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			•	- AUGUANA	mo 14:	3 3 <i>2</i> 1	F 2020		3000	ų.		2	Ţ
Form <b>9.9</b>	∩ <b>-</b> T	F	xempt Org	EXTENDED Lanizatio					av Reti	urn		OMB No 1545-0687	
Form QO	<b>-</b> '	_	.xempt Org	and proxy)					1906	uiii	)		_
<b>k</b>		For cale	endar year 2018 or other to							201	9	2018	
	of the Treasury		➤ Go to v	vww irs gov/Form	n990T for ir	structio	ons and the late	est informa	ıtion.			Open to Public Inspection for	or
A Ch	eck box if		Name of organization						tion is a 50 i(	C)(3)	D Emp	501(c)(3) Organizations Only	<u>y</u>
	dress changed		·	`	DX II HAIHE C	mangeu	and see instruc	mons.)			(Em	ployees' trust, see ructions)	
			URSINUS C									23-1177930	
<b>X</b> 501(		or Type	Number, street, and 601 EAST 1			x, see ir	structions.					elated business activity code instructions )	
408A	530(a)		City or town, state or	province, country	y, and ZIP o		n postal code			,	_ 1	110	
C Book value	of all accord		F Group exemption i								531	1110	_
at end of ye	2 330 42	5	G Check organization	type 🛌 🟋	501(c) cor	poration	501	(c) trust		401(a)	truct	Other trust	_
H Enter the	number of the ord	nanızat	ion's unrelated trades	or husinesses	501(0) 001	1	301	<u>`-/</u>	the only (or fir				_
		-	TALS TO O		ROUPS				complete Part				
	· ·		e at the end of the pr			rts I an		-					
	, then complete Pa												
			oration a subsidiary in			nt-subsi	diary controlled	group?		<b>&gt;</b>	Υ	es X No	
			fying number of the p		CONTR	OT.T.E		Talanha	no number I	- 6	10-	409-3484	_
Part I			e or Business		CONTR	ОППІ	(A) Inco		(B) Exp			(C) Net	
	receipts or sales			T		T	(,	-	(5) 5.14			(6) //61	_
	eturns and allowa	nces		c Balance	•	1c							
	of goods sold (Sch		A, line 7)		•	2							7
	profit. Subtract lir		•			3			· · · · · · · · · · · · · · · · · · ·				_
4a Capita	il gain net income	(attach	Schedule D)			4a							
<b>b</b> Net ga	aın (loss) (Form 47	79 <mark>7</mark> , Pa	art II, line 17) (attach f	orm 4797)		4b			-				
c Capita	Il loss deduction fo	or trust	'S			4c							
5 Incom	ne (loss) from a pa	ırtnersl	nip or an S corporatio	n (attach stateme	nt)	_5_							
	ncome (Schedule					6						<u> </u>	_
	ated debt-financed		•			7							_
			d rents from a control	-		8							_
			n 501(c)(7), (9), or (1	7) organization (S	ichedule G)								_
	ted exempt activity tising income (Sch		,			10							_
	-		s; attach schedule)	STATEMEN	זיי 1	12	692,	092.				692,092	_
	. Combine lines 3		•	D 1111 D11D1		13	692,					692,092	
Part II	Deductions	s No	t Taken Elsewi	nere (See inst	ructions fo		tions on dedu	ictions)	·			1	Ť
			tions, deductions m						ncome )				
		ers, dire	ectors, and trustees (S	Schedule K)							14	000	_
	ies and wages					RE	CEIVED	7			15_	902	
	irs and maintenand	ce			00			اب			16	122,243	<u>•</u>
17 Bad o		la\ /aa	a instructions)		7008	MAY	<b>20</b> 2020				17 18		_
	est (attach schedul s and licenses	ie) (Sei	e mstructions)					[ <i>iii</i> ]			19		—
		s (See	instructions for limita	tion rules)		CC	DEN, UT	-1-1			20	-	_
	eciation (attach Fo	-		,	<u> </u>		7E+4, U1	24-	40,62	21.			_
	•		Schedule A and elsew	here on return		4	2	2a			22b	40,621	
23 Deple											23		_
24 Contr	ributions to deferre	ed com	pensation plans								24		_
25 Emple	oyee benefit progr	ams									25_		_
	ss exempt expense		•								26		_
	ss readership costs		•							_	27	^	_
	deductions (attac		•				SEE	STAT	EMENT ,	2 20,	28	248,788	
	deductions Add		<del>-</del>				, , , , , ,			W	29	412,554	
30 Unrel	aieu dusiness taxa	adie ind	come before net opera	ung ioss deductii	un. Subtraci	ı iine 29	rrom line 13				80	279,538	٠

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Part I	Total Unrelated Business Taxable Income					
33`	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	<u>279,5</u>	38.
34	Amounts paid for disallowed fringes			34		
. 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) ST	'MT 3	35	29,4	115.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su					
	lines 33 and 34			36	250,1	23.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	37		000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36.	50		•	
•	enter the smaller of zero or line 36	,	24	38	249,1	23.
Part I	V Tax Computation			1 30		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		40	29	52.3	316.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from:			<u> </u>	
70	Tax rate schedule or Schedule D (Form 1041)	on mic oo nom.	_	40		
44	Proxy tax See instructions			41		
41						
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income See instructions		yC,	43	52 3	316.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments		-13	44/	54,5	10.
	<del></del>	145		1		
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-		
b	Other credits (see instructions)	45b		4		
C	General business credit. Attach Form 3800	45c		-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		4		
е	Total credits Add lines 45a through 45d			45e		1.6
46	Subtract line 45e from line 44			A6	52,3	316.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 Other (#	ittach schedule)	47	- FO 1	11.0
48	Total tax. Add lines 46 and 47 (see instructions)			48	52,3	316.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a	•	1		
b	2018 estimated tax payments	50b		1		
C	Tax deposited with Form 8868	50c	<u> 20,000.</u>	1		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1		
е	Backup withholding (see instructions)	50e		]		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		]		
g	Other credits, adjustments, and payments: Form 2439					
_	Form 4136 Other Total <b>&gt;</b>	50g				
51	Total payments. Add lines 50a through 50g			51	20,0	00.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		/11	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		44	5.3	32,3	316.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Ref	unded >	55		
Part V	I Statements Regarding Certain Activities and Other Information					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other authority	<u> </u>		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	<del>-</del>			1,77	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-				
	here					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to a fore	einn triist?			X
Ji	If "Yes," see instructions for other forms the organization may have to file.	ansieror to, a fore	agii ti ustr			+
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stall	tements, and to the b	est of my knowle	dge and belie	ef, it is true.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer		_	•		
Here	Snorth Fland   5/11/2020 ▶ PRESIDE	אזיי		•	scuss this return	with
	Signature of officer Date Title	NI		e preparer sr structions)?	nown below (see	No
				1	A 162	No
	Print/Type preparer's name Preparer's signature Dat			if PTIN		
Paid	WEDDY A DOODS ODS IN 15 A 15	1	self- employed	DO	7760400	,
Prepa		<u>/11/2020</u>			0760402	
Use C	nly Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN	39-	-085991	. U
	1570 FRUITVILLE PIKE, SUITE 400	ן			10 10 5	
	Firm's address ► LANCASTER, PA 17601		Phone no. 7	17.74	<u>10.4863</u>	<u> </u>

Schedule A - Cost of Goods	S Sold. Enter	method of inve	ntory valuation N/A	<u> </u>	<del></del>			
1 Inventory at beginning of year	1		6 Inventory at end of ye		•	6.		
2 Purchases	2		7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (	(From Real	Property and	d Personal Property I	_ease	d With Real Prope	erty)		
(see instructions)		· · · · · · · · · · · · · · · · · · ·						
1 Description of property		.=						
(1)								
(2)								
(3)								
(4)	O Bont room	ed or accrued			T			
(a) From personal property (if the per			and personal property (if the percenta	200	3(a) Deductions directly			
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	ige	columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
_(3)								
(4)								
Total	0.	Total		0.	]			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter •		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb		Income (see	instructions)					
			2. Gross income from		3 Deductions directly conn to debt-finance		ble	
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deduction: chedule)	s
				<del> </del>				
(1)								
(2)	<del></del>	<del></del>	<del> -</del>		<del>-</del> .		-	
(3)	<del></del>	<del></del>		+		+		
(4)		<del></del>	<del></del>	-		<del></del>	_	
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8, Allocab (column 6 x t 3(a) a		
(1)			%_					
(2)			%					
(3)		<del>.</del>	%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7		
Totals			•		0.	,		0.
Total dividends-received deductions in	cluded in column	8	•		•	1		0.

Schedule F - Interest, A	Annuities, Roy	alties, an					tions	(see in:	structio	ns)
1 Name of controlled organizat	ıder	Employer htification umber	3. Net unr	Controlled O	4 Tot	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)			1							
(2)			<del>                                     </del>				<b></b>			
(3)			1							
(4)								•		
Nonexempt Controlled Organi	zations								•	<u> </u>
7 Taxable Income	8 Net unrelated ind (see instructi		9 Total	of specified payi made	ments	10 Part of column the controllingross	mn 9 that ing organ s income	is included ization's		Deductions directly connected th income in column 10
(1)		-								
(2)										
(3)			<b>.</b>							
_(4)										
	,					Add colun Enter here and line 8, c		1, Part I,	l	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		Section	501(c)(7	), (9), or (	17) Org	anization				
(see insti	ructions)					0.5				
•	ription of income			2 Amount of	income	3 Deduction directly connected (attach scheduction)	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			-		-					<u> </u>
(3)										
(4)				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totale					0.					0.
Schedule I - Exploited (see instru		ty Incom	e, Other	Than Adv		g Income				<u> </u>
		T	· · · · · · · · · · · · · · · · · · ·	4. Net incon	ne (toss)	<del></del>	_	·- ·		7_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with proof un	penses connected oduction related s income	from unrelated business (co minus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	<ol><li>Gross inco from activity t is not unrelat business inco</li></ol>	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								-		
(1) (2) (3)										
(3)										
(4)	<del></del>	<u> </u>			i					
	Enter here and on page 1, Part I, line 10, col (A)	page 10.	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals •	0		0.							0.
Schedule J - Advertisir				,	Dania					
Part I Income From I	Periodicais Re	portea o	n a Cons	solidated 	Basis					
1. Name of periodical	2 Gross advertisin income	- I \	3 Direct ertising costs			5 Circulat income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(1) (2) (3)										
(3)				_ . ՝						_
(4)										
Totals (carry to Part II, line (5))		0.	0							0.

## Form 990-T (2018) URSINUS COLLEGE 23-11779 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 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	<b></b>	0.	0.			1	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)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.				0.

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

<b>1</b> Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form **990-T** (2018)

FORM. 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	0.	0.	0.	0.
06/30/11	16,724.	16,724.	0.	0.
06/30/12	5,612.	5,612.	0.	0.
06/30/13	11,493.	11,493.	0.	0.
06/30/14	5,488.	5,488.	0.	0.
06/30/15	22,682.	18,103.	4,579.	4,579.
06/30/16	20,016.	0.	20,016.	20,016.
06/30/17	4,820.	0.	4,820.	4,820.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	29,415.	29,415.

FORM .990-T	OTHER INCOME	STATEMENT 1	
DESCRIPTION		AMOUNT	
RENTAL INCOME WITH SUBS	692,092		
TOTAL TO FORM 990-T, PAG	GE 1, LINE 12	692,092.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2	
DESCRIPTION		AMOUNT	
MEALS AND CLEANING		248,788.	
TOTAL TO FORM 990-T, PAG	GE 1, LINE 28	248,788.	