spection	nor	

-	990-T		Exempt Organization				turn		1915 190 1545-0047
Fórm	99U-1		(and proxy t	ax under sect	tion (6033(e)) <i>〈 </i>	200	.	
*	4-	For cale	ndar year 2019 or other tax year be	onning June 1	2019 :	and ending May	20 20	'	2019
D4-	·	roi cale	► Go to www.irs.gov/Forms					- '	
	nent of the Treasury Revenue Service	▶ Do i	not enter SSN numbers on this for					Open FOX/o	to Public Inspection for
	Check box if	7 50.			<u> </u>			•)(3) Organizations Only
<u> </u>	address changed		Name of organization (box if name changed	ano see	instructions)			dentification number trust, see instructions)
	npt under section	Print	Utica College '						,
<u>r</u> 50	01(C) (3)	or	Number, street, and room or suite	no IfaPO box, see in	structio	ons	<u> </u>		-1476258
<u></u>	08(e) 220(e)	Туре	1600 Burrstone Road					i nrelated b See instruc	usiness activity code
□ 40	08A 🗌 530(a)		City or town, state or province, cou	intry, and ZIP or foreig	n postal	code	"	500 11150100	
	29(a)		Utica, NY 13502					•	900099
C Book	value of all assets	F Gr	oup exemption number (See	instructions.) ▶			-		
u. o	io oi you	G Cr	neck organization type 🕨 📝	501(c) corporati	on	501(c) trust	□ 40	1(a) trust	Other trust
H En	iter the number	of the c	organization's unrelated trade	s or businesses.	>	1 De	scribe the	e only (o	r first) unrelated
			Rental Income from Propert						
			at the end of the previous se						
		•	omplete Parts III-V.	monec, complete	, i uit	i rana ii, compici	c a conce	Juic IVI I	or caon additiona
			e corporation a subsidiary in an	= :		nt-subsidiary contro	niea group	?	· ∐ Yes ∐ No
			and identifying number of the	parent corporation	on ►				
J Th	e books are in o	care of	Pamela Salmon			Telephone n	umber 🕨		315-792-3011
	_ Unrelated	d Trad	e or Business Income		,	(A) Income	(B) Expo	enses	(C) Net
1a	Gross receipts		25 000						
ď	Less returns a	nd allov	wances	c Balance ▶	1c	35,000			
2	Cost of goods	sold (S	Schedule A, line 7)		2				
3			l line 2 from line 1c		3	35,000			35,000
4a	•				4a	\$3,000			33,000
b			4797, Part II, line 17) (attach		4b			/	
	•				4c				
C	Capital loss de			novotion (ottoob	40				
5	· · · · · · · · · · · · · · · · · · ·	Irom	a partnership or an S cor	poration (attach	_		<i>/</i> .		
	statement) .				5				
6	Rent income (•		6				
7	Unrelated deb	t-financ	ced income (Schedule E) .		7				
8	Interest, annuities	, royalties	s, and rents from a controlled organi	zation (Schedule F)	8				
9	Investment incon	ne of a s	ection 501(c)(7), (9), or (17) organiz	ation (Schedule G)	9				
10	Exploited exer	npt act	ivity income (Schedule I) .		10/				
11		•	Schedule J)		/11				
12	_		structions; attach schedule)		12		,		
13	Total. Combin	,	•		13	35,000			25.000
			Taken Elsewhere (See ins	tructions for limit				ane mue	35,000
			he unrelated business inco		ations	s on deductions.)	Deduction	Jiis iiius	st be directly
44								144	
14	•		cers, directors, and trustees	•				14	
15	Salaries and w	-			•			15	
16	Repairs and m	aintena	ance /	• •				16	
17	Bad debts		/					17	
18	Interest (attach	n sched	lule) (see instructions)					18	
19	Taxes and lice	nses	<i>.</i>					19	
20	Depreciation (a	attach f	Form 4562)			20			
21	Less depreciat	tion cla	imed on Schedule A and else	where on return		. 21a		21b	
22	Depletion .	. /						22	
23	•	to defe	rred compensation plans .		1	RECEIV	FD	23	
24	Employee ben				- }		()	24	
			nses (Schedule I)		33	NOV A A SC) N		
25 06					RO63	NOV 0 9 20	120 9	25	
26			sts (Schedule J)		· · · ՟		. S	26	
27			•			OGDEN,		27	
28	,				· -L			28	. 0
29			xable income before net ope					29	35,000
30	/	net or	perating loss arising in tax	years beginning	on or	after January 1,	2018 (see	e	
/	Instructions)							30	
31	Unrelated busi	iness ta	xable income. Subtract line	30 from line 29		<u> </u>		31	35,000
For Pa	perwork Reduct	ion Act	Notice, see instructions.		Cat	No 11291J	,		Form 990-T (2019)

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Page	4

Form	990-T	(201)	9)

	<u> </u>				
Part I	∭ T∢	otal Unrelated Business Taxable Income			
32 /	Total of	f unrelated business taxable income computed from all unrelated trades or bu	sinesses (see		
•	instruct	rions)	. 1	32	128,640
33		ts paid for disallowed fringes		33	
		•		34	0
		ble contributions (see instructions for limitation rules)		 	0
35		nrelated business taxable income before pre-2018 NOLs and specific deduction	Subtract line	<u> </u>	
		the sum of lines 32 and 33	ノフ	35	128,640
36		ion for net operating loss arising in tax years beginning before January	1, 2018 (see	111	
	instruct	nons)	· ~	36	0
37	Total of	funrelated business taxable income before specific deduction. Subtract line 36 fr	om line 35 🔎	37	128,640
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions) .	. Y	38	1000
39.\		ted business taxable income. Subtract line 38 from line 37. If line 38 is greate	r than line 37		
		ne smaller of zero or line 37		39	127,640
Part		ax Computation		1 70 1	127,040
_	_			40	
		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	26,804
41		Taxable at Trust Rates. See instructions for tax computation Inc.	ome tax on	_ _	
		ount on line 39 from. Tax rate schedule or Schedule D (Form 1041)		41	
42	Proxy t	ax. See instructions	. ▶	42	
43 <	Alternat	tive minimum tax (trusts only)		43	
44.\\	Tax on	Noncompliant Facility Income. See instructions	~	44	
45	⁴Tiotal. /	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	26,804
Part		ax and Payments	- 1	• •	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a			
	-	redits (see instructions)		1	
				1	
		,		- 1	
		or prior year minimum tax (attach Form 8801 or 8827)		 	
е		redits. Add lines 46a through 46d		46e	
47		et line 46e from line 45		47	26,804
48	Other tax	xes Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (att	ach schedule),	48	
49	Total to	ax. Add lines 47 and 48 (see instructions)	. Ц	49	26,804
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	'	50	
51a		nts. A 2018 overpayment credited to 2019			
	-	stimated tax payments	22,320	1	
		posited with Form 8868	22,520	i	
C		organizations Tax paid or withheld at source (see instructions)		1 1	
d	-	,		1	
e		withholding (see instructions)		-	
		or small employer health insurance premiums (attach Form 8941)		- 1	
		redits, adjustments, and payments:			
	☐ Forn	n 4136 Other Total ▶ 51g			
52	Total p	ayments. Add lines 51a through 51g		52	22,320
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	📐 🗀	5 3	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			4 404
55		e. If life 32 is less than the total of lifes 43, 30, and 33, enter amount owed .		54	4,404
	Overpa		► rpaid · ►	54 55	4,484
56		lyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over	► rpaid · ► Refunded ►	54 55 56	4,404
56 Part V	Enter the	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over amount of line 55 you want Credited to 2020 estimated tax ▶	Refunded ►	55	4,404
Part \	Enter the	nyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over the amount of line 55 you want	Refunded ► tructions)	55 56	
Part \	Enter the VI St At any t	e amount of line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax. ► tatements Regarding Certain Activities and Other Information (see instance during the 2019 calendar year, did the organization have an interest in or a second content of the content o	Refunded ► tructions) signature or oth	55 56 er autho	ority Yes No
Part \	Enter the St St At any to over a f	nyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want Credited to 2020 estimated tax ► tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have a significant or other in the organization has a securities.	Refunded ► tructions) signature or oth ganization may	55 56 er autho have to	ority Yes No
Part \	Enter the VI St At any tooler a fincen	tyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax. ► tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have a securities, or other) in a foreign country? If "Yes," enter the number of the property of the propert	Refunded ► tructions) signature or oth ganization may	55 56 er autho have to	ority Yes No
Part \	Enter the VI St At any toover a too FinCEN here	tyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax ► tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," enter the nitrogram and Islands, a British overseas territory.	Refunded ► tructions) signature or oth ganization may ame of the fore	er author have to	ority Yes No ofile ntry
Part \	Enter the VI St At any toover a too FinCEN here	tyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax. ► tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," enter the number of the property of the p	Refunded ► tructions) signature or oth ganization may ame of the fore	er author have to	ority Yes No ofile ntry
Part \ 57	At any to over a finCEN here During the	tyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax ► tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a sfinancial account (bank, securities, or other) in a foreign country? If "Yes," enter the nitrogram and Islands, a British overseas territory.	Refunded ► tructions) signature or oth ganization may ame of the fore	er author have to	ority Yes No ofile ntry
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57 58 59 Sign	At any to over a fince here During the fire the Under the control over the	e amount of line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want. Credited to 2020 estimated tax. ▶ tatements Regarding Certain Activities and Other Information (see institution during the 2019 calendar year, did the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the number of Eavy and Islands, a British overseas territory. The tax year, did the organization receive a distribution from, or was it the grantor of, or transitive instructions for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. ▶ \$ penalties of penury, I declare that I have examined this return, including accompanying schedules and statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statemed the complete Declaration of preparer (other than taxpayer) is based on al	Refunded tructions) signature or oth ganization may ame of the fore signature or to, a foreignts, and to the best as any knowledge	er author have to ign cou	ority Yes No file Intry wledge and belief, it is S discuss this return reparer shown below
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57 58 59 Sign	At any to over a fince Name over the Name ov	e amount of line 52 is larger than the total of lines 49, 50, and 53, enter amount over a amount of line 55 you want Credited to 2020 estimated tax tatements Regarding Certain Activities and Other Information (see institution during the 2019 calendar year, did the organization have an interest in or a simancial account (bank, securities, or other) in a foreign country? If "Yes," the organization 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the nuclear team of the tax year, did the organization receive a distribution from, or was it the grantor of, or transitive instructions for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year \$ penalties of penury, I declare that I have examined this return, including accompanying schedules and statemed or the complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has the property of the tax that I have examined the tax payer) is based on all information of which preparer has the property of the tax that I have examined the tax payer) is based on all information of which preparer has the property of the tax payer by the property of the tax payer is based on all information of which preparer has the property of the tax payer.	Refunded tructions) signature or oth ganization may ame of the fore sisteror to, a foreignts, and to the best as any knowledge to the control of the control	er author have to ign cou	ority Yes No file Intry wledge and belief, it is S discuss this return reparer shown below
57 58 59 Sign Here	At any to over a frince Nere During the fire the Under true, or	tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization for of Foreign Bank and Financial Accounts If "Yes," enter the nice tax year, did the organization receive a distribution from, or was it the grantor of, or transitive in the interest received or accrued during the tax year. ♦ \$ penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of pe	Refunded tructions) signature or oth ganization may ame of the fore sisteror to, a foreignts, and to the best as any knowledge to the control of the control	er author have to ign could not trust? of my know May the IP with the pissee instructions.	ority Yes No ofile intry wledge and belief, it is standard shown below thions)? Yes No
Part 57 58 59 Sign Here	At any to over a fince here During the fire the Under true, construction of the state of the sta	tatements Regarding Certain Activities and Other Information (see institute during the 2019 calendar year, did the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization have an interest in or a stinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization for of Foreign Bank and Financial Accounts If "Yes," enter the nice tax year, did the organization receive a distribution from, or was it the grantor of, or transitive in the interest received or accrued during the tax year. ♦ \$ penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penalties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury, I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of penury. I declare that I have examined this return, including accompanying schedules and statement of the penulties of pe	Refunded tructions) signature or oth ganization may ame of the fore seferor to, a foreignts, and to the best as any knowledge to the color of the co	er author have to ign cou	ority Yes No ofile intry wledge and belief, it is standard shown below thions)? Yes No

<u> </u>		-1 C4				luation N				
	dule A-Cost of Goods Sol									_
1	Inventory at beginning of year		1		6	•	it end of year		6	
2	Purchases	_	2		7	_	oods sold. Subtract			
3	Cost of labor	-	3				5. Enter here and in f	Part		
4a	Additional section 263A cos	ts	•			•			7	T
	(attach schedule)		a		8		es of section 263A		•	Yes No
b	Other costs (attach schedule)	_	b				roduced or acquired			
_ 5	Total. Add lines 1 through 4b		5				nization?			
	dule C—Rent Income (Fron	n Rea	Il Property and	1 Perso	nai	Property I	-eased With Real I	Prop	erty)	
1. Desc	ription of property									
(1)	· · · · · · · · · · · · · · · · · · ·						· -			
(2)										•
(3)									<u>.</u>	-
(4)										
· ·	2. Rent	receive	ed or accrued				1			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real a percentage of rent 50% or if the rent					al pro	perty exceeds	3(a) Deductions dire in columns 2(a)		onnected with the (b) (attach sched	
(1)	Athletic Camps & Events - \$1	2.490							See Attachm	ent - \$2,80
	acility Rental - Conf & Events - \$2							See Attachme	nt - \$12,28	
(3) Housing - \$184,614						-			ee Attachmen	
(4)			-							
Total			Total				(b) Total deductions			
(c) Tot	al income. Add totals of columns 2	(a) and	2(b) Enter				Enter here and on pa			
here a	nd on page 1, Part I, line 6, column ((A)	>				Part I, line 6, column	(B) ▶	•	\$125,09
Sche	dule E—Unrelated Debt-Fir	nance	ed Income (see	instructi	ions)	<u> </u>				
				2. Gros	ss inc	ome from or	3. Deductions directly debt-fi		ected with or allo d property	cable to
	1. Description of debt-finance	ed prope	erty	allocabl	le to d prop	lebt-financed	(a) Straight line depreciate		(b) Other deductions	
					p.02		(attach schedule)		(attach sch	nedule)
(1)										
(2)										
(3)										
(4)										
	acquisition debt on or	of or a ebt-fina	adjusted basis allocable to nced property n schedule)		6. Co 4 div by col		7. Gross income reportat (column 2 × column 6)		8. Allocable d (column 6 × tota 3(a) and	l of columns
(1)						%				
(2)						%				
(3)						%	-			
(4)				1		%				
Totals						•	Enter here and on page Part I, line 7, column (/		Enter here and Part I, line 7, c	
	dividends-received deductions inc	luded i	n column 8			- 1	<u> </u>	-		
						·			Earm 0	190-T (2016

	Employer	Exempt	Controlled	Organizations											
				1			Exempt Controlled Organizations								
	ation number	3. Net unrela (loss) (see la	ated income nstructions)	4. Total of specified payments made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5							
(1)															
(2)															
(3)															
(4)															
Nonexempt Controlled Organizations				<u> </u>			_1								
8.1	Net unrelated inc	ome.	9 To	ital of specified	10 Part of colun	nn 9 that is	11. 🖸	eductions directly							
7 Tayable Income	ss) (see instruction			yments made		included in the controlling organization's gross income		connected with income in column 10							
(1)															
(2)															
(3)															
(4)															
Totala				_	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter	columns 6 and 11 nere and on page 1, , line 8, column (B)							
Schedule G-Investment Income	of a Secti	on 501/c	1/7) (0)	or (17) Organi	zation (see upsi	tructions	<u>.</u>								
Schedule d—investment income	or a Secti	011 30 1 (0	,)(<i>r</i>), (3), 3.	Deductions	4. Set-aside			otal deductions							
1. Description of income	2. Amount of income		directly connected (attach schedule)		(attach schedule)		and set-asides (col. 3 plus col. 4)								
(1)								······································							
(2)															
(3)															
(4)				-											
	nter here and of Part I, line 9, co	olumn (A)	er Than	Advertising In	come (see inst	ructions	Part I, II	re and on page 1, ne 9, column (B)							
Conedule 1—Exploited Exempt A	Ctivity inco				COINE (See mai		<u>, </u>	T							
Description of exploited activity	2. Gross unrelated business incom from trade or business	ne conne prod uni	spenses 4. Net income (loss) from unrelated trade or business (column action of lelated ss income (loss) from unrelated rade or business (column 3) lelated lif a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income	at attributable t		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)							
(1)						-									
(2)															
(3)								***************************************							
(4)															
	Enter here and of page 1, Part I line 10, col. (A)	page	ere and on 1, Part I,), col (B)	<i>'</i>				Enter here and on page 1, Part II, line 25							
Schedule J—Advertising Income	(see instruc	tions)	ι	L				<u></u>							
Part I Income From Periodic			Consoli	dated Basis		_		· -							
				4. Advertising				7. Excess readership							
1. Name of periodical	2. Gross advertising income		Direct sing costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		costs (column 6 minus column 5, but not more than column 4)							
(1)															
(2)															
(3)	-														
(4)					,										
Totals (carry to Part II, line (5))			_		,										

Part II	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 penodical		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 26
Totals, Part II (lines 1-5)	•						
Schedule K-Compensa	tion of	Officers, Direc	tors, and True	stees (see instri	uctions)	_	
					3 Percent of		

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		\ >	

Form **990-T** (2019)

SCHEDULE M (Form'990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning June 1 , 2019, and ending May 31 , 20 20

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 o	of the organization			Employer ident	ıfıcatıor	number		
Utica College						16-1476258		
Ur	nrelated Business Activity Code (see instructions) > 53200	0						
De	escribe the unrelated trade or business Athletic Camps and E	vents						
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net		
1a	Gross receipts or sales			·	T -			
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						
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						
6	Rent income (Schedule C)	6	12,490	00 2,807	00	9,683	00	
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12						
13	Total. Combine lines 3 through 12	13	12,490	0 2,807	00	9,683	00	
Part	connected with the unrelated business income.)		ations on deduc	tions.) (Deduction		ust be directly	, 	
14	Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages	•			15			
16	Repairs and maintenance	•	• •		16			
17	Bad debts				17			
18	Interest (attach schedule) (see instructions)				18			
19	Taxes and licenses	•	1 1		19			
20	Depreciation (attach Form 4562)		20					
21	Less depreciation claimed on Schedule A and elsewhere on re	turn	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			
28					28			
29	Unrelated business taxable income before net operating loss d				29	9,683	00	
30	Deduction for net operating loss arising in tax years beginn			y 1, 2018 (see				
04	Instructions)				30			
31	Unrelated business taxable income Subtract line 30 from line 2	29 .			31	9,683	00	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning June 1 , 2019, and ending May 31 , 20 20

Solution Sol

► 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

Unrelated Busness Activity Code (see instructions) ▶ 532000 Describe the unrelated trade or busness ▶ Facility Rental - Conferences & Events Part Unrelated Trade or Busness Income		or the organization	Employer identification number						
Part I Unrelated Trade or Business ► Facility Rental - Conferences & Events Al Income (B) Expenses (C) Net				16-1476258					
Part Unrelated Trade or Business Income									
1a Gross receipts or sales b Less returns and allowances country of the country	De	escribe the unrelated trade or business Facility Rental - Co	nferences	& Events		,	— т		
b Less returns and allowances	Part	Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net	
2	1a	Gross receipts or sales				CC 1000	-		
Gross profit. Subtract line 2 from line 1 c	b	**************************************							
4a	2	Cost of goods sold (Schedule A, line 7)							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuites, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuites, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Other income (See instructions attach schedule) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (See instructions) 18 Interest (attach schedule) (See instructions) 18 Interest (attach schedule) (See instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 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 exaget expenses (Schedule I) 26 Excess exaget expenses (Schedule I) 27 Other deductions, Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 9,344 00 20 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see	3	•	3				 		
C Capital loss deduction for trusts 4c	4a	Capital gain net income (attach Schedule D)	4a						
1	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)) 4b				<u> </u>		
Statement Stat	С	Capital loss deduction for trusts	4c				<u> </u>		
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutites, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Javes and licenses 18 Javes and licenses 19 Depreciation (attach Schedule) (see instructions) 19 Taxes and licenses 10 Depreciation claimed on Schedule A and elsewhere on return 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 J) 26 Excess readership costs (Schedule J) 27 Other deductions, add lines 14 through 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 9,344 00	5	Income (loss) from a partnership or an S corporation (attach					!		
Total Compensation of officers, directors, and trustees (Schedule K) Compensation of officers, directors, and trustees (Schedule K)		statement)	5						
Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (See instructions; attach schedule) Total. Combine lines 3 through 12 Total deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income) Total. Compensation of officers, directors, and trustees (Schedule K) Total deductions claract schedule) (See instructions) Total deductions (Attach Schedule) Total deductions. Add lines 14 through 27 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 Instructions) Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (See Instructions)	6	Rent income (Schedule C)	6	21,633	00	12,289	00	9,344	00
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9	7	· · · · · · · · · · · · · · · · · · ·	7						
organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (See instructions; attach schedule) Total. Combine lines 3 through 12 Total. Combine lines 4 through 27 Total. Combine lines 4 through 27 Total. Combine lines 13 Total. Combine lines 4 through 27 Total. Combine lines 5 through 12 T	8		8						
Exploited exempt activity income (Schedule I) 10 11	9		9						
11	10	Exploited exempt activity income (Schedule I)	10		·····				
12	11	·	11						
Total. Combine lines 3 through 12	12	· · · · · · · · · · · · · · · · · · ·	12						
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)	13	· · · · · · · · · · · · · · · · · · ·	13	21,633	0	12,289	00	9,344	00
Salaries and wages		connected with the unrelated business income)					· · · · · · · · · · · · · · · · · · ·		
Repairs and maintenance 16 17 17 18 18 117 18 18 117 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		•	K)						
17 18 Interest (attach schedule) (see instructions) 18 19 10 19 19 19 19 19 19		_	• •						
Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 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 instructions)			•		•	•			
Taxes and licenses					•				
Depreciation (attach Form 4562)								-	
Less depreciation claimed on Schedule A and elsewhere on return .			•	ا مو			19		
Depletion							215		
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule i) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 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 instructions) 23 24 25 26 27 28 Other deductions. Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		•	return .	. [214]					
Employee benefit programs Excess exempt expenses (Schedule i) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 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 instructions) 24 25 26 27 28 29 9,344 00 30		·			•	•			
Excess exempt expenses (Schedule I)					• •				
26 Excess readership costs (Schedule J)		· ·	• •		•	•			
27 Cther deductions (attach schedule)									
Total deductions. Add lines 14 through 27		· · · · · · · · · · · · · · · · · · ·							
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 instructions)							-		
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		-						9.344	00
instructions)							25	0,044	
· · · · · · · · · · · · · · · · · · ·	JU						30		
	31						31	9,344	00

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning June 1 , 2019, and ending May 31 , 20 20

So 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 o	f the organization		-		Employer identi	fication i	number	
Utica College						16-1470	6258	
— Ur	nrelated Business Activity Code (see instructions) ► 53200	0						
	escribe the unrelated trade or business Housing		_					
Part I Unrelated Trade or Business Income			(A) Income		(B) Expenses		(C) Net	
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	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						
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				l		
6	Rent income (Schedule C)	6	184,614	00	110,001	00	74,613	00
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12						
13	Total. Combine lines 3 through 12	13	184,614	0	110,001	00	74,613	00
Part	Deductions Not Taken Elsewhere (See instructions for connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)			JCtioi		ns mu	st be directly	
15	· · · · · · · · · · · · · · · · · · ·				•	15		
16	Salaries and wages		• •	•		16		
17	Bad debts			•	• •	17		
18	Interest (attach schedule) (see instructions)			•		18	-	
19	Taxes and licenses		•	•		19		
20	Depreciation (attach Form 4562)		20	•		-`` +		
21	Less depreciation claimed on Schedule A and elsewhere on re		21a			21b		
22	Depletion		Z i a			22	-	
23	Contributions to deferred compensation plans			•	•	23	-	
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	_	
28	Total deductions. Add lines 14 through 27					28		
29	Unrelated business taxable income before net operating loss d					29	74,613	00
30	Deduction for net operating loss arising in tax years beginn							
JU	instructions)					30		
31	Unrelated business taxable income. Subtract line 30 from line					31	74.613	00

Utica College EIN 16-1476258 Form 990-T 2019 Schedule Attachment

990-T Schedule C Line 3(a) Line 1 – Athletic Camps & Events

\$	148
	93
	923
	628
	0
	0
<u></u>	<u>1,015</u>
\$ 2	2.807
	Ţ

990-T Schedule C Line 3(a) Line 2 - Facility Rental - Conferences and Events

\$110,001

Safety Charges	\$	55
Utilities		147
Maintenance and Custodial		7,678
Grounds		208
Food Service		0
Supplies		0
Salaries and Benefits		4,201
Total	<u>\$</u>	12,289

990-T Schedule C Line 3(a) Line 3 - Housing

Total

Safety Charges	\$ 6,638
Utilities	14,452
Maintenance and Custodial	38,684
Grounds	7,261
Food Service	28,244
Supplies	630
Salaries and Benefits	_14,092