		4			EXTENDED TO N						101900		
	Form	∮990-T	1	exempt Org	anization Bu			ax R			OMB No 1545-0687		
		•			(and proxy tax un			22	1901	0	2040		
	•		Forca	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019									
		tment of the Treasury al Revenue Service	│ ▶	■ 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).									
	A	Check box if		Name of organization	D Empl	oyer identification number							
		address changed		,	,		· · · · · · · · · · · · · · · · · · ·				uctions)		
	B E	xempt under section	Print	LEBANON VA	LLEY COLLEGI	3					3-1352354 ated business activity code		
	X]501(c <u>0</u>]3_)	501(c013) or Number, street, and room or suite no. If a P.O. box, see instructions.										
	\vdash]408(e) [220(e)	1,700		COLLEGE AVE					4			
	<u> </u>] 408A]530(a)] 529(a)			province, country, and ZIP	or foreig	n postal code			713	990		
	Bo	ok value of all assets	L	ANNVILLE,	umber (See instructions.)					1/13	990		
	U at e	and of year	47.		type X 501(c) co	rooratio	501(c) trust		401(a)	trust	Other trust		
	H En			tion's unrelated trades		4		the only (
			_		FACILITY US	SE	. If only one,						
	des	scribe the first in the bl	ank spa	ce at the end of the pre	vious sentence, complete F	Parts I an							
		siness, then complete F		 			<u>.</u>						
					an affiliated group or a par	ent-subs	idiary controlled group?		▶ L	Ye	es X No		
_				ifying number of the pa			Tologh		or \ /	717) 867-6421		
7				SABRIEL PAZ le or Business I			(A) Income	one numb	Expenses		(C) Net		
2		Gross receipts or sale:				T	(xy moons		Схроноос		(9,		
3		Less returns and allow			c Balance	1c							
•		Cost of goods sold (Se		A, line 7)		2							
	3	Gross profit. Subtract	line 2 fr	om line 1c		3							
,		Capital gain net incom	•	•		4a	· · · · · · · · · · · · · · · · · · ·				/		
וו				art II, line 17) (attach F	orm 4797)	4b				_			
Ž		Capital loss deduction			(attack atatamas)	4c							
Ē		Rent income (Schedul		hip or an S corporation	(attach statement)	6	<u></u>						
5		Unrelated debt-finance		ne (Schedule F)		7							
á	8			, ,	ed organization (Schedule F)								
	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G								
		Exploited exempt activ	-	, ,		10	·						
		Advertising income (S		•	ama manananan 2	11	225 564				225 564		
		Other income (See ins			STATEMENT 2	12	235,564.				235,564.		
		Total. Combine lines	os No	ıt Taken Elsewh	ere (See instructions t	13	235,564.				235,564.		
					ust be directly connecte			ıncome.)					
	14	Compensation of office	cers, dır	ectors, and trustees /S	chedule K)	j	RECEIVED			14			
	15	Salaries and wages			,] _		ച്ച		15	168,248.		
	16	Repairs and maintena	ance			2079	JUN 2 2 2020	S-08(16	7,205.		
	17	Bad debts			•	اما ا	3011 2 2 2020	RS-		17	·		
	18	Interest (attach sched	dule) (se	e instructions)		-	OCDEN UT	— ~ j		18			
	19 20	Taxes and licenses	ne /Saa	instructions for limitat	ion rulae)		OGDEN, UT			19 20			
	20 21	Depreciation (attach f			ion rules)		21			20			
	22	•		Schedule A and elsew	here on return		22a			22b			
	23	Depletion					(1			23			
	24	Contributions to defer	rred con	npensation plans						24			
	25	Employee benefit pro	-							25	36,623.		
	26	Excess exempt expen	-	-						26			
	27	Excess readership cos	•	·			000 0m2m	DMDNO	כ ח	27	12 906		
	28 29	Other deductions (atta		•			SEE STAT	rugn'i	SHI	28 29	12,806. 224,882.		
	29 30				ting loss deduction. Subtra	ct line 20) from line 13		De la Constantina del Constantina de la Constantina de la Constantina del Constantina de la Constantin	30	10,682.		
	30 31				beginning on or after Janu				4	31	, 10,002.		
	32 /			come. Subtract line 31	-	, ., _0			161	32	10,682.		
•	82370			work Reduction Act No						,	Form 990-T (2018)		
	,									\sim	. ~		

913

Form 990-			23	-135	2354	<u> </u>	Page 2
Part	Total Unrelated Business Taxable Income				1_		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instruc	ctions)	T	33	29,5	16.
34	Amounts paid for disallowed fringes				34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions)	STMT	4	35	29,5	16.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su		\Box				
	lines 33 and 34			_	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		•	探	3/	1.0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3		•	حس			
	enter the smaller of zero or line 36	•			38		0.
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		· · · · · · · · · · · · · · · · · · ·	•	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o						
	Tax rate schedule or Schedule D (Form 1041)				40		
41	Proxy tax. See instructions				41		
42	Alternative mınimum tax (trusts only)				42	· · · · · · · · · · · · · · · · · · ·	
43	Tax on Noncompliant Facility Income. See Instructions				43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		0.
Part \							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-	ПТ		
	Other credits (see instructions)				1		
	General business credit. Attach Form 3800	45c			li		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				1		
_	Total credits. Add lines 45a through 45d				45e		
46					46		0.
47	Subtract line 45e from line 44 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 886	<u>.</u>	1 Other cames as	hodulo)	47		<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)		=		48	· · · · ·	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49		0.
	Payments: A 2017 overpayment credited to 2018				13		
	2018 estimated tax payments	50b			1 1		
		50c			1 1		
	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions)	504			1 1		
	• •	50e			1		
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50f			1 1		
		301	<u></u>		1		
y		50a			1		
F4					_		
51 50	Total payments. Add fines 50a through 50g				51 52		
52 50				_	53		
53	Overpayment. If line 51 is larger than the total of lines 46, 49, and 52, enter amount overpaid			[
54 55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded	<u> </u>	54 55		
Part \		1 (500			1 23 1		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature of					Yes	No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					165	140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fi	-				ì	}
		ureigiri	Listania y				X
£7	here	noforor	to a foreign tru	not?			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	11216101	io, a ioreign ou	DI:			
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\int\$\$\$					1	{
		ements :	and to the best of m	v knowlec	ice and be	olinf, rt es true.	L
Sign	Under penalty of persury of character that I have examined this return, including accompanying schedules and state correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer VP FINAL	has any l	knowledge.	.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Here	ADMINIST				-	discuss this return of	:nth
	Signature of officer Date Tritle	1141	LION			shown below (see ? X Yes	No
			Charle				
	12. 2		Check	ji bevolan	15111	1	
Paid	PEDDI NI BOCDA CDA	13/20	Sen- en	nployed	חמ	0760402	
Prepa	rer REART N. BOUDA, CFA			CINI -		00700402	
Use C	1570 FRUITVILLE PIKE, SUITE 400	<u> </u>	ranns	EIN 🕨		, 003331	-
	Firm's address LANCASTER, PA 17601	,	Dhone	7	17 7	40.4863	
823711 01			Pilott	11.0- /	± / • /	Form 990-T	
OCCUPATION OF	Mar 14					LOWIN SOOM	(2010)

Schedule A - Cost of Goods Sold. En	ter method of inven	tory valuation N/A		<u></u>
1 Inventory at beginning of year 1		6 Inventory at end of year		6
2 Purchases 2		7 Cost of goods sold. S	ubtract line 6	
3 Cost of labor 3		from line 5. Enter here		
4a Additional section 263A costs		line 2		7
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?		
Schedule C - Rent Income (From Rea (see instructions)	I Property and	Personal Property L	eased With Real Pro	perty)
1. Description of property				
(1)				
(2)				
(3)				
(4)				
2. Rent rec	eived or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	ge 3(a) Deductions direct columns 2(a)	tty connected with the income in and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total 0	Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0.
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)		
		Gross income from or allocable to debt-		nced property
Description of debt-financed property		financed property	(a) Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
debt on or allocable to debt-financed of of opposity (attach schedule) debt-fi	ge adjusted basis or allocable to nanced property ach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		>	ľ	0.
Total dividends-received deductions included in colum	nn 8			0.

Schedule F - Interest,				Controlled O				(000	truction		
1. Name of controlled organiza	identi		Net unrelated income (loss) (see instructions)		4. Tot payr	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)											
(2)	-										
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified paym made	nents	10. Part of colur in the controllingross	nn 9 tha ng organ income	ızatıon's	11. De	ductions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)			•								
						Add colum Enter here and line 8, c		1, Part I. N		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals								0.		0.	
Schedule G - Investme (see inst	ent Income of a structions)	Section 50)1(c)(7	'), (9), or (1	7) Org	anization					
1. Desc	cription of income			2. Amount of a	ncome	3. Deductions directly connected (attach schedule)		ted 4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)					I						
				Enter here and o Part I, line 9, coli			_			Enter here and on page 1 Part I, line 9, column (B)	
Totals		·	•		0.					0.	
Schedule I - Exploited (see instru	•	Income,	Other	Than Adv	ertisin	g Income	_	-			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly conn with produc of unrelations business incomes.	ected ction ed	4. Net incomfrom unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity the not unrelated business incon	nat ed	6. Exp attribute colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,		-					Enter here and on page 1, Part II, line 26	
Schedule J - Advertision		instructions)		<u> </u>						<u> </u>	
Part I Income From	Periodicals Rep	orted on a	Cons	solidated I	Basis						
1. Name of penodical	2. Gross advertising income		Direct ing costs	4. Advertis or (loss) (co col 3) If a gas cols 5 thr	l 2 minus n, compute	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)				-							
(4)											
Totals (carry to Part II, line (5))	•	0.	0		<u>-</u> .	<u></u>				0.	
										Form 990-T (2018)	

	(======================================	
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-hydine basis)	

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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)							<u> </u>
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				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)	•	0.	0.				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)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
ARNOLD SPORTS CENTER REVENUE	235,564.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	235,564.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
OFFICE SUPPLIES AND EXPENSE MARKETING EQUIPMENT	10,935. 504. 1,367.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	12,806.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	113,464.	0.	113,464.	113,464.
06/30/06	147,260.	0.	147,260.	147,260.
06/30/07	201,227.	0.	201,227.	201,227.
06/30/08	184,528.	0.	184,528.	184,528.
06/30/09	165,904.	0.	165,904.	165,904.
06/30/10	164,020.	0.	164,020.	164,020.
06/30/11	93,885.	0.	93,885.	93,885.
06/30/12	91,376.	0.	91,376.	91,376.
06/30/13	55,319.	0.	55,319.	55,319.
06/30/14	69,819.	0.	69,819.	69,819.
06/30/15	130,912.	0.	130,912.	130,912.
06/30/16	86,442.	0.	86,442.	86,442.
06/30/17	103,365.	0.	103,365.	103,365.
06/30/18	19,896.	0.	19,896.	19,896.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,627,417.	1,627,417.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\underline{JUL~1,~2018}$, and ending $\underline{JUN~30,~2019}$

OMB No 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization

▶ 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

	LEBANON VALLEY COLLEGE			23-13	<u>5235</u>	4
·	Unrelated business activity code (see instructions) 72100					
[Describe the unrelated trade or business CONFERENC	E S	ERVICES			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>		
3	Gross profit Subtract line 2 from line 1c	3				
4 a	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				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) .	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				- 1	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Explorted exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule) STMT 5	12	326,804.			326,804.
13	Total. Combine lines 3 through 12	13	326,804.			326,804.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the under the connected with the con				· -	r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	28,748.
15	Salanes and wages				15	28,748.
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			
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	11,765.

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

309,459.

349,972.

-23,168.

25

<u> 26</u>

27

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31

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SEE STATEMENT 6

instructions)

25

26

27

28

29

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FORM 990-T (M)	OTHER	INCOME	STATEMENT 5
DESCRIPTION			AMOUNT
CONFERENCE SERVICES			326,804.
TOTAL TO SCHEDULE M, PA	RT I, LINE 12		326,804.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 6
DESCRIPTION			AMOUNT
UTILITIES CONFERENCE SERVICES EXP	ense		146,102. 163,357.
TOTAL TO SCHEDULE M, PA	RT II, LINE 28		309,459.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning __JUL__1, __2018__, and ending __JUN__30_, __2019

2018

Employer identification number

ENTITY

Department of the Treasury Internal Revenue Service (99)

Name of the organization ▶ 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

OMB No 1545-0687

	LEBANON VALLEY COLLEGE			23-1352.	354
	Unrelated business activity code (see instructions) ► 52300	0			
	Describe the unrelated trade or business INCOME (L	oss) FROM A PARTN	NERSHIP	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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_	<u> </u>		
4 a	Capital gain net income (attach Schedule D)	4a			<u> </u>
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) STATEMENT 7	5	2,334.		2,334.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Explorted exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			<u></u> _
<u>13</u>	Total. Combine lines 3 through 12	13	2,334.		2,334.
Pa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the connected with the connected with the understanding the connected with the con) ————————————————————————————————————	for contributions,
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	•		. 19	
20	Charitable contributions (See instructions for limitation rules)		··· f f	. 20	
21	Depreciation (attach Form 4562)	•	21		-
22	Less depreciation claimed on Schedule A and elsewhere on return		. 22a		
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs		•	<u>25</u>	<u> </u>
26	Excess exempt expenses (Schedule I)		•	26	
27	Excess readership costs (Schedule J)	•		27	
28	Other deductions (attach schedule)		••	28	0.
29	Total deductions. Add lines 14 through 28		_	29	1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Schedule M (Form 990-T) 2018

2,334.

30

31

32

instructions)

30

31

LEBANON VALLEY COLLEGE

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION		NET INCOME OR (LOSS)
COMMONFUND CAPITAL INT ORDINARY BUSINESS INCO	50.	
BUSINESS INCOME (VATE EQUITY PARTNERS VII, - ORDINA	2,284.
TOTAL INCLUDED ON SCHE	DULE M, PART I, LINE 5	2,334.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

Unrelated Trade or Business

Employer identification number

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization ► 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

	LEBANON VALLEY COLLEGE				<u> 23-13</u>	<u> 523</u>	<u>54</u>
	Inrelated business activity code (see instructions) > 61143	0					
	Describe the unrelated trade or business > PT CONFER	ENC	ES				
Pa	t I Unrelated Trade or Business Income		(A) Incon	ne	(B) Expense	s	(C) Net
1a	Gross receipts or sales		1				
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3					
4 a	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					
5	Income (loss) from a partnership or an S corporation (attach						
•	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
_	organization (Schedule F)	8	ĺ			-	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		i			
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule) STMT 8	12	58,	948.			58,948.
13	Total. Combine lines 3 through 12	13		948.			58,948.
Pa	† II Deductions Not Taken Elsewhere (See instructi	ons 1	or limitations	on dedu	ctions.) (Exc	ept fo	or contributions.
	deductions must be directly connected with the u	ınrela	ited business	income.)		,
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salanes and wages	•		٠	•	15	· · · · · · · · · · · · · · · · · · ·
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	ıĺ			
22	Less depreciation claimed on Schedule A and elsewhere on return	• •	. 22			22b	
23	Depletion		==	<u></u>		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)		SEE	STATE	MENT 9	28	42,448.
29	Total deductions. Add lines 14 through 28	•		·		29	42,448.
30	Unrelated business taxable income before net operating loss deduc	ction. S	Subtract line 29	from line 13	3	30	16,500.

Unrelated business taxable income Subtract line 31 from line 30

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

16,500.

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instructions)

FORM 990-T (M)	OTHER	INCOME	STATEMENT 8	
DESCRIPTION			AMOUNT	
PHYSICAL THERAPY CONFER	58,948.			
TOTAL TO SCHEDULE M, PA	58,948.			
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 9	
DESCRIPTION			AMOUNT	
CONFERENCE EXPENSE	42,448.			
TOTAL TO SCHEDULE M, PA	42,448.			