Form 990-T-	. E	Exempt Organization Bu	sine	ss Income T	ax Returr	า L	OMB No 1545-0687
	-	(and proxy tax un	der se	ection 6033(e))	1/1	~ 1	0040
	For ca	alendar year 2018 or other tax year beginning JUN 1,		, and ending MAY		<u> </u>	ZU 18
Department of the Treasury Internal Revenue Service	▶	► Go to www irs.gov/Form990T for ► Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	changed	d and see instructions.)		(Emple	yer identification number byees' trust, see ctions)
B Exempt under section	Print	SKIDMORE COLLEGE					14-1338562
X 501(c 3)	or Type	Number, street, and room or suite no. If a P.O b	ox, see II	nstructions	•		ited business activity code istructions)
408(e) 220(e)	',,,,,,	815 NORTH BROADWAY				-	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP SARATOGA SPRINGS, NY 12866	or toreig	n postar code		52300	0
C Book value of all assets at end of year		F Group exemption number (See instructions.)					
827,574,) trust	Other trust
		ation's unrelated trades or businesses.	2		the only (or first) u		
		S-THROUGH INVESTMENT ENTITIES	Darda Laa		complete Parts I-V		
		ace at the end of the previous sentence, complete	Parts I ar	io ii, complete a Scheoule	ivi for each addition	iai iraue	UI
business, then complete		i-v. poration a subsidiary in an affiliated group or a pai	ant-cube	idiary controlled group?		Ye	s X No
		itifying number of the parent corporation.	CIIC JUDG	idiary controlled group			
J The books are in care of	> 5	SKIDMORE COLLEGE FINANCIAL SERVIC	Έ	Teleph	one number 🕨 5	18-58	0-5820
Part I Unrelated	Trac	de or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts or sale	s				-		۵۰ ۲
b Less returns and allow	vances	c Balance	- 1c		_ `		
2 Cost of goods sold (S	chedule	e A, line 7)	2			,	<u> </u>
3 Gross profit. Subtract	line 2 fi	rom line 1c	3				055 558
4 a Capital gain net incom	•	· · · · · · · · · · · · · · · · · · ·	4a	255,557.			255,557.
		Part II, line 17) (attach Form 4797)	4b				-
c Capital loss deduction			4c 5	-358,298.	-		-358,298.
		ship or an S corporation (attach statement)	6	330,230.		1	
6 Rent income (Schedu7 Unrelated debt-financ		me (Schedule F)	7				·
		and rents from a controlled organization (Schedule F					
- · · · · ·		on 501(c)(7), (9), or (17) organization (Schedule (
10 Exploited exempt activ			10				
11 Advertising income (S			11				
12 Other income (See ins	struction	ns, attach schedule)	12		. • _		
13 Total. Combine lines	3 throu	igh 12	13	-102,741.			-102,741.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions utions, deductions must be directly connect	for limits	ations on deductions)	income)		
				RECE	IVED	T 44 T	
•	icers, di	rectors, and trustees (Schedule K)		<u> </u>		14	
15 Salaries and wages16 Repairs and mainten	ance			60 APR 2	8	16	
17 Bad debts	ancc			APR 2	0 2020	17	
18 Interest (attach sche	dule) (s	see instructions)			<u> </u>	18	
19 Taxes and licenses	, ,	,		OGDE	N, UT	19	18,505.
20 Charitable contributi	ons (Se	e instructions for limitation rules) STATEMENT	r 4	SEE STATEMEN	NT 2	20	0.
21 Depreciation (attach	Form 4	562)		21			
22 Less depreciation cla	aimed oi	n Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defe		impensation plans				24	
25 Employee benefit pro	-	shadula IV				25	
26 Excess exempt experience 27 Excess readership of	-					26	
27 Excess readership of 28 Other deductions (at				SEE STATEMEN	NT 3	28	98,385.
29 Total deductions A		•			196	29	116,890.
1		ncome before net operating loss deduction. Subtra	act line 2	9 from line 13		30	-219,631.
		loss arising in tax years beginning on or after Jani				31	- V
		ncome. Subtract line 31 from line 30		·	31	32	-219,631.
		rwork Reduction Act Notice, see instructions				•	Form 990-T (2018)

(1	1 co, see monacuono los omes sormo de	organization may have to me.			1 1						
58 E	nter the amount of tax-exempt interest rece	eived or accrued during the tax year	\$								
Sign		der penalties of perkry, ktoclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true med, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Signature of officer	04 13 20 AV		LLBR t	Asy the IRS discuss this return with the preparer shown below (see instructions)? X Yes No						
	Print/Type proparer's name	Preparer's signature	Date	Check	if PTIN						
Paid				self- employed							
Prepar	er KIAOQIANG ZHANG	KIAOQIANG ZHANG	03/31/20		P01577994						
Use Only	le . Emme anurgong i	Firm's name DUHY ADVISORS NY, INC. Firm's EIN									
		4 TOWER PLACE, EXECUTIVE PARK, 7TH FLOOR									

Firm's address > ALBANY, NY 12203

Phone no. (518) 449-3166

1	Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A					
3 control labor 4 Additional section 263A costs (attach schedule) 4 B	1 Inventory at beginning of year	1	0.	6	Inventory at end of year	 Ir	·	6_		0.
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B	2 Purchases	2		7 Cost of goods sold Subtract line 6			ine 6			
4a Additional section 263A costs (attach schedule) 4b Differ costs (attach schedule) 5 Total Add lines I through 4b 5 Total I none Add totals of columns 2(a) and 2(b). Enter I through 4b 5 Total I none Add totals of columns 2(a) and 2(b). Enter I through 4b 5 Total I none Add totals of columns 2(a) and 2(b).	3 Cost of labor	3		1	•] .		
(a) From personal property (if the personal property (if the personal property for the personal property (if the personal	4a Additional section 263A costs		,	1	line 2		,	7		
b Other costs (attach schedule) 5 Total Add Intes 1 through 46 5 Total Add Intes 1 through 47		4a		8	Do the rules of section	263A (\	with respect to		Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (2) (3) (4) 2 Rent recoved or accrued (a) From personal property (fine percentage of rent recover) (b) From personal property (fine percentage of rent recover) (b) From personal property (fine percentage of rent recover) (c) From personal property (fine percentage of rent recover) (b) From personal property (fine percentage of rent recover) (c) From personal property (fine percentage of rent recover) (d) (d) (e) (e) (fine rent seased on profit or income)	· · ·		<u> </u>	1						
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(d) 2 Rent received or accrued (a) From parsonal property (f) the percentage of rent for personal property (f) the percentage of rent for personal property with rent for personal property (f) the percentage of rent for personal property with rent size based on profit or income) (1) (2) (3) (4) (5) Total (6) Total moome Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (1) (2) (3) (4) (4) (5) Annotation for everage accusation debt-financed property (attach schedule) (5) Average adjusted base of or allocable to debt-financed property (attach schedule) (6) (7) Cross income for reporting accounts for the property (attach schedule) (8) (9) (1) (1) (2) (3) (4) (4) (4) (5) Average adjusted base of or allocable to debt-financed property (attach schedule) (6) (7) Cross income report (attach schedule) (8) Allocable deductions (column (A) (8) Allocable deductions (column (A) (9) (10) Annotation at everage accusation debt-financed property (attach schedule) (1) (2) (3) (4) (4) (4) (5) Average adjusted base of or allocable to debt-financed property (attach schedule) (6) (7) Cross income report (attach schedule) (8) Allocable deductions (column (A) (8) Allocable	Description of property									
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(2)	debt on or allocable to debt-financed	of or a debt-finar	llocable to nced property	6			reportable (column	,	(column 6 x total of colu	ons umns
(2)	(1)				%					
(3)			>		%					
(4) % Enter here and on page 1, Part I, line 7, column (A) Totals O. O. O.					%					
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					-					
	Totals				▶		0			0.
		<u>cluded ın column</u>	8							0.

Schedule F - Interest, F				Controlled O					structio	
1 Name of controlled organizati	denti			elated income instructions)	4. Tol paya	al of specified ments made	ınclud	rt of column 4 led in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable income	8. Net unrelated inco (see instruction		9 Total o	of specified payr made	nents	10 Part of colur in the controllingross	nn 9 tha ng orgai income	nization's	11 D	eductions directly connected th income in column 10
(1)									l	
(2)									<u> </u>	
(3)									<u> </u>	
(4)										
						Add colum Enter here and line 8, c	on page	1, Part I, 4)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals		:	44 34-31	(0)	17) 0			0.		0
Schedule G - Investmen		Section 50	1(c)(/)), (9), or (1/) Org	janization				
(see instr	uctions)					2 Doduction		· · · · · ·		F. Total deductions
<u> </u>	iption of income			2 Amount of	ıncome	3 Deduction directly connect (attach schedu	ted	4 Set- (attach s	asides schedule) —	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)		· · · · · · · · · · · · · · · · · · ·						,		
				Enter here and o Part I, line 9, col				۵.,		Enter here and on page Part I, line 9, column (B)
Totals			<u> </u>		0.				_ 4	0
Schedule I - Exploited I (see instru		Income, C	other '	Than Adv	ertisin	g Income				
-		3 Expens	ne l	4. Net incom		_				7 Excess exempt
Description of exploited activity	2 Gross unrelated business income from trade or business	directly conne with product of unrelate business inco	cted ion d	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a e cols 5	5 Gross incor from activity the is not unrelated business incorporate	at d	6 Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>									
(2)										
(3)		_			_					
(4)			7							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (ti,	*	u L			IT	. ٥ د	Enter here and on page 1, Part II, line 26
Totals •	0.		٥.		º _				9	0
Schedule J - Advertisin	g Income (see	instructions)	<u> </u>							
Part I Income From F	Periodicals Rep	orted on a	Cons	olidated	Basis					
1 Name of periodical	2. Gross advertising income	3 Di		4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati income	on	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				ם	-					
(2)				7						1
(3)				7						1
(4)				1 , _	<u>a</u>					1
						_				
Totals (carry to Part II, line (5))		0.	0	1		1				0

,Ŗart I	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	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.	· w/	- " v "		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)] 	,	e e	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		0	<u> </u>	0.

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)		<u> </u>	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

FOOTNOTES

STATEMENT 1

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

SKIDMORE COLLEGE, OF 815 NORTH BROADWAY, SARATOGA SPRINGS, NEW YORK, EMPLOYER IDENTIFICATION NUMBER 14-1338562, HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER THE PROVISION CITED ABOVE FOR YEAR ENDED MAY 31, 2019.

FORM 990-T, PART I, LINE 5 INCOME FROM PARTNERSHIPS

201 FOLSOM INV EXEMPT FEEDER LP 27-54603222	12,552.
1315 CAPITAL LP 47-3220481	-114,288.
CRESTVIEW PARTNERS II LP 33-1192743	69,235.
CRESTVIEW PARTNERS III LP 98-1116926	14,323.
DAVIDSON KEMPER INSTITUTIONAL PARTNERS LP 13-3597020	-741.
DUNE PARALLEL AIV II LP 38-3934677	-1,630.
DUNE REAL ESTATE PARALLEL FUND LP 20-2859097	55,927.
DUNE REAL ESTATE PARRALEL FUND II LP 26-1757836	29,594.
PINE BROOK CAPITAL PARTNERS II 37-1699332	-418,995.
PINE BROOK CAPITAL PARTNERS II CAYMAN AV HM-1 LP 98-1427453	-5,161.
ROCKETT INTERNET CAPITAL PARTNERS SCS 98-1268470	-6,026.
ROSE GROVE PARTNERS I LP 20-5609969	10,669.
STERLING AMERICAN PROPERTIES V LP 20-4527031	-83.
STRATEGIC INVESTORS FUND V LP 27-5109706	-561.
STRATEGIC INVESTORS FUND VI LP 46-2163407	-3,113.
TOTAL	-358,298.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM PASS-THROUGH ENTITIES SARATOGA ARTS FESTIVAL	N/A N/A	102. 20,000.
TOTAL TO FORM 990-T, PAGE 1, I	ZINE 20	20,102.
FOŔM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DESCRIPTION AMORTIZATION		AMOUNT 98,385.

FORM 990-T C	ONTRIBUTIONS SUMMARY		STATEMENT 4	
QUALIFIED CONTRIBUTIONS SUB-	JECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UN	USED CONTRIBUTIONS			
FOR TAX YEAR 2013				
FOR TAX YEAR 2014	76,666			
FOR TAX YEAR 2015	29,291			
FOR TAX YEAR 2016	18,323			
FOR TAX YEAR 2017	25,698			
TOTAL CARRYOVER		149,978		
TOTAL CURRENT YEAR 10% CONT	RIBUTIONS	20,102		
TOTAL CONTRIBUTIONS AVAILAB		170,080	_	
TAXABLE INCOME LIMITATION A		0		
EXCESS 10% CONTRIBUTIONS		170,080	_	
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		170,080		
ALLOWABLE CONTRIBUTIONS DED	UCTION		_	0
TOTAL CONTRIBUTION DEDUCTION	N			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/05	403,891.	307,691.	96,200.	96,200.
05/31/06	800,057.	0.	800,057.	800,057.
05/31/07	303,858.	0.	303,858.	303,858.
05/31/09	698,629.	0.	698,629.	698,629.
05/31/10	926,276.	0.	926,276.	926,276.
05/31/11	195,190.	0.	195,190.	195,190.
05/31/12	277,397.	0.	277,397.	277,397.
05/31/15	389,462.	0.	389,462.	389,462.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3,687,069.	3,687,069.

SCHEDULE D (Form \$120) Department of the Treas

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

SKIDMORE COLLEGE

Part.I' | Short-Term Capital Gains and Losses (See instructions)

Part	Snort-Term Capital Gal	ins and Losses (See	instructions)			
See instruction to enter on the	ons for how to figure the amounts ie lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n IO	(h) Gain or (loss) Subtract
This form ma round off cen	y be easier to complete if you ts to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Part I, line 2, column (g	19,	column (e) from column (d) and combine the result with column (g)
reported was repo have no a However transacti	r all short-term transactions on Form 1099-B for which basis inted to the IRS and for which you adjustments (see instructions). , if you choose to report all these ons on Form 8949, leave this line d go to line 1b			, , , , , , , , , , , , , , , , , , ,	د. د بي ر	
1b Totals fo	r all transactions reported on					
Form(s)	8949 with Box A checked					
2 Totals fo	r all transactions reported on					
Form(s)	8949 with Box B checked					
3 Totals fo	r all transactions reported on					
	8949 with Box C checked	30,010.				30,010.
4 Short-ter	m capital gain from installment sales	from Form 6252, line 26 or 3	7	_	4	
5 Short-ter	m capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused o	capital loss carryover (attach computa	ation)			6	
7 Net short	t-term capital gain or (loss). Combini	e lines 1a through 6 in column	ı h		7	30,010.
Part II						
to enter on th	ons for how to figure the amounts be lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n .9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form ma round off cen	y be easier to complete if you ts to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
on Form reported no adjust if you ch	r all long-term transactions reported 1099-B for which basis was to the IRS and for which you have timents (see instructions). However, oose to report all these transactions 8949, leave this line blank and go to					
8b Totals fo	r all transactions reported on					
Form(s)	8949 with Box D checked					
	r all transactions reported on 8949 with Box E checked					
10 Totals for	r all transactions reported on					
Form(s)	8949 with Box F checked	21,245.				21,245.
11 Enter ga	in from Form 4797, line 7 or 9				11	204,302.
12 Long-ter	m capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-ter	m capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital g	ain distributions				14	
15 Net long	term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	225,547.
Part III,	Summary of Parts I and	i				
16 Enter exc	cess of net short-term capital gain (lir	ne 7) over net long-term capita	il loss (line 15)		16	30,010.
17 Net capit	al gain. Enter excess of net long-term	ı capıtal gaın (line 15) över net	t short-term capital loss (line	7)	17	225,547.
18 Add lines	s 16 and 17 Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.		18	255,557.
Note: If I	osses exceed gains, see Capital loss	es in the instructions.				

JWA

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

Name(s) shown on return

Social security number or taxpayer identification no.

14-1338562

SKIDMORE COLLEGE	14-1	14-1338562							
Before you check Box A, B, or C belo statement will have the same informat broker and may even tell you which b	tion as Form 109	you received any 99-B Either will s	y Form(s) 1099-B o show whether your	r substitute statem basis (usually youi	ent(s) from y cost) was re	our broker A su eported to the IR	bstitute 'S by your		
Part I Short-Term. Transaction transactions, see page 2							illustments or		
Note. You may aggregate all codes are required. Enter the	totals directly on \$	Schedule D, line 1a	, you aren't required	to report these transa	actions on For	m 8949 (see ın <u>stru</u>	ctions)		
You must check Box A, B, or C below. C If you have more short-term transactions than will	heck only one bo	X. If more than one be e or more of the boxes	oox applies for your short s, complete as many form	-term transactions, comp ns with the same box che	lete a separate F cked as you nee	orm 8949, page 1, for	each applicable box		
(A) Short-term transactions rep	orted on Form(s) 1099-B showin	ig basis was report	ted to the IRS (see	Note abov	/e)			
(B) Short-term transactions rep	orted on Form(s) 1099-B showin	ig basis wasn't re	ported to the IRS					
X (C) Short-term transactions not	reported to you	on Form 1099-l	В						
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or enter an amount	(h) Gain or (loss).		
Description of property	tion of property Date acquired Date soid of Figure 1 Cost of the In column (g), e								
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)		Note below and	i	See instructions	Subtract column (e) from column (d) &		
		(wio , day, yi)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)		
TOWN DAGG WUDONGU DAWNTTING			20.010	the instructions		adjustment	107		
FROM PASS-THROUGH ENTITIES		=	30,010.				30,010.		
							.=		
						,			
									
		-							
					<u> </u>				
									
									
	··· -								
		-	-						
		-							
7 Table Add the		a al (la) (ala * = -*		,					
2 Totals. Add the amounts in colum									
negative amounts) Enter each total		-	,		,				
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A above is checked).			30,010.				30,010.		
above is checked), or line 3 (ii Bo	ADUVE IS CIT	eckeu)							

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.

_skidmore college	14-13	14-1338562					
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 109 box to check	99-B Either will :	show whether you	r basis (usually you	r cost) was i	reported to the IH ————	S by your
Part III Long-Term. Transaction	ons involving capita						
Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 8a	a, you aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ctions)
You must check Box D, E, or F below. (f you have more long-term transactions than will							ach applicable box
(D) Long-term transactions rep	,	•	•	•	Note abov	ve)	
(E) Long-term transactions rep	•		•	ported to the IRS			
to J coring contract and account most	(b)		(d)	(e)	Adjustment	, if any, to gain or	(h)
1 (a) Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	(c) Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the	loss. If you in column (u enter an amount	Gain or (loss). Subtract column (e)
,		(Mo , day, yr)		Note below and see Column (e) In the instructions	(6)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
FROM PASS-THROUGH ENTITIES			21,245.			adjustifierit_	21,245.
				<u> </u>			
·	<u> </u>		<u> </u>				
				<u></u>			<u>—</u> —————
		<u> </u>		· -			
					-		
			_				
		·			_		_
							
					-		
				-			
							
		 -					
					<u> </u> .		
O Tatala Addaha	(-1) () ()	- d (la) (a) - la - c - c - c					
2 Totals. Add the amounts in colunnegative amounts) Enter each total							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if B			21,245.				21,245.

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

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

, and ending MAY 31, 2019 For calendar year 2018 or other tax year beginning $\,$ $\,$ JUN $\,$ 1 , $\,$ 2018

ENTITY

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

OMB No 1545-0687

Department of the Treasury

7

8

10

► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization

452000

SKIDMORE COLLEGE

Unrelated debt-financed income (Schedule E)

Exploited exempt activity income (Schedule I)

organization (Schedule F)

organization (Schedule G)

Interest, annuities, royalties, and rents from a controlled

Investment income of a section 501(c)(7), (9), or (17)

Employer identification number 14-1338562

Unrelated business activity code (see instructions) ON-LINE SALES Describe the unrelated trade or business **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 51,517 c Balance ▶ b Less returns and allowances 1c 27.687 2 Cost of goods sold (Schedule A, line 7) 2 23,830. 23 830. 3 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 6

7

8

10

Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 23,830. 23,830. Total. Combine lines 3 through 12 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)	<u> </u>	14	
15	Salaries and wages		15	15,267.
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	100	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
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)		28	
29	Total deductions. Add lines 14 through 28		29	15,267.
30	Unrelated business taxable income before net operating loss deduction. Subtract	line 29 from line 13	30	8,563.
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 2018 (see		
	instructions)		31 _	ē,, ē
32	Unrelated business taxable income Subtract line 31 from line 30		32	8,563.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SKIDMORE COLLE	GE					14-1338	562			
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation > N/A						
1 Inventory at beginning of year	Inventory at end of year	at end of year 6								
2 Purchases	2	27,687.	7	Cost of goods sold. Su	ibtract I	ine 6				
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,		J		
4a Additional section 263A costs				line 2			7	27	7,687.	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	s No	
b Other costs (attach schedule)	4b			property produced or a	ļ for resale) apply to	- "				
5 Total. Add lines 1 through 4b	. 5	27,687.	the organization?			Х				
Schedule C - Rent Income (From Real	Property and	Pers	onal Property Lo	ease	d With Real Prop	erty)	•		
(see instructions)						·				
1 Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued				3(a) Deductions directly	connec	eted with the income	ın	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	ersonal p	nal property (if the percentag property exceeds 50% or if d on profit or income)	je 	columns 2(a) a	nd 2(b) (attach schedule)		
(1)										
(2)				,						
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns 2		ter				(b) Total deductions Enter here and on page 1,				
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>		0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	nstruc	tions)						
			2.	Gross income from		Deductions directly con to debt-finance				
1. Description of debt-fine	anced property			or allocable to debt- financed property	(a) Straight line depreciation			(b) Other deductions		
				imanced property		(attach schedule)	-	(attach schedule)		
(4)			-				+			
(1)						· · · · · · · · · · · · · · · · · · ·	+			
(2)					-		+			
(3)			ļ				+-			
4 Amount of average acquisition	5 Average	adjusted basis	_	Column 4 divided		7. Gross income	+	8 Allocable dedu	ctions	
debt on or allocable to debt-financed property (attach schedule)	allocable to nced property n schedule)	by column 5			reportable (column 2 x column 6)		(column 6 x total of column 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					ε	inter here and on page 1,		Enter here and on pa	ige 1,	
					F	Part I, line 7, column (A)		Part I, line 7, columi	1 (B)	
Totals				▶l		C	<u>. </u>		0.	
Total dividends-received deductions in	cluded in column	1 8		_		>	• [<u> </u>		0.	

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Business or activity to which this form relates

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Identifying number

Skidmore College FORM 990-T PAGE 1 14-1338562 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 ٥ 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property year placed in service period only - see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property е 20-year property 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L S/L 39 yrs MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs 30 yrs ММ S/L 30-year C S/L 40 yrs MM 40-year Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 0. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

Fo	rm 4562 (2018)	SKIDM	ORE COLLE	GE								14	-133856	5 2	Page :	
-	art V Listed Proper				ner vehic	les, cer	taın aırcı	raft, and	property	used fo	or					
	entertainment, Note: For any			,	standar	d milead	ne rate c	r deduc	cting leas	e expen	se. com	plete o	nlv 24a.			
	24b, columns ((a) through (c)	of Section /	A, all of S	ection B	, and Se	ection C	if applic	cable			·		_		
	Section A -	Depreciatio	n and Other	Informa	tion (Ca	ution:	See the	instruct	ions for li	mits for	passen	ger auto	mobiles)	<u> </u>		
<u>24</u>	 a Do you have evidence to s 	support the bus		ent use cla	aimed?	<u> </u>	′es _	_ No	24b If "Y	es," is t	<u>he evide</u>	nce writ	ten?	<u> </u>	No	
	(a)	(b) Date	(c) Business	,	(d) Cost or		(e) sıs for depr	ocuetion	_ (f)	1	(g)		(h)	E1/	(I)	
	Type of property (list vehicles first)	placed in investmen				l (bi	isiness/inv	estment			ethod/ vention		Depreciation deduction		Elected section 179	
_		service	use percenta	age U	ther basis		use onl	y)			T			c	cost	
25	Special depreciation allo	•		property	placed	ın servic	e during	the tax	year and	j						
	used more than 50% in										25					
<u>26</u>	Property used more tha	n 50% in a qu	alified busin											т		
		 		%								-		ļ		
_		1		%						ļ.——		ļ	<u>-</u>	ļ		
_		<u></u>		%						<u> </u>		<u> </u>		J		
<u>27</u>	Property used 50% or le	ss in a qualifi	ed business	\neg \Box				r	<u> </u>					γ		
_		 		%				-		S/L		 		-		
				%						S/L -		 		-		
		<u>L, </u>	****	%						S/L·		 		-		
	Add amounts in column		-				page 1				28	<u></u>				
<u>29</u>	Add amounts in column	(i), line 26 Er												<u> </u>		
_				Section I												
	mplete this section for ve													vehicles		
to y	your employees, first ans	wer the quest	tions in Secti	on C to s	ee if you	ı meet a	ın excep	tion to	completin	g this s	ection fo	or those	vehicles			
				т :		T		т				т.		Τ.		
	~		.,	1	a)	1	(b)		(c)	1	(d)	1	(e)	l	f)	
30	Total business/investment i		iring the	Ver	nicle	Ve	hicle	l Ve	hicle	Ve	hicle	Ve	hicle	Vei	hicle	
	year (don't include commu	,				 						├ ─		 		
	Total commuting miles of	_	· -	<u> </u>		1		 		<u> </u>		 		ļ		
32	Total other personal (nor	ncommuting)	miles													
	driven			-				 	_							
33	Total miles driven during	•														
	Add lines 30 through 32				T	\	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Τ.,.	\	T	 ,	T	-		
34	Was the vehicle available	e tor persona	ıı use	Yes	No	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No.	
25	during off-duty hours?			<u> </u>	-		 	\vdash	<u> </u>		-	 	<u> </u>	 	 	
35	Was the vehicle used pr		nore	1							-					
26	than 5% owner or relate	•		 	 	 	 	 -	+		+	 	 			
30	Is another vehicle availa	ole for persor	iai													
	use?	Castian C	0	l		/h = D==	l Jaka Vale		J. Llaa bi	Their F		<u> </u>	Ц		l	
Δn	swer these questions to c		· Questions	-									ron't			
	re than 5% owners or rela	-	ou meet an e	xception	to comp	neurig C	ection E	o iui vei	iicies use	a by en	ibiolees	wiio a	i en t			
_	Do you maintain a writte		mont that n	robibite a	II porcon		f vobjele	s inclu	ding com	muting	byyour			Yes	No	
31	employees?	in policy state	ement mat p	Offibits a	ii person	iai use c	or vernicle	55, IIICIU	ung com	muting,	by your			165	110	
38	Do you maintain a writte	n nolicy etate	ment that n	rohihite n	ersonal i	use of w	ahiclas	evcent.	commutu	a by w	our				+	
-	employees? See the inst		•					-			Jui				1	
39	Do you treat all use of ve			•		icers, ui	rectors,	01 170 0	111016 0	WIICIG					 	
	Do you provide more that	-				nformati	on from	Vour er	nnlovees	ahout					 	
70	the use of the vehicles,		-			morman	1011 110111	your er	iipioyees	about					-	
41	Do you meet the require					nonstrat	tion use	2							 	
٠,	Note: If your answer to 3		_						ered veh	ıclas				-		
P	art VI Amortization	37, 00, 00, 40	, OI - 1 13 1	doi:10	COMPIC	ic occi	011 15 101	110 00	CICC VOIT	0.00		-				
	(a)	-		(b)		(c)			(d)	$\neg T$	(e)			(f)		
	Description of	costs	Dat	e amortization begins		Amortizat	ole !		Code Amortiz section period or pe			zation Am		nortization or this year		
42	Amortization of costs that	at begins dun	na vour 201		 r	//					<u></u>	-2		. ,		
<u> </u>			3 ,00. 201		·	_	_			T						
		-										-+	 -			
— 43	Amortization of costs that	at began befo	re vour 2018	3 tax vear								43		9:	8,385.	
	Total. Add amounts in c	_	=			report						44			8,385.	
	. 5 te G Garage III C													_	<u> </u>	