

EXTENDED TO MAY 17, 2021

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury Internal 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).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; F Group exemption number; G Check organization type (501(c) corporation); D Employer identification number; E Unrelated business activity code.

H Enter the number of the organization's unrelated trades or businesses. 2 Describe the only (or first) unrelated trade or business here ALTERNATIVE INVESTMENTS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

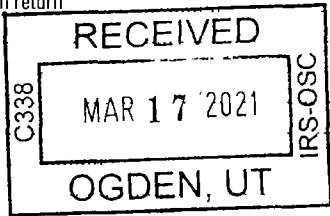
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No

J The books are in care of STACIE T. SCOTT Telephone number 608-363-2250

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, Net gain (loss), Income (loss) from a partnership, etc. Total income is 26,648.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Depreciation, etc. Total deductions is 0.



Handwritten number 912

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59.

Sign Here: Declaration of preparer and signature of officer. Includes signature of Taci Scott and date 12/26/21.

Paid Preparer Use Only: Preparer information including name (REBEKUH ELEY), signature, date, firm name (RSM US LLP), and address.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

| | | | | | |
|---|-----------|--|---|------------|-----------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 5 Total Add lines 1 through 4b | 5 | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

| | | |
|--|--|---|
| 1 Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total |
| (c) Total income Add totals of columns 2(a) and 2(b). Enter 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-Financed Income (see instructions)

| | | | | |
|---|---|---|--|---|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach 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) | | % | | |
| Totals | | | 0. | 0. |
| Total dividends-received deductions included in column 8 ▶ | | | 0. | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 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

| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|------------------|--|------------------------------------|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business 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 | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5 but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5)) | | 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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col (A) 0. | Enter here and on page 1, Part I, line 11, col (B) 0. | | | | Enter here and on page 1, Part II, line 26 0. |

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

| 1 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 | | | 0. |

BELOIT COLLEGE

39-0808497

FORM 990-T

CONTRIBUTIONS

STATEMENT 5

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

50% CASH ONLY

N/A

77.

TOTAL TO FORM 990-T, PAGE 2, LINE 34

77.

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

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

ENTITY 1

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Department of the Treasury
Internal 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).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization BELOIT COLLEGE Employer identification number 39-0808497

Unrelated Business Activity Code (see instructions) ▶ 532000

Describe the unrelated trade or business ▶ CONFERENCES & RENTAL INCOME

| Part 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 | | | |
| 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 | | | |
| 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) <i>STMT 7</i> | 12 | 3,505. | | 3,505. |
| 13 Total. Combine lines 3 through 12 | 13 | 3,505. | | 3,505. |

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) | 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 Depreciation (attach Form 4562) | 20 | 4,013. | | |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | 21a | | | 4,013. |
| 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) <i>SEE STATEMENT 8</i> | 27 | | | 8,193. |
| 28 Total deductions. Add lines 14 through 27 | 28 | | | 12,206. |
| 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 | 29 | | | -8,701. |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <i>STMT 9</i> | 30 | | | 0. |
| 31 Unrelated business taxable income Subtract line 30 from line 29 | 31 | | | -8,701. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

BELOIT COLLEGE

39-0808497

FORM 990-T (M) OTHER INCOME STATEMENT 7

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| CONFERENCE REVENUES | 3,505. |
| TOTAL TO SCHEDULE M, PART I, LINE 12 | 3,505. |

FORM 990-T (M) OTHER DEDUCTIONS STATEMENT 8

| DESCRIPTION | AMOUNT |
|---------------------------------------|--------|
| DIRECT CONFERENCE EXPENSES | 3,570. |
| PLANT SERVICES | 4,623. |
| TOTAL TO SCHEDULE M, PART II, LINE 27 | 8,193. |

SCHEDULE M NET OPERATING LOSS DEDUCTION STATEMENT 9

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/19 | 203. | | 203. | 203. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 203. | 203. |

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

| | |
|----------------------------|--|
| Name BELOIT COLLEGE | Employer identification number 39-0808497 |
|----------------------------|--|

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

Part I Short-Term Capital Gains and Losses (See instructions)

| See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949 Part I line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | 1,456. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h | | | 7 | 1,456. |

Part II Long-Term Capital Gains and Losses (See instructions)

| See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949 Part II line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | 34,319. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 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 | | | 14 | |
| 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h | | | 15 | 34,319. |

Part III Summary of Parts I and II

| | | |
|---|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 1,456. |
| 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 34,319. |
| 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | 18 | 35,775. |

Note: If losses exceed gains, see *Capital Losses* in the instructions

BELOIT COLLEGE

39-0808497

| | | |
|------------|---------------------------------|-------------|
| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|------------|---------------------------------|-------------|

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|----------------------|
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS) | 4,150. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME | 45. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - OTHER NET RENTAL INCOME (LOSS) | -58. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - INTEREST INCOME | 118. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - DIVIDEND INCOME | 373. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - ROYALTIES | 57. |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P. - OTHER INCOME (LOSS) | -12,517. |
| CROW HOLDINGS REALTY PARTNERS VII-A, LP - ORDINARY BUSINESS INCOME (LOSS) | 1,341. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | -6,491. |

| | | |
|------------|----------------------------|-------------|
| FORM 990-T | OTHER CREDITS AND PAYMENTS | STATEMENT 3 |
|------------|----------------------------|-------------|

| DESCRIPTION | AMOUNT |
|--|--------|
| FORM 8827, LINE 5C | 108. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 51G | 108. |

| | | |
|------------|------------------------------|-------------|
| FORM 990-T | NET OPERATING LOSS DEDUCTION | STATEMENT 4 |
|------------|------------------------------|-------------|

| | | |
|-----------------|------|-----------|
| LOSS PREVIOUSLY | LOSS | AVAILABLE |
|-----------------|------|-----------|