 3		
Totals, Part II (lines 1-5) ▶	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 26
Schedule K - Compensatio		irectors, and Ti	rustees (see instr	uctions)		
1. Name		2 Title		3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)				%		•

JSA

## 'SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{06/01}{}$  , 2019, and ending

▶ 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 501(c)(3) Organizations Only

Name of the organization SIENA COLLEGE Employer Identification number

14-1338498/

Unrelated Business Activity Code (see instructions) ▶ 520000

Describe the unrelated trade or business PARTNERSHIP INVESTMENTS

Pai	Unrelated Trade or Business Income	-	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales		-	· · · · · · · · · · · · · · · · · · ·	
b	Less returns and allowances	1c _			
2	Cost of goods sold (Schedule A, line 7)	2		,	
3	Gross profit Subtract line 2 from line 1c	3		· ,	
4a	Capital gain net income (attach Schedule D)	4a	23,384.	,	23,384
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 statement)	5	11,573.	,	11,573
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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)				
2	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12		34,957.		34,957

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

14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages	15_	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	3,497.
19	Taxes and licenses		894.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	34,162.
28	Total deductions. Add lines 14 through 27	28	38,553.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-3,596.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-3,596.
			000 T) 2010

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

## **'SCHEDULE M** (Form 990-T)

## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{06/01}{2}$ , 2019, and ending

(A) Income

(B) Expenses

► 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 501(c)(3) Organizations Only

(C) Net

Name of the organization

1a Gross receipts or sales

Employer identification number

SIENA COLLEGE 14-1338498 Unrelated Business Activity Code (see instructions) ► 510000

Describe the unrelated trade or business ► INTERNET ADVERTISING

Part I Unrelated Trade or Business Income

b	Less returns and allowances C Balance	1c	ļ <u>.</u>	3,1	01.					-
2	Cost of goods sold (Schedule A, line 7)	2								i
3	Gross profit Subtract line 2 from line 1c	3		3,1	01.					3,101.
4a	Capital gain net income (attach Schedule D)	4a				_	٠,			
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	1				;				
	statement)	5					<u>`:</u> _	٠		
6	Rent income (Schedule C)	6				·				
7	Unrelated debt-financed income (Schedule E)	7								
8	Interest, annuities, royalties, and rents from a controlled	}	}					Ì		
	organization (Schedule F)	8								
9	Investment income of a section 501(c)(7), (9), or (17)	)						j		
	organization (Schedule G)	9								
10	Exploited exempt activity income (Schedule I)	10								
	Advertising income (Schedule J)	11								
11	Other income (See instructions, attach schedule)	12						'		
11 12	Other income (See instructions, attach schedule)									
12 13	Total. Combine lines 3 through 12	13	r limitations	3, 1		\ (Dodust	ione m		e directly	3,101.
12 13 Pai	Total. Combine lines 3 through 12	13 ons fo		on dedu	ictions	<u>-</u>			e directly	3,101.
12 13 Pai	Total. Combine lines 3 through 12  Tt II Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K	13 ons fo		on dedu	ictions			14	e directly	3,101.
12 13 Pa 14 15	Total. Combine lines 3 through 12  Tt II Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K Salaries and wages	13 ons fo		on dedu	uctions			14 15	e directly	3,101.
12 13 Pai 14 15 16	Total. Combine lines 3 through 12  It II Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K Salaries and wages	13		on dedu	ictions			14 15	e directly	3,101.
12 13 Pai 14 15 16 17	Total. Combine lines 3 through 12	13 ons fo		on dedu	uctions			14 15 16 17	e directly	3,101.
12 13 Pai 14 15 16 17 18	Total. Combine lines 3 through 12	)		on dedu	uctions			14 15 16 17 18	e directly	
12 13 Pai 14 15 16 17 18 19	Total. Combine lines 3 through 12	)		on dedu	uctions			14 15 16 17	e directly	3,101.
12 13 Pa 14 15 16 17 18 19 20	Total. Combine lines 3 through 12	)		on dedu	uctions			14 15 16 17 18 19	e directly	
12 13 Pai 14 15 16 17 18 19 20 21	Total. Combine lines 3 through 12	13 ons fo		on dedu	····			14 15 16 17 18 19	e directly	
12 13 Pal 14 15 16 17 18 19 20 21 22	Total. Combine lines 3 through 12	13 ons fo		on dedu	····			14 15 16 17 18 19 	e directly	
12 13 Pai 14 15 16 17 18 19 20 21 22 23	Total. Combine lines 3 through 12  It II Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K Salaries and wages Repairs and maintenance Bad debts	13 ons fo		20 21a	····			14 15 16 17 18 19 	e directly	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24	Total. Combine lines 3 through 12  It II Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K Salaries and wages	)		on dedu	ctions			14 15 16 17 18 19 21b 22 23 24	e directly	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25	Total. Combine lines 3 through 12	13 ons fo		on dedu	ctions			14 15 16 17 18 19 21b 22 23 24	e directly	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24	Total. Combine lines 3 through 12	13 ons fo		20 21a	····			14 15 16 17 18 19 21b 22 23 24 25 26	e directly	
12 13 Pal 14 15 16 17 18 19 20 21 22 23 24 25 26	Total. Combine lines 3 through 12	13 ons fo		20 21a	····	ATC	····	14 15 16 17 18 19 21b 22 23 24 25 26	e directly	83.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

30

2,515.

Unrelated business taxable income Subtract line 30 from line 29 . . . . . . . . . . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

503.

PART II - LINE 27 - OTHER DEDUCTIONS

503.

	Y AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY ATTACHMENT 3
	AND PE
	PROPERTY A
	. 11
	FROM
	INCOME
)	RENT
•	
SOCIAL COOR STRATEGO	SCHEDULE C - RENT INCOME FROM REAL

3. DEDUCTIONS DIRECTLY CONNECTED	61,778.	17,230.	3,411.	862.	168.	83,449.	
RENT RECEIVED OR ACCRUED A. ERSONAL FROM REAL AND ERTY ERTY	52,343.	16,588.	14,000.	1,963.	350.	85,244.	85,244.
RENT RECEIVI A. FROM PERSONAL PROPERTY							
1. DESCRIPTION OF PROPERTY	MAAC - ATHLETIC CENTER	SAINT CENTER	ATHLETIC FIELDS	ALUMNI RECREATION CENTER	ALUMNI HOUSE	TOTALS	TOTAL INCOME (COL. 2A + COL. 2B)

V 19-7 7F

ACTIVITY CODE: 710000

3 mm 3 0 (1) (D) 1 m 4	
ATTACHMENT 4	
ATTACHMENT 4	

SCHEDULE C -	RENT	INCOME	DEDUCTIONS

MAAC - ATHLETIC CENTER

DEPREICATION FACILITIES MANAGEMENT CHARGES 21,902. 39,876.

TOTAL

61,778.

ACTIVITY CODE: 710000

14-1338498

ATTACHMENT 5

SCHEDULE C - RENT INCOME DEDUCTIONS

SAINT CENTER

DEPRECIATION SALARIES & WAGES OTHER EXPENSES

TOTAL

5,377. 10,402.

1,451.

17,230.

SIENA COLLEGE ACTIVITY CODE: 710000

TOTAL

14-1338498

3,411.

	ATTACHMENT 6	
SCHEDULE C - RENT INCOME DEDUCTIONS		
ATHLETIC FIELDS		
DEPRECIATION	3,411.	

ACTIVITY CODE: 710000

14-1338498

ATTACHMENT	7

SCHEDULE C - RENT INCOME DEDUCTIONS

ALUMNI RECREATION CENTER

DEPREICATION

FACILITIES MANAGEMENT CHARGES

TOTAL

212. 650.

862.

CIIVIII CODE: 710000	ATTACHMENT 8	
SCHEDULE C - RENT INCOME DEDUCTIONS		
ALUMNI HOUSE		
DEPREICATION FACILITIES MANAGEMENT CHARGES	43. 125.	
TOTAL	168.	

ACTIVITY CODE: 520000

14-1338498

ATTACHMENT 9

PARTNERSHIP INVESTMENTS

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM INTEREST IN PARTNERSHIPS

11,573.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

11,573.

ACTIVITY CODE: 520000		ATTACHMENT 10
SCHEDULE M - INTEREST DEDUCTION	=	
INTEREST FROM PARTNERSHIP INVESTMENTS		3,497.
	ТОТАТ.	3.497

ACTIVITY CODE: 520000

ATTACHMENT 11

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

34,162.

PART II - LINE 27 - OTHER DEDUCTIONS

34,162.

ACTIVITY CODE: 510000

ATTACHMENT 12

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

503.

PART II - LINE 27 - OTHER DEDUCTIONS

503.