	v			FY	TENDED TO	м ъ у 1	5 2020		141)	$\langle \rangle$		
		∘990-T	l F	Exempt Orga				e T	ax Betur	n I	OMB No 1545-068	37
	Form	330-1	•		nd proxy tax ui				ax i iotai	·· -		
			Forca	lendar year 2018 or other tax year					N 30. 20	19	2018	2
	_				.irs.gov/Form990T fo						2010	•
		tment of the Treasury at Revenue Service	•	Do not enter SSN numbe						3).	pen to Public Inspec 31(c)(3) Organizations	tion for s Only
	ΑĹ	Check box if		Name of organization (Check box if nam	ne changed	and see instructio	ns.)		D Employ	er identification num	
		address changed	}					,		instruct		
	B E	xempt under section	Print	LAKELAND UN	IVERSITY					39	-082186	1
	X] 501(c () 3)	_ or	Number, street, and roon	or suite no. If a P.O.	box, see m	structions.				ed business activity	code
] 408(e) [220(e)	Туре	W3718 SOUTH	DR						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
] 408A530(a)	1	City or town, state or pro	vince, country, and ZI	P or foreign	postal code		-	1		
		52 <u>9(a)</u>	<u> </u>	PLYMOUTH, W	I 53073					7213	10	、
	C Boo	ok value of all assets and of year		F Group exemption number		<u> </u>						<u></u> ι
		60,192,2		G Check organization typ			501(c)	trust	401	(a) trust	Other to	rust
			-	tion's unrelated trades or t	· —				the only (or first)			
		-		<u>EE STATEMENT</u>					complete Parts I-			
				ce at the end of the previou	us sentence, complete	Parts I and	l II, complete a Sc	hedule	M for each additi	onal trade o	r	
		siness, then complete l										
				oration a subsidiary in an a		arent-subsid	fiary controlled gr	oup?	>	Yes	X No	
				ifying number of the paren	t corporation.			T . I ls .		020 E	CE 1000	
		e books are in care of		MY WIRTZ le or Business Inc		—т	(A) Income	elepno	one number			
				154,126.	Onle		(A) IIICUITE		(B) Expens	2	(C) Net	
		Gross receipts or sales		154,120.	- Dalanca	_ ,,	154,1	26	, •	*		.
		Less returns and allow Cost of goods sold (Se		A line 7)	c Balance	► 1c 2	151,8		<u>, </u>	; -		
		Gross profit. Subtract				3	2,2				2,28	38.
		Capital gain net incom				4a		-				.
			•	art II, line 17) (attach Form	4797)	4b			* * * * * * * * * * * * * * * * * * * 			
		Capital loss deduction			,	4c						
		•		hip or an S corporation (at	tach statement)	5						
		Rent income (Schedul		p o o oo.po.o (a.	,	6		\neg				
		Unrelated debt-finance	•	ne (Schedule E)		7						
_	8	Interest, annuities, roya	alties, ai	nd rents from a controlled o	rganization (Schedule	F) 8						
)2	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) or	ganization (Schedule	G) 9						
7	10	Exploited exempt activ	ity inco	me (Schedule I)		10						
	11	Advertising income (S	chedule	J)		11			·			
4	12	Other income (See ins	truction	s, attach schedule)		12			-0-1			
		Total. Combine lines				13	2,28				2,28	<u> 88.</u>
5	'Pai			t Taken Elsewher								
				tions, deductions must		led with th	REC	ness	ncome)			
	14		cers, dir	ectors, and trustees (Sche	dule K)	Į.	REC		ED	14		
Z	15	Salaries and wages				I I	MAR 1		- Jo	15		
4	16	Repairs and maintena	апсе			- 18	MAR 1	6 2	18^{1}	16		
3	17 40	Bad debts	41 (Ħ	, -	0 2	100	17		
Š	18 10	Interest (attach sched	ouie) (se	e instructions)		- t	OGDE	11		18		
	19	Taxes and licenses	ne /Coo	instructions for limitation	rulas)	-	JODE	14, (J	19		
	20 21	Depreciation (attach F	•		i ules j		21	ı		20		
	22			Schedule A and elsewhere	on return		22a	 		22b		
	23	Depletion	iiiigu uii	Ocheodic A and elsewhere	on return		[228]	L		23		
	24	Contributions to defer	rred con	nnensation nlans						24		
	25	Employee benefit prog		ipensation plans						25		
	26	Excess exempt expens	-	nedule I)						26		
		Excess readership cos		•						27		
	28	Other deductions (atta	•	•						28		
	29	Total deductions. Ad		•						29		0.
	30			come before net operating	loss deduction. Subtr	act line 29 i	from line 13			30	2,28	8.
				iss arising in tax years beg				s)	_	31		
				come. Subtract line 31 fror					3	32	2,28	8.
- 8	23701	01-09-19 LHA For	Paperv	ork Reduction Act Notice	see instructions.					,	Form 990-T (2018)

Form 990-		39-082186	1 Page 2
Partil	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	s) 33	2,288.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 2 35	2,288.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 39	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	クリザ	
38	enter the smaller of zero or line 36		0.
Partil			·
			0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	<u>.</u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from	/III.	
	Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions	► 4 <u>1</u>	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		0.
Parti\			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	[
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45 e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	ner (attach schedule) 47	
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.
50 a	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 \$0c		
	Foreign organizations, Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
	Other credits, adjustments, and payments: Form 2439		
9	☐ Form 4136 Other Total ► 40g		
51	Total payments. Add lines 50a through 50g		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<u> </u>	
	• • • •		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax	Refunded 55	
55 [PartiV			
			Tv. N.
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count	iry	
	here >		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	toreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year		
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	the best of my knowledge and badge	elief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	E AND May the IRS	discuss this return with
Here	Amy VUIRTY 3/12/2020 OPERATIONS	the prepare	shown below (see
	Signature of officer () Date / Title	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date	Check if PTil	N
Paid	125 Maricha	self- employed	
Prepa	rer TROY MARINE, CPA TROY MARINE, CPA 02/26/20) P	00187863
Use O	C . DAVED MILLY VIDCHOW PRAIRE ILD	Firm's EIN ► 3	9-0859910
230 0	777 E WISCONSIN AVENUE, 32ND FLOOR		
	Firm's address ► MILWAUKEE, WI 53202	Phone no. 414.	777.5500

Page 3

Schedule A - Cost of Good	s Sold. Enter me	ethod of invent	ory va	aluation N/A				
1 Inventory at beginning of year	1	0.		Inventory at end of year	ar		6	0.
2 Purchases	2	39,505.	7	Cost of goods sold. S	ubtract f	ine 6	82.85H	_
3 Cost of labor	3 1	12,333.		from line 5 Enter here	and in F	Part I,		
4 a Additional section 263A costs				line 2			7	151,838.
(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		51,838.	<u> </u>	the organization?				Х
Schedule C - Rent Income	(From Real Pro	operty and	Pers	sonal Property L	.ease	d With Real Prop	erty)	
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received o					2/a) Dadustina dinastra		L 1h
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for pe	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach s	schedule)
(1)								
(2)								
(3)								
(4)								
Total	0 · To	tal			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	,, , ,,	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed In	come (see II	nstruc	ctions)				
			,	Gross income from		3. Deductions directly conr to debt-finance	nected with or a	illocable
1. December of delates		ĺ		or allocable to debt-	(a)	Straight line depreciation		ther deductions
1. Description of debt-fir	апсво ргорегту			financed property	`´	(attach schedule)	` (att	ach schedule)
(1)					<u> </u>		+	
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	able to property	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1)				%			 	
(2)				%				
(3)				<u> </u>				
(4)				%				
					En	iter here and on page 1,	Enter he	re and on page 1,
						art I, line 7, column (A)		ne 7, column (B)
Totals				>		0.		0.
Total dividends-received deductions in	cluded in column 8							0.

	- · · · · · · · · · · · · · · · · · · ·	Evamet		olled Organia		structions	/	
	ł	 	Controlled Organ					
 Name of controlled organization 	identi		related income e instructions)	Total of specified payments made	5. Part of column 4 included in the con organization's gross	trolling	6 Deductions directly connected with income in column 5	
(1)								
(2)								
3)								
4)					 			
onexempt Controlled Organi	zations							
7. Taxable Income	8. Net unrelated incor	ne (loss) 9. Total	of specified payments made	in the contr	tumn 9 that is included olling organization's oss income		uctions directly connecte ncome in column 10	
1)	-							
	 					 		
2)	 							
3)	 							
4)	<u> </u>			l l	umns 5 and 10		columns 6 and 11 e and on page 1, Part I,	
				- 1	, column (A)	i	ne 8, column (B)	
chedule G - Investme		Section 501(c)(7	7), (9), or (17)	▶	0.	1	0	
(see insti	ructions)		2. Amount of incom	3. Deduct	nected 4. Set-		5. Total deductions and set-asides	
1)		 		(attach sch		schedule)	(col 3 plus col 4)	
?)								
3)						_		
4)						_		
			Enter here and on pag Part I, line 9, column (<u> </u>		Enter here and on page Part I, line 9, column (B)	
otals		<u> </u>		o.		٠ . ه	0	
chedule I - Exploited (see Instru		Income, Other	Than Advert	sing Income				
		3. Expenses	4. Net income (los				7. Excess exempt	
1. Description of exploited activity	Gross unrelated business income from trade or business	directly connected with production of unrelated business income	from unrelated trade business (column i minus column 3) If gain, compute cols through 7	from activity a is not unrel	that attribut		expenses (column 6 minus column 5, but not more than column 4)	
			HIPOULIN /		I		l column 4)	
1)	-		through 7				column 4)	
			(III/OUG/I /				Column 4)	
2)			through 7				Column	
1) 2) 3)			tirough 7				Column 4)	
2)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	ا المحمود المح	, , ,		9 ° v'	Enter here and on page 1, Part II, line 26	
2)	page 1, Part I,	page 1, Part I,	unoogn /	, , , , ,		9 ,	Enter here and on page 1,	
2) 3) 4)	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)	a b	, , , ,			Enter here and on page 1, Part II, Inne 26	
e) tals chedule J - Advertisir	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (8) 0 -	شو وا ه				Enter here and on page 1, Part II, line 26	
2) 3) 4) tals chedule J - Advertisir	page 1, Part I, line 10, col (A) 0 . Ig Income (see 1	page 1, Part I, line 10, col (8) 0 -	شو وا ه	is ain nus nus nus nucom		g v'	Enter here and on page 1, Part II, line 26	
tals chedule J - Advertisir Part I Income From F	page 1, Part I, inne 10, col (A) O . ng Income (see in Periodicals Reportation of the page of the pa	page 1, Part I, line 10, col (B) 0. nstructions) orted on a Cons 3. Direct	solidated Bas 4. Advertising g or (loss) (col 2 m col 3) If a gain, col	is ain nus nus nus nucom		g v'	Enter here and on page 1, Part II, line 26 0	
tals chedule J - Advertisin Part I Income From F	page 1, Part I, inne 10, col (A) O . ng Income (see in Periodicals Reportation of the page of the pa	page 1, Part I, line 10, col (B) 0. nstructions) orted on a Cons 3. Direct	solidated Bas 4. Advertising g or (loss) (col 2 m col 3) If a gain, col	is ain nus nus nus nucom		g v'	Enter here and on page 1, Part II, line 26 0	
tals chedule J - Advertisir Part 1 Income From F	page 1, Part I, inne 10, col (A) O . ng Income (see in Periodicals Reportation of the page of the pa	page 1, Part I, line 10, col (B) 0. nstructions) orted on a Cons 3. Direct	4. Advertising g or (loss) (col 2 m col 3) If a gain, col col 5 through	is ain nus nus nus nucom		g v'	Enter here and on page 1, Part II, line 26 7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
tals chedule J - Advertisir Part I Income From F	page 1, Part I, inne 10, col (A) O . ng Income (see in Periodicals Reportation of the page of the pa	page 1, Part I, line 10, col (B) 0. nstructions) orted on a Cons 3. Direct	4. Advertising g or (loss) (col 2 m col 3) If a gain, col col 5 through	is 5. Circul incom		g v'	Enter here and on page 1, Part II, line 26 7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
tals chedule J - Advertisin art 1 Income From F	page 1, Part I, inne 10, col (A) O . ng Income (see in Periodicals Reportation of the page of the pa	page 1, Part I, line 10, col (B) 0. nstructions) orted on a Cons 3. Direct	4. Advertising g or (loss) (col 2 m col 3) If a gain, col col 5 through	is 5. Circul incom		g v'	Enter here and on page 1, Part II, line 26 7. Excess readership costs (column 6 minus column 5, but not more than column 4).	

Form 990-T (2018) LAKELAND UNIVERSITY 39-08218 Part III 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	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-						
(2)		_					
(3)							
(4)							
Totals from Part I	▶	0.	0.	1:3. 2.	, a , a , a , a , a , a , a , a , a , a		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)	4			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	The way to be a second	A more many		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	DESCRIPTION (OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	Y	

SUMMER CAMP AND CONFERENCES AND OTHER EVENTS

TO FORM 990-T, PAGE 1

NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
83,813.	347.	83,466.	83,466.
43,876.	0.	43,876.	43,876.
130,329.	0.	130,329.	130,329.
JER AVAILABLE THIS	YEAR	257,671.	257,671.
	B3,813. 43,876. 130,329.	LOSS PREVIOUSLY APPLIED 83,813. 347. 43,876. 0.	LOSS PREVIOUSLY LOSS REMAINING 83,813. 347. 83,466. 43,876. 0. 43,876. 130,329. 0. 130,329.

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

N 30, 2019

Department of the Treasury Internal Revenue Service (99) ► 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

ENTITY

Employer identification number Name of the organization LAKELAND UNIVERSITY 39-0821861 532000 Unrelated business activity code (see instructions) ► RENTAL INCOME Describe the unrelated trade or business Partill 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 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a 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 Income (loss) from a partnership or an S corporation (attach 5 statement) 5 1,617. 1,617. 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 1,617. 617. 13 Total. Combine lines 3 through 12 Rartill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 Taxes and licenses 19 19 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 SEE STATEMENT 3 66,330. 28 Other deductions (attach schedule) 28 66,330. 29 Total deductions. Add lines 14 through 28 -64,713.30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-64,713.

LAKELAND UNIVERSITY

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DEPRECIATION OTHER EXPENSES		1,314. 65,016.
TOTAL TO SCHEDULE M, PART II, L	INE 28	66,330.