RELIEF UNDER IRS NOTICE 2018-100

Control   Con	Form <b>990-</b> T	E	Exempt Organization Bus	sine	ss Income T	ax Return	-	OMB No 1545-0687				
Do not cited the Nationary	- 6,	(and proxy tax under section 6033(e))										
Do not cater SSN numbers on this form as it may be made public typer organization is \$101(c)(3)   Dispersion of the computation of the granutation of the granutati		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019										
Screen trunger section   Screen trunger sect		•	I Open to Public Inspection (c									
Sempl under section   Print   COLLEGES AND UNIVERSITES INC.   Substitutions.   Substituti			Name of Organization ( Check box it find the charged and see instructions )   (Employees' trust, see									
Additional   20(c)   Type   12(c)   Type   T	B Exempt under section	Print	Print COLLEGES AND UNIVERSITIES INC. 39-									
Mark   Sizo(a)		_	Number, street, and room of suite no 11 a P U dox, see instructions.   (See instructions)									
Consequence of all sections   Section   Consequence   C			City or town, state or province, country, and ZIP or foreign postal code									
Section   Solicy	Book value of all assets											
He there the number of the organization's unrelated trades or businesses.   1	at end of year	and of year										
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 attilisted group or a parent-subsidiary controlled group?  I During the tax year, was the corporation a subsidiary in an attilisted group or a parent-subsidiary controlled group?  I Telephone number ▶ 608−204−5229    Part I			·	1		the only (or first) uni	elated					
During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	trade or business here	▶ S	EE STATEMENT 1		. If only one,	, complete Parts I-V. I	f more	than one,				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes X No	describe the first in the bl	ank spa	ce at the end of the previous sentence, complete P.	arts I an	d II, complete a Schedule	e M for each additiona	l trade	or				
If "Yes," enter the name and identifying number of the parent corporation. ▶  J The books are in care ii ▶ LTZA STMON  Telephone number ▶ 608 – 204 – 5229  Part I ** Unrelated Trade or Business Income  (A) Income (B) Expenses (C) Wet  1a Gross recepts or sales b Less returns and allowances c Cost of goods sold (Schedule A line 7) 3 Gross profit Subtract line 2 from line to 4 a Capital gain ent income (fatal Schedule 0) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for rusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-Inanced income (Schedule E) 8 Interest, annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest, annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest, annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest, annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest, annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 9 Interest (annuines, royaltes, and reins from a controlled organization (Schedule 6) 10 Interest (annuines, organization (Schedule 7) 11 Advertising income (Schedule 7) 12 Other income (Schedule 7) 13 Total, Combine lines 3 Intrology 12 Interest (Schedule 7) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Reparts and maintenance 17 Bad debts 18 Interest (antuch schedule) 19 Interes	business, then complete l	Parts III	-V				_					
The books are in care of   LTZA STMON   Telephone number   608-204-5229			• • • • • • • • • • • • • • • • • • • •	nt-subs	idiary controlled group?	▶ [	Ye	es X No				
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			<u> </u>				32					

## WISCONSIN ASSOCIATION OF INDEPENDENT

39-1039417 Form 990-T (2018) > COLLEGES AND UNIVERSITIES INC. Part III Total Unrelated Business Taxable Income 0. 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 29, 767. 34 34 Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 29,767. 36 1,000. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 37 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 28,767. 38 Part IV Tax Computation 6.041 39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 39 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 40 Proxy tax. See instructions 41 42 Alternative minimum tax (trusts only) 42 43 Tax on Noncompliant Facility Income. See instructions 43 6,041 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 Part V Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a b Other credits (see instructions) 45b c General business credit. Attach Form 3800 45c d Credit for prior year minimum tax (attach Form 8801 or 8827) 45d e Total credits. Add lines 45a through 45d 45e 6,041 46 Subtract line 45e from line 44 46 Other taxes Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 47 6.041 Total tax Add lines 46 and 47 (see instructions) 48 0. 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 50 a Payments A 2017 overpayment credited to 2018 50a 50b b 2018 estimated tax payments c Tax deposited with Form 8868 50c d Foreign organizations Tax paid or withheld at source (see instructions) 50d e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments L Form 2439 Form 4136 Other Total | 51 Total payments. Add lines 50a through 50g 51 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ □ 52 6,041 53 Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 Enter the amount of line 54 you want. Credited to 2019 estimated tax 55 Part VI | Statements Regarding Certain Activities and Other Information (see instructions) Yes No At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 🕨 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 >\$ e that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, of pylopier (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer instructions)? X Yes Check [ PTIN Print/Type preparer's name Date self- employed Paid P00187863 TROY MARINE, CPA 08/26/19 Preparer Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP 39-0859910 Firm's EIN ▶ **Use Only** 777 E WISCONSIN AVENUE, 32ND FLOOR Phone no 414.777.5500 Firm's address ► MILWAUKEE, WI 53202

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## WISCONSIN ASSOCIATION OF INDEPENDENT Form 990-T (2018) COLLEGES AND UNIVERSITIES INC.

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation	N/A							
1 Inventory at beginning of year	1		6 Inventory at 6	end of year			6				
2 Purchases	2	7 Cost of goods sold. Subtract line 6			ine 6						
3 Cost of labor	3		from line 5. E	nter here a	ınd ın F	Part I,					
4 a Additional section 263A costs			line 2			Į	7				
(attach schedule)	4a		8 Do the rules of	8 Do the rules of section 263A (with respect to					No No		
<ul><li>Other costs (attach schedule)</li></ul>	Other costs (attach schedule) 4b					property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5		the organizati								
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Pro	perty Le	ease	d With Real Prop	erty)				
Description of property											
(1)								<del></del>			
(2)											
(3)				-							
(4)						· · · · · · · · · · · · · · · · · · ·					
- 10	2. Rent receiv	ed or accrued									
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the personal property exceeds nt is based on profit or inc	50% or 11	ė	3(a) Deductions directly columns 2(a) an	connected ad 2(b) (a	ed with the income tach schedule)	ın		
(1)				•							
(2)	-										
(3)	-										
(4)											
Total	0.	Total			0.						
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.		
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)								
			2 Gross income	from		3 Deductions directly control to debt-finance	nected w	nth or allocable erty			
1 Description of debt-fi	nanced properly		or allocable to de financed prope		(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedule	ons e)		
(1)							+				
(2)					-						
(3)					-						
(4)				Î							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to nced property h schedule)	6. Column 4 divid by column 5	ded		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable dedu olumn 6 x total of a 3(a) and 3(b)	columns		
(1)				%			1	·			
(2)				%							
(3)				%							
(4)				%							
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pa Part I, line 7, colum			
Totals						0	.		0.		
Total dividends-received deductions in	ncluded in columi	n 8							0.		

## WISCONSIN ASSOCIATION OF INDEPENDENT

0.

0.

Form 990-T (2018) COLLEG Schedule F - Interest,	ES AN	D UNI	/ERSI	TIES	INC.				39-10			Page
Schedule F - Interest, A	Annuitie	s, Royali	ties, an					ition	s (see in:	structio	ns)	
				Exempt	Controlled O	rganizati	ons	,				
<ol> <li>Name of controlled organizat</li> </ol>	ion	2. Emp			related income e instructions)	4. Tot	al of specified nents made	5. Pa	rt of column 4 led in the cont	that is		Deductions directly innected with income
		num		(1033) (30	o mar donomaj	pay.	menta maco		tation's gross		•	ın column 5
			· · · -					<u> </u>				
(1)								<u> </u>				
(2)								L				
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7 Taxable Income	8 Net u	nrelated incom	e (loss)	9 Total	of specified pays	nents	10 Part of colu	mn 9 tha	t is included	11 0	Deduct	tions directly connected
·		iee instructions		•	ebam		in the controlls	ng orgai	nization's			ome in column 10
							3					•
(1)												
(2)	<u> </u>			<u> </u>						-		
(3)												
_(4)	L	<del></del>		<u> </u>								
							Add colun			1		olumns 6 and 11
							Enter here and	on page ) olumn		Enter		and on page 1, Part I, 8, column (B)
									_			_
Totals						<u> </u>			0.			0.
Schedule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (	17) Org	janization					
(see insti	ructions)				<del></del>							
1 Desc	ription of inco	me			2. Amount of	Income	3 Deduction directly conne		4 Set-asides			5 Total deductions and set-asides
					2.		(attach sched		(attach s	schedule)		(col 3 plus col 4)
(1)		-										
(2)											İ	
(3)												
(4)												
					Enter here and							nter here and on page 1,
					Part I, line 9, co	lumn (A)					ا	Part I line 9 column (B)
Totals				•		0.				-		0.
Schedule I - Exploited	Exempt	Activity	Income	Other	Than Adv		a Income					
(see instru	-	,		, •	1114117141		9					
	Ι	T			4. Net incom						Т	
4 -		iross		oenses onnected	from unrelated	l trade or	5 Gross inco	me	6 Ext	oenses		7 Excess exempt expenses (column
Description of exploited activity	unrelated incom		with pro	duction	business (co	n 3) Iía	from activity t is not unrelat		attribut colu	able to		6 minus column 5, but not more than
	trade or l	Dusiness		s income	gain, compute through		business inco	me	Colu	mn 5		column 4)
(1)									-		$\rightarrow$	
(1)	-				<del> </del>				<b></b>		+	
(2)					<u> </u>						$\dashv$	
(3)					<del> </del>				<u> </u>		-+	
(4)	6.4. 5.		F.A. b.		ļ				ļ		-	F-1
	Enter her page 1,	, Part I,	page 1	e and on , Part I,								Enter here and on page 1,
	line 10,		line 10,									Part II, line 26
Totals -		0.		0.								0.
Schedule J - Advertisir	ng Incon	ne (see ir	nstruction	s)		<u></u>						
Part I Income From I	Periodic	als Repo	orted or	n a Con	solidated	Basis						
		2 Gross		•		ısıng gaın	.					7 Excess readership
1 Name of periodical		advertising		3 Direct stising costs	or (loss) (co		5 Circulat		6 Read			costs (column 6 minus olumn 5, but not more
•		income		3 22210	cols 5 th							than column 4)
(1)	İ					_	ĺ		Ì		T	
(2)					$\exists$		<b> </b>		<del></del>		1	
(3)					$\dashv$						1	
							1					

Totals (carry to Part II, line (5))

(4)

Form 990-T (20 18) COLLEGES AND UNIVERSITIES INC. 39-10394

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	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.
		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 il, 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	4 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)

STATEMENT 1 FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

INCOME UNDER IRC SECTION 512(A)(7)

TO FORM 990-T, PAGE 1