000 T	E	kempt Orga						'n / .	ОМВ	No 1545-0687	
Form 990-T	(and proxy tax under section 6033(e)) 909 For calendar year 2018 or other tax year beginning $97/91$, 2018, and ending $96/30$, 20 19 .										
Department of the Treesure	l or cale	Go to www.irs gov/Form990T for instructions and the latest information.									
Department of the Treasury Internal Revenue Service	▶ Do	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									
A Check box if		Name of organization			me changed and see					ication number	
address changed			`		ū			(Emplo	yees' trust, s	ee instructions)	
B Exempt under section	1	ROBERTS WE	SLEYAN CO	LLEG	E						
X 501(C Ø 3)	Print	Number, street, and				s		16-0	743126		
408(e) 220(e)	or									ess activity code	
408A 530(a)	likhe	2301 WESTS	IDE DRIVE					(See in	istructions)		
529(a)		City or town, state or	province, countr	y, and Z	ZIP or foreign postal of	ode					
C Book value of all assets]	ROCHESTER,	NY 14624		_			5230	00		
at end of year	F Gro	oup exemption numb	er (See instruct	ions)	>		-				
123,366,699.	G Che	eck organization type	× X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust	
H Enter the number of	the orga	anization's unrelated t	rades or busine	sses	▶ 1		Describe	the only	(or first) i	unrelated	
trade or business he	e ►IN	VESTMENTS			If c	only one,	complete Parts I	V If mor	e than one	, describe the	
first in the blank spa	ce at the	e end of the previous	s sentence, cor	nplete	Parts I and II, com	nplete a S	chedule M for each	ch additio	nal		
trade or business, th	en compl	lete Parts III-V									
I During the tax year,	was the	corporation a subsid	diary in an affil	ated g	roup or a parent-su	ubsidiary o	controlled group?		▶∟	Yes X No	
If "Yes," enter the n	ame and	identifying number	of the parent co	rporate	on 🕨						
J The books are in car-					···	Telephon	ie number ▶ 58	5-594	-6000		
Part I Unrelated	Trade	or Business Inc	ome	,	(A) Incom	e	(B) Expen	ses	ļ. —	(C) Net	
1 a Gross receipts or	sales				İ						
b Less returns and allows	nces		c Batance ▶								
-		dule A, line 7)							 		
		2 from line 1c		3		000				1 000	
4a Capital gain net i	ncome (a	attach Schedule D) ,		4a	1	<u>,090.</u>				1,090	
•		Part II, line 17) (attach		4b					 		
		trusts		4c	<u></u>	,317.	ATCH 1		 -	5,317.	
		or an S corporation (attach s		5		, 517.	ATCH 1			3,317.	
				<u>6</u> 7					 		
		ncome (Schedule E)		<u> </u>					 	1	
		ents from a controlled organ							+	· · · · · · · · · · · · · · · · · · ·	
		01(c)(7) (9), or (17) organi		10							
	-	Income (Schedule I) dule J)		11					 		
•		ctions, attach schedu		12					 		
13 Total. Combine li	nes 3 thi	rough 12	,		6	,407.				6,407.	
Part II Deductio	ns Not	Taken Elsewhe	re (See insti	ructio	ons for limitation	ons on c	leductions)(Except 1	or contr	ibutions.	
		t be directly coni								,	
14 Compensation of	officers	directors, and truste	es#Schedule:K)					14	1		
15 Salaries and wag	es	4 . 4 . 4	REC)EI	VED			15			
16 Repairs and mair	itenance	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1l		(A.			16			
17 Bad debts			אמואייונטו	.9. 5	2019			17			
18 Interest (attach s	chedule)	(see instructions)	<u> </u>		. [ن] . جسننه			18			
19 Taxes and license	s		lL		<u> </u>						
20 Charitable contri	outions (See instructions for I	mitation (tyles))EN	₹. Ŭ Ť	ΑТСН	. 2	20	ļ	466	
21 Depreciation (att	ach Form	1 4562)			2	1					
' 111		d on Schedule A and						22b	 		
								1	<u> </u>		
•		compensation plans							 		
		ıs						1	 		
		Schedule I)							+		
		Schedule J)							+	1 750	
		schedule)						Г	 	1,750	
		es 14 through 28							+	2,216 4,191	
_		ble income before							+	4,191	
	•	ng loss arising in tax	-	_					+	4,191	
32 Unrelated busine For Paperwork Reduct		le income Subtract		30.	· · · · · · · · · · · · · · · · · · ·	· · · ·	· · · · · · · · ·	32		orm 990-T (2018	
8X2740 1000 8157NT D32	2011 ACC	/12/2010 Q.F	 	ζ <i>γ</i> 1	.8-7.6F				F	orm 990-1 (2018 PAGE	
OTO INI DO	- O II	,12,2019 0:0	J.JO AN	v 1						.,,,,	

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ROBERTS WESLEYAN COLLEGE

	· ·	
	* ROBERTS WESLEYAN COLLEGE	16-0743126
Form	990-T (2018)	Page 2
Pai	t III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	
34	Amounts paid for disallowed fringes	34 403.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions),	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	4.504
	of lines 33 and 34	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	3,594.
Par	t IV Tax Computation	136 3/331.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	755.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	. 40
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income See instructions	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 755.
Par		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	_
	Other credits (see instructions)	4
	General business credit Attach Form 3800 (see instructions)	4 1
	Credit for prior year minimum tax (attach Form 8801 or 8827)	┤ │
	Total credits Add lines 45a through 45d	
46 47	Subtract line 45e from line 44	70
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). Total tax Add lines 46 and 47 (see instructions)	
48 49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	70
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	1
	Tax deposited with Form 8868	1
	Foreign organizations Tax paid or withheld at source (see instructions)]
	Backup withholding (see instructions)	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1
g	Other credits, adjustments, and payments Form 2439	
	Form 4136 Other Total ▶ [50g]	4 .
51	Total payments Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached,	52 31. 53 786.
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54 ==	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	
55 Par	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instruction	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	F
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country
	here	[X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust? X
	If "Yes," see instructions for other forms the organization may have to file	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
۵.	Under penalties of penjury 1 declare that I have examined this return, including accompanying schedules and statements and to the true object and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowledge and belief, it is
Sign		ay the IRS discuss this return
Her		th the preparer shown below ee instructions)? X Yes No
	Print/Type prendrer's name Prenarer's signature Date	PTIN
Paid	11/12/2010 Chec	employed P01571860
•	arer Sum's same BKD, LLP	s EIN ► 44-0160260
Use		e no 260-460-4000
	1	

Form **990-T** (2018)

r ' r ,

Fqrm 990-T (2018)									1	Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	d of invent	ory valuation	>	<u>-</u>		_		
1 Inventory at beginning of ye	ear . 1			6 Inventory	at end of year	ar	6			
2 Purchases				7 Cost of	goods so	old Subtract line				
3 Cost of labor	3			6 from	line 5 Er	nter here and in]			
4a Additional section 263A co	ests			Part I, line	2		7	<u> </u>		
(attach schedule) ,	4a			8 Do the	rules of	section 263A (w	rith re	espect to	Yes	No
b Other costs (attach schedu	le) 4b					or acquired for			1	
5 Total Add lines 1 through	4b - 5			to the org	anization?		<u> </u>	<u></u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal Property	Leased V	With Real Propei	rty)			
(see instructions)										
Description of property										
(1)							_			
(2)										
(3)										
(4)									· ·	
	2. Rent recei	ved or accru	ed			_				
 (a) From personal property (if the personal property is more than 50%) 		percent	age of rent fo	personal property (if the personal property exceeds pased on profit or income) 3(a) Deductions directly connected with in columns 2(a) and 2(b) (attach science)						ome
(1)								 -		
(2)								_		
(3)	-									
(4)		-								
Total		Total								
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,			·			(b) Total deduction Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated De			e instructi	ons)		<u> </u>		<u>-</u>		
	· -	,		income from or	3 (Deductions directly cor debt-finance			ble to	
1 Description of deb	t-financed property			to debt-financed roperty		ht line depreciation ach schedule)	(b) Other deduc			
(1)					, , , , ,			•		
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable de imn 6 x total 3(a) and 3	of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
•					Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and o t I, line 7, co		
Totals					<u> </u>					

Form **990-T** (2018)

Page 4

ROBERTS WESLEYAN COLLEGE

Schedule F—Interest, Anni	uttes, Royalties	· · · ·	pt Contro			•	auo	iis (see	instructio	ins)	-
Name of controlled organization	2 Employer identification number	ei	t unrelated (1	of specified included in		f column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5	
(1)										_	
(2)				<u>-</u>							
(3)				_							
(4)					<u> </u>						
Nonexempt Controlled Organiz	zations	· r-				10	Dod	of column	Othotic		1. Dodugtions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruct			of specifients made		inc	cluded	in the co	ntrolling		Deductions directly nnected with income in column 10
(1)											
(2)											
(3)											
(4)	·					<u> </u>		lumns 5 a		<u> </u>	dd columns 6 and 11
Totals	ncome of a Sec	 tion 501(c)(7), (9),	or (17		Pa	art I li		ructions)		ster here and on page 1, art I, line 8 column (B)
1 Description of income	2 Amount of	ıncome		rectly cor attach sch	nnected				l-asides schedule)		and set-asides (col 3 plus col 4)
(1)											
(2)											
(3) (4)											
Totals	Enter here and of Part 1, line 9, co	olumn (A)	er Than	Advert	isina Ir	com	e (se	e 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 Expension directly connected production unrelated business inc	es 4 froi or or or or or or or	Net incor m unrela business minus co a gain, c ols 5 thre	ne (loss) ted trade (column lumn 3) ompute	5 (from	Gross in activ	ncome ity that related income	me 6 Expenses attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					•						
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rtl,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	nomo (see instri	uctions\									
			noolidat	od Pa	oio —					-	
Part I Income From Per	logicals Report	ed on a Co	onsolidat	4 Adver							7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	costs 2	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		costs (column 6 minus column 5, but not more than column 4)					
(1)											
(2)											_
(3)											_
(4)											
Totals (carry to Part II, line (5))											
	<u> </u>		<u>'</u>		•						Form 990-T (2018

(4)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs income costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to time devoted to 2 Title 1 Name unrelated business business (1) % (2) % (3) %

Form 990-T (2018)

%

5,317.

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

METROPOLITAN REAL ESTATE PARTNERS III-A, LP	2,676.
MERCER PRIVATE INVESTMENT PARTNERS II, LP	-62.
MERCER PRIVATE INVESTMENT PARTNERS III, LP	-396.
STEPSTONE PRIBATE ACCESS PARTNERSHIP, LP	3,099.

ATTACHMENT	2	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	6,407.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	1,750.
	0.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	466.
CHARITABLE CONTRIBUTION	742,500.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	466.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT EXPENSES TAX PREP FEES

400. 1,350.

PART II - LINE 28 - OTHER DEDUCTIONS

1,750.

SCHEDULE D (Form 1120)

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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

Name	DEC MECLEVAN COLLECE					16-0743126
	ERTS WESLEYAN COLLEGE	/Saa instructions	<u> </u>			10-0743120
Part	Short-Term Capital Gains and Losses 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 or loss from For 8949, Part I, lin- column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			- Committee (g)		
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1.				1.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6_	
7 Part	Net short-term capital gain or (loss) Combine lines Long-Term Capital Gains and Losses			· ·	. 7	1.
Pan	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 or loss from For 8949, Part II, lir column (g)	m(s)	(h) Gain or (loss) Subtract 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					
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 Box F checked	372.				372.
11	Enter gain from Form 4797, line 7 or 9				11	717.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	1,089.
			dless than 450			1
16	Enter excess of net short-term capital gain (line 7) o					1.
17 18	Net capital gain. Enter excess of net long-term capital fines 16 and 17. Enter here and on Form 1120,			•		1,089. 1,090.
. •	Note: If losses exceed gains, see Capital losses in th	· -				·

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

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name(s) shown on return ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number 16-0743126 ROBERTS WESLEYAN COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099-	B showing basis			e Note above,	
1 (a) Description of property	(b) Date acquired	(c)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a if you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT TERM CAPITAL GAINS	VAR	VAR	1				1
							i
							7-1
						-	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	l here and inc is checked), fin	lude on your e 2 (if Box B	1				1

Note. If you checked Box A 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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

ROBERTS WESLEYAN COLLEGE

16-0743126

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

ng basis was reported to the IRS (see Note above)
r

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result	
		(Mo , day, yr)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	with column (g)
LONG TERM CAPITAL GAINS	VAR	VAR	372				372
				_			
Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above)	here and incl is checked), line	ude on your 9 (if Box E	372				372
above is checked), or line 10 (if Bo	x F above is ch	ecked) ▶				1	l

Note if you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)