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Wheaton College- 36-2182171

	Exempt Organization Business Inco	me Tax Returr	,	MB No. 1545-0047
Form <b>990-</b>	(and proxy tax under section 60	)33(e)) () (/)	<i>;</i>	
	For calendar year 2019 or other tax year beginning 07/01 , 2019, and	// OC +		<b>2019</b>
Department of the Trea				to Public Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if y	your organization is a 501		)(3) Organizations Only
A Check box if address change		structions.)		dentification number trust, see instructions.)
B Exempt under secti				•
✓ 501( C ) ( ) 3 □ 408(e) □ 22	SOL COLLEGE AVENUE	•		-2182171 Jusiness activity code
	(0(a) Type City or town, state or province, country, and ZIP or foreign postal co	nde	(See instruc	
529(a)	WHEATON, IL 60187			901101
C Book value of all as at end of year	sets F Group exemption number (See instructions.) ▶		26	91
933,202	,060 G Check organization type ► ✓ 501(c) corporation	501(c) trust	401(a) trus	t Other trust
	nber of the organization's unrelated trades or businesses.			r first) unrelated
	ness here ▶ QUALIFIED PARTNERSHIP INTERESTS . If only one,			
	ank space at the end of the previous sentence, complete Parts I	and II, complete a So	chedule M f	or each additional
	ness, then complete Parts III-V.			
_	year, was the corporation a subsidiary in an affiliated group or a parent∹ r the name and identifying number of the parent corporation. ▶	subsidiary controlled gi	roup?▶	Yes 🗹 No
	e in care of ► CARLOS GARCIA	Telephone number	r <b>b</b>	(630) 752-5970
	ated Trade or Business Income	<del></del>	Expenses	(C) Net
	eipts or sales 0			
	ns and allowances 0 c Balance ▶ 1c	o		
2 Cost of go	oods sold (Schedule A, line 7)	0		
3 Gross pro	fit. Subtract line 2 from line 1c	0		0
	in net income (attach Schedule D) 4a			0
	loss) (Form 4797, Part II, line 17) (attach Form 4797)	(199)		(199)
•	ss deduction for trusts	0		0
5 Income ( statement	oss) from a partnership or an S corporation (attach	(502 200)		(502 200)
	me (Schedule C)	(592,380)	0	(592,380)
· · · · · · · · · · · · · · · · · · ·	debt-financed income (Schedule E)	0	0	0
	uities, royalties, and rents from a controlled organization (Sphedule F) 8	0	0	0
	income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10 Exploited	exempt activity income (Schedule I)	0	0	0
11 Advertisin	g income (Schedule J) 11	0	0	0
	ome (See instructions; attach schedule) 12	0		0
	mbine lines 3 through 12	(592,579)	0	(592,579)
	ctions Not Taken Elsewhere (See instructions for limitations of ected with the unrelated by siness income.)	on deductions.) (Dedi	uctions mu	st be directly
	ation of officers, directors, and trustees (Schedule K)		14	0
•	nd wages RECEIVED		15	0
	nd maintenance		16	0
17 Bad debt	S		17	0
18 Interest (a	ttach schedule) (see instructions) MAY 19. 2021		18	0
19 Taxes and	licenses		19	0
•	ion (attach Form 4562) OGDEN UT	20	0	
•	eciation claimed on Schedule A and elsewhere on return	. 21a	0 21b	0
22 Depletion 23 Contribut	ons to deferred compensation plans		<u>22</u>	0 0
	bepefit programs		23	0
	rempt expenses (Schedule I)		25	0
	adership costs (Schedule J)		26	0
	luctions (attach schedule)		27	37,189
28 Total/dec	luctions. Add lines 14 through 27		28	37,189
	business taxable income before net operating loss deduction. Sub-			(629,768)
	n for net operating loss arising in tax years beginning on or af		,	
,	husiness touchle income . Cubhurch line 00 from line 00		· · 30	(000 700)
		<u> </u>	31	(629,768)
For Paperwork Re	duction Act Notice, see instructions. Cat. No	o. 11291J		Form <b>990-T</b> (2019)

	1 1	, ,		
	o-† (2019)			Page 2
Part		<del> , -</del>	<del>.</del>	
32	Total of unrelated business taxable income computed from all unrelated trad			
	instructions)		32	0
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific do 34 from the sum of lines 32 and 33			•
36	Deduction for net operating loss arising in tax years beginning before		35	0
	instructions)		36	0
37	Total of unrelated business taxable income before specific deduction. Subtract	line 36 from line 35 .	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions		38	0
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 income.			
	enter the smaller of zero or line 37		39	0
Part	· · · · · · · · · · · · · · · · · · ·		1 - 1	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			0
41	Trusts Taxable at Trust Rates. See instructions for tax computati		-	
40	the amount on line 39 from:   Tax rate schedule or  Schedule D (Form 1	•	41	
42	Proxy tax. See instructions		42	
_ \	Alternative minimum tax (trusts only)		43	
	Tax on Noncompliant Facility Income. See instructions		44	0
Part		· · · · · · · ·	45	
468	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .	46a		
b	Other credits (see instructions)	46b		
C	·	46c	-	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		<b>-</b> ∤ <b>888</b>	
e	Total credits. Add lines 46a through 46d		46e	0
47	Subtract line 46e from line 45		47	0
48	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866		48	0
49	Total tax. Add lines 47 and 48 (see instructions)		49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (I		50	
51a	Payments: A 2018 overpayment credited to 2019	5†a 26,41	2	
b	2019 estimated tax payments	10101	Ō	
C	Tax deposited with Form 8868	51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		
e	Backup withholding (see instructions)	51e		
f	Credit for small employer health insurance premiums (attach Form 8941)	511		
g	Other credits, adjustments, and payments:   Form 2439			
	☐ Form 4136 ☐ Other ☐ 0 Total ►	51g	0 0	
52	Total payments. Add lines 51a through 51g	· · • · · · · <u>· -</u> ·	52	26,412
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶□	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ow	li N	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	•	55	26,412
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	26,412 Refunded ►	56	0
Part		· · · · · · · · · · · · · · · · · · ·		. Ves Me
57	At any time during the 2019 calendar year, did the organization have an interest	-		, <del></del>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," en	ter trie name of the for	egn <b>cou</b>	· —
Ee	here Is, UK	of au tunnofe		
58	During the tax year, did the organization receive a distribution from, or was it the grantor if "Yes," see instructions for other forms the organization may have to file.	oi, or transieror to, a fore	iyn trust?	
50		• •		o
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under peralties of period, I decigre that I have examined this return, including accompanying schedules a		of my know	
Sign	true, porrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any knowledge.		
Here		NCE & OPERATIONS		S discuss this return reparer shown below
	Signature of officer Date Title	TOT A OI FIGURE	(see Instruc	tions)? [[Yes   No

Preparer's signature

Wheaton College- 36-2182171

Paid

Print/Type preparer's name

CROWE LLP

MALLORY FAIRLESS

Check If self-employed

Flrm's EIN ▶

PTIN

P01321579

35-0921680

Date 5/14/2021

Form 99	90-Ť (2019)										Pa	ge 3
Sçhe	dule A-Cost of Goods Sold.	Ente	er method of in	ven	tory va	luation >						
1	Inventory at beginning of year	1		0	6	Inventory	at (	end of year	6			0
2	Purchases	2		0	7	Cost of g	joc	ods sold. Subtract line				
3	Cost of labor	3		0			e 5	. Enter here and in Part				
4a	Additional section 263A costs			l		•			7		_	0
	(attach schedule)	48	3	0	8			s of section 263A (with			Yes	No
b	Other costs (attach schedule)	41	-	0		property p	oro	duced or acquired for re	esale)	apply		
_5_	Total. Add lines 1 through 4b	5		_0		to the org	ani	zation?		• •		✓
	dule C-Rent income (From F	teal	Property and	Pei	rsonal	Property	Le	eased with Real Prop	erty)			
<del>`</del> _	instructions)	-										
	ription of property											
<u>(1)</u>								<del></del>				
(2)												
(3)												
(4)	2. Rent red	elvec	d or accrued								_	
4-15-	- · · · · · · · · · · · · · · ·	T		<b>.</b>				3(a) Deductions directly o	nnocto	ed with th	e income	
	om personal property (if the percentage of re personal property is more than 10% but not	nt	(b) From real and percentage of rent for				,	in columns 2(a) and 2				
	more than 50%)		50% or if the rent i	s bas	ed on pro	ofit or income)						
(1)		$\top$						<del>-</del> -:				
(2)												
(3)		T				· · · · · · · · · · · · · · · · · · ·						
(4)						-						
Total		0 1	Total				0	(b) Total deductions.				
(c) To	tal income. Add totals of columns 2(a)	and	2(b). Enter					Enter here and on page 1,				
here a	nd on page 1, Part I, line 6, column (A)		<u>.``.</u> ▶				0	Part I, line 6, column (B)	•			0
<u>Sche</u>	dule E-Unrelated Debt-Fina	nce	<b>d Income</b> (see i	instr	uctions	)					<del></del>	
						come from or		3. Deductions directly conn- debt-finance			осаріе то	
	1. Description of debt-financed p	roper	ty	allo		ble to debt-financed property		(a) Straight line depreciation	(b) Other deductions			
					-		$\downarrow$	(attach schedule)	(a	attach sc	hedule)	
(1)							+					
(2)	· · · · · · · · · · · · · · · · · · ·						╁					
(3)	-··-						╀					
(4)	4. Amount of average 5. Ave	rage	adjusted basis	_			┿					
	acquisition debt on or o	f or al	llocable to			olumn vided		7. Gross income reportable			leductions al of colun	
			iced property schedule)			lumn 5		(column 2 x column 6)	(00.0	3(a) and		
(1)			·			%	+			<del></del>		
(2)							+					
(3)				<del>                                     </del>			+	··-				
(4)							+-					
<del></del>						7.0	E	enter here and on page 1, Part I, line 7, column (A).			on page	
Tatala								, , ,	•	•	,	'n

0

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	uities, Royalties,				ganizations (se	e instruc	ctions)	
		Exempt	Controlled	Organizations				
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with Income in column 5
(1) WHEATON COLLEGE TRUST CO NA	36-4353420		0		0		0	0
(2)					_	·		
(3)								
(4)								<u> </u>
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's gr	controlling	conne	Deductions directly cted with income in column 10
(1) (27,958)		693		69	3	69:	3	321
(2)								
(3)								
(4)								
					Add columns ! Enter here and c Part I, line 8, co	on page 1,	Enter I	columns 6 and 11. here and on page 1, , line 8, column (B).
Totals				•		693	3	321
Schedule G-Investment I	ncome of a Sect	ion 501(	c)(7), (9),	or (17) Organi	ization (see ins	tructions	s)	· <del>-</del>
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)								
(2)							<u> </u>	
(3)								
(4)						ŀ		
Totals	Enter here and Part I, line 9, c	column (A).	0				Part I, li	re and on page 1, ne 9, column (B). 0
Schedule I—Exploited Exe	empt Activity Inc	ome, Otl	ner Than	Advertising In	come (see inst	tructions	s)	
1. Description of exploited activi	2. Gross unrelated business inco from trade of business	me conn	Expenses directly sected with duction of hirelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						<del> </del>		
(2)								
(3)								-
(4)								
	Enter here and page 1, Part line 10, col. (	I, page	here and on e 1, Part I, I0, col. (B). 0			•		Enter here and on page 1, Part II, line 25
Totals	noomo (coo instru					-		1 0
	eriodicals Repor		Consoli	datad Rasis				<del>_</del>
Henri Income From F	eriouicais nepoi	ted on a	COHSON	4. Advertising		1		7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct tising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership ests	costs (column 6 minus column 5, but not more than column 4).
(1)			-					
(2)								1
(3)								
(4)								
Totals (carry to Part II, line (5))	<b>•</b>	0	0	0				0

# 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)	0		0			
(2) ARTIST SERIES PITA SPONSORSHIPS	1,499	1,003	496	.0	0	0
(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 26.
Totals, Part II (lines 1-5)	1,499	1,003				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		<b>&gt;</b>	0

Form **990-T** (2019)

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30

▶ Go to www.irs.gov/Form9907 for instructions and the latest information.

Internal	► Do not enter SSN numbers on this form as it may be	made p	ublic if your organize		501(c)		on tor Only
	of the organization			Employer identi			
	ATON COLLEGE				36-2182	<u> </u>	
	nrelated Business Activity Code (see instructions) > 56		<del>.</del>				
De	escribe the unrelated trade or business PROFESSIONAL SER	VICES T	O CONTROLLED C	PRGANIZATION			
Part	Unrelated Trade or Business Income	_	(A) Income	(B) Expense	es es	(C) Net	
1a	Gross receipts or sales 0						
b		1c	0				
2	Cost of goods sold (Schedule A, line 7)	2	0				
3	Gross profit. Subtract line 2 from line 1c	3	0		<del> }-</del>	0	
4a	Capital gain net income (attach Schedule D)	4a	0	1	<del>  -</del>	0	
Ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	i ·	<del>  -</del>	0	
C	Capital loss deduction for trusts	4c	<u> </u>	1	<del> </del>	- 0	
5	Income (loss) from a partnership or an S corporation (attach	_					
_	statement)	5	0	ļ	<del>                                     </del>	0	
6	Rent income (Schedule C)	7	0	0		0	
7	Unrelated debt-financed income (Schedule E)	<b>-</b>	<u> </u>	0			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0		0	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	0	<del>  </del>	- 0	
10	Exploited exempt activity income (Schedule I)	10	0	0	-	0	
11	Advertising income (Schedule J)	11	0	0	<del> </del>  -	0	
12	Other income (See instructions; attach schedule)	12	16,205	+ -	1 +	16,205	
13	Total. Combine lines 3 through 12	13	16,205	0		16,205	
Part	Deductions Not Taken Elsewhere (See instructions to connected with the unrelated business income.)	r limita	tions on deducti	ons.) (Deduction	ns mus	st be directly	
14	Compensation of officers, directors, and trustees (Schedule K	)			14	0	
15	Salaries and wages				15	0	
16	Repairs and maintenance				16	0	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	0	
20	Depreciation (attach Form 4562)		. 20	0			
21	Less depreciation claimed on Schedule A and elsewhere on re	eturn .	. 21a	0	21b	0	
22	Depletion				22	0	
23	Contributions to deferred compensation plans				23	0	
24	Employee benefit programs				24	0	
25	Excess exempt expenses (Schedule I)				25	0	
26	Excess readership costs (Schedule J)				26	0	
27	Other deductions (attach schedule)				27	18,831	
28	Total deductions. Add lines 14 through 27				28	18,831	
20	I Inveloted husiness tayable income before not operating loss of				29	(2.626)	

For Paperwork Reduction Act Notice, see Instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Cat. No. 71329Y

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

Schedule M (Form 990-T) 2019

30

31

0

(2,626)

30

31

#### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending **, 20** \_20 06/30

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

	Revenue Service Do not enter SSN numbers on this form as it may be	made p	ublic if your organiza			
	f the organization			Employer identif		
	ATON COLLEGE				36-218	32171
	nrelated Business Activity Code (see instructions) > 53		-			
De	escribe the unrelated trade or business RENT FROM CONTRO	DLLED C	RGANIZATION	-		
Pari	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a						
b	Less returns and allowances 0 c Balance ▶	1c	0			
2	Cost of goods sold (Schedule A, line 7)	2	0		ļ	
3	Gross profit. Subtract line 2 from line 1c	3	0		- 1	0
4a	Capital gain net income (attach Schedule D)	4a	0	_		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 4c	0	•		0
c	Capital loss deduction for trusts	40		+		- "
5	Income (loss) from a partnership or an S corporation (attach statement)	5	o	ľ		اه
6	Rent income (Schedule C)	6	0	0		
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled	<del>  '  </del>	<u> </u>	<del> </del>		
J	organization (Schedule F)	8	693	321		372
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9	o	0		o
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions; attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	693	321		372
Part	II Deductions Not Taken Elsewhere (See instructions fo	r limita	tions on deduction	ons.) (Deductio	ns mi	ust be directly
	connected with the unrelated business income.)			, ,	,	•
14	Compensation of officers, directors, and trustees (Schedule K)	)			14	0
15	Salaries and wages				15	0
16	Repairs and maintenance				16	0
17	Bad debts				17	0
18	Interest (attach schedule) (see instructions)				18	0
19	Taxes and licenses				19	0
20	Depreciation (attach Form 4562)		. 20	0		
21	Less depreciation claimed on Schedule A and elsewhere on re	eturn .	. 21a	0	21b	0
22	Depletion				22	0
23	Contributions to deferred compensation plans				23	0
24	Employee benefit programs				24	0
25	Excess exempt expenses (Schedule I)				25	0
26	Excess readership costs (Schedule J)				26	0
27	Other deductions (attach schedule)				27	900
28	Total deductions. Add lines 14 through 27				28	900
29	Unrelated business taxable income before net operating loss d				29	(528)
30	Deduction for net operating loss arising in tax years beginn					o
	instructions)				30	
31	Unrelated business taxable income. Subtract line 30 from line	29 .			31	(528)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2019

7

#### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01 , 2019, and ending

	nent of the Treasury Revenue Service  Do not enter SSN numbers on this form as it may be					n to Public Inspection fo (c)(3) Organizations Only
Name o	f the organization	-		Employer Identif	ication	number
WHEA	TON COLLEGE			:	36-218	32171
	related Business Activity Code (see instructions) ▶ 54					
	scribe the unrelated trade or business ARTIST SERIES PITA	SPONS	ORSHIPS			
Part			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales0					w
b	Less returns and allowances0 c Balance ▶	10	0			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Schedule D)	4a	0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		7	0
C	Capital loss deduction for trusts	4c	0		]	0
5	Income (loss) from a partnership or an S corporation (attach				1	
	statement)	5	0			0
6	Rent income (Schedule C)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	0	0		0
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9	0	- o	l	0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	1,499	1,003		496
12	Other income (See instructions; attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	1,499	1,003		496
Part	•	r limita	itions on deduction	ons.) (Deductio	ns m	ust be directly
_	connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)	)			14	0
15	Salaries and wages				15	. 0
16	Repairs and maintenance				16	0
17	Bad debts				17	0
18	Interest (attach schedule) (see instructions)				18	0
19	Taxes and licenses				19	0
20	Depreciation (attach Form 4562)		. 20	0		
21	Less depreciation claimed on Schedule A and elsewhere on re			0	21b	0
22	Depletion				22	0
23	Contributions to deferred compensation plans				23	0
24	Employee benefit programs				24	. 0
25	Excess exempt expenses (Schedule I)				25	0
26	Excess readership costs (Schedule J)				26	0
27	Other deductions (attach schedule)				27	900
28	Total deductions. Add lines 14 through 27				28	900
29	Unrelated business taxable income before net operating loss of				29	(404)
30	Deduction for net operating loss arising in tax years beginn					
	instructions)				30	0

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Cat. No. 71329Y

8

Schedule M (Form 990-T) 2019

(404)

Name of Partnership	EIN	UBI
QUALIFIED PARTNERSHIP INTERESTS		
(1) ALTUM CREDIT FUND, L.P	68-0678008	13,014
(2) BAYVIEW CAPITAL PARTNERS III LP	45-3130245	-81,321
(3) T2 OPPORTUNITY FUND III, LP	32-0401762	-74,261
(4) T2 OPPORTUNITY FUND IV, L.P.	47-1608324	-449,812
	Total	-592,380

Form 990T Part I, Line 12	Other Income	·			
•					
	Description			Amount	
PROFESSIONAL SERVICES TO CONTROL	LED ORGANIZATION	-			
(1) PROFESSIONAL SERVICES TO CONTR	ROLLED ORGANIZATION				16,205
		Total for	Part I, Line 12		16,205

### Form 990T Part II, Line 27

Other Deductions

Description	Amount
RENT FROM CONTROLLED ORGANIZATION	
(1) PROFESSIONAL FEES	900
ARTIST SERIES PITA SPONSORSHIPS	
(2) PROFESSIONAL FEES	900
PROFESSIONAL SERVICES TO CONTROLLED ORGANIZATION	
(3) TRUST COMPANY ADMINISTRATIVE FEES	17,931
(4) PROFESSIONAL FEES	900
Total	18,831
QUALIFIED PARTNERSHIP INTERESTS	
(5) BAYVIEW CAPITAL PARTNERS III LP 45-3130245	23,363
(6) PROFESSIONAL FEE DEDUCTION	13,826
Total	37,189

### Form 990T Part II, Line 30

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

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining				
RENT FROM CONTROL	LED ORGANIZATION								
2019	528	0	0	0	528				
Totals	528	0	0	0	528				
ARTIST SERIES PITA S	PONSORSHIPS								
2018	820		820	0	0				
2019	404		0	0	404				
Totals	1,224	0	820	0	404				
PROFESSIONAL SERV	ICES TO CONTROLLED	ORGANIZATION							
2018	4,867		4,867	0	0				
2019	2,626		0	0	2,626				
Totals	7,493	0	4,867		2,626				
QUALIFIED PARTNERS	QUALIFIED PARTNERSHIP INTERESTS								
2018	760,077		406,756	0	353,321				
2019	629,768		0	0	629,768				
Totals	1,389,845	0	406,756	0	983,089				

### Form 990T Part III, Line 36

ELECTION TO FORGO THE NET OPERATING LOSS CARRYBACK PERIOD

TAXPAYER INCURRED A NET OPERATING LOSS IN THE TAX YEAR COVERED BY THIS FILING, AND IS ENTITLED TO A FIVE-YEAR CARRYBACK OF SUCH LOSS UNDER IRC SEC 172(B)(1)(D). PURSUANT TO IRC SEC. 172(B)(3), TAXPAYER HEREBY ELECTS TO RELINQUISH THE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSSES.

Form	990T Part	III. Line 34	Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	87,092	0			87,092	2019
2015	1,359,937	0			1,359,937	2020
2016	1,214,447	0			1,214,447	2021
2017	484,916	0			484,916	2022
2018	488,123	0			488,123	2023
2019	713,329	0			713,329	2024
Totals	4,347,844	0	0	0	4,347,844	

Form 990T Part III, Line 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	565,453		44	0	565,409	2036
2017	29,482		0	0	29,482	2037
Totals	594,935		44	0	594,891	

#### SCHEDULE D (Form 1120)

Name

**Capital Gains and Losses** 

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

Employer Identification number

WHEATON COLLEGE 36-2182171 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . ► □ Yes ☑ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 0 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 201 0 0 201 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 0) 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 201 7 Long-Term Capital Gains and Losses (See instructions. Part II See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (a) 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. 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked 9 Totals for all transactions reported on Form(s) 8949 0 with **Box E** checked Totals for all transactions reported on Form(s) 8949 (4,362)with Box F checked (4,362)O a 11 Enter gain from Form 4797, line 7 or 9. 11 0 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 (4.362)15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II ٥ 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 0 17 0 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 Note: If losses exceed gains, see Capital Losses in the instructions.

Department of the Treasury Internal Revenue Service

### Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for Instructions and the latest information. File with your Schedule D to list your transactions for lines 1b. 2. 3. 8b. 9. and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return WHEATON COLLEGE Social security number or taxpayer identification number 36-2182171

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 broker and may even tell you which box to check.

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 Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), (e) (h)

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	enter a code in column (f).  See the separate instruction		Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo , day, yr.)	do douted a disposed of 1	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			201				201	
				:				
		-						
				_				
					<u>.                                    </u>			
			-					
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 6).	d here and inc is checked), lin	lude on your le 2 (if Box B	201	0		0	201	

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.

Cat. No. 377687

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

Social security number or taxpayer identification number 36-2182171

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.

(D)	Long-term transactions reported on Form(s	s) 1099-B	showing bas	sis was reported	to the IF	RS (see <b>Note</b>	above)
-							

Ш	(E)	Long-term	transactions reported	l on Form(s)	1099-B showing	basis wasn'i	t reported to t	he IRS
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		I and tarm	transcations as	e roported to you	on Form 1099-E
- 1 ▼ 1	(F)	- FOUR-felli	u ali sactions no	it reported to you	O   FU      U99-6

V (i ) Cong-term dansactions	not reported	to you on re	MIII 1099-D				
1 (a) Description of property		Date sold or		(e) Cost or other basis. See the <b>Note b</b> elow	Adjustment, it If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr)	(sales price) (see instructions)	and see Column (e) In the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS			(4,362)		_		(4,362)
		_					
				_			
_			_				
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	(4,362)	0		0	(4,362)

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** (2019)