| Form <b>990-T</b>   | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))                             |   |                           |                        |           |   |  |  |
|---|--|---|---------------------------|------------------------|-----------|---|--|--|
|   | For calendar year 2018 or other tax year beginning JUN 1,  |   |                           | Y 31, 201              | 9/        | 2018  |  |  |
| December 1 of the Tonner.   | ► Go to www.irs.gov/Form990T for in  | structio  | ons and the latest inform | nation.                | _ L       |   |  |  |
| Department of the Treasury<br>Internal Revenue Service                                    | ▶ Do not enter SSN numbers on this form as it may  | / be ma   | de public if your organiz | ation is a 501(c)(3)   |           | Open to Public Inspection to<br>01(c)(3) Organizations Only |  |  |
| A Check box if address changed  | Name of organization ( Check box if name c   | Name of organization (                              |                           |                        |           |   |  |  |
| B Exempt under section  | Print ST. CATHERINE UNIVERSI   |   |                           |                        |           |   |  |  |
| X 501(c)(3)   | Number, street, and room or suite no. If a P O. box  | x, see ir   | structions                |                        |           | ted business activity code structions)                      |  |  |
| 408(e)220(e)  | Type 2004 RANDOLPH AVENUE  |   |                           |                        | ]         |   |  |  |
| 408A 530(a)<br>529(a)   | City or fown, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55105-1794 531390          |   |                           |                        |           |   |  |  |
| C Book value of all assets at end of year   |  | F Group exemption number (See instructions.) > 0928 |                           |                        |           |   |  |  |
| 302,192,6   |  | poration  | 501(c) trust              | 401(a                  | trust (   | Other trust   |  |  |
|   | organization's unrelated trades or businesses.   | 2   |                           | the only (or first) ur |           |   |  |  |
|   | SEE STATEMENT 1  |   |                           | complete Parts I-V.    |           |   |  |  |
|   | lank space at the end of the previous sentence, complete Pa  | arts I an   | d II, complete a Schedule | e M for each addition  | nal trade | or  |  |  |
| business, then complete   |  | at aba  | done controlled aroun?    |                        | Yes       | x No  |  |  |
|   | the corporation a subsidiary in an affiliated group or a parer and identifying number of the parent corporation. | กเ-รนบร   | ulary controlled group?   |                        | ۱۳۱ لىدە  |   |  |  |
|   | ► ANGELA M. RILEY  |   | Telenh                    | one number 🕨 6         | 51-0      | 690-6043  |  |  |
|   | d Trade or Business Income   |   | (A) Income                | (B) Expense            |           | (C) Net   |  |  |
| 1a Gross receipts or sale   |  |   |                           | REC                    |           | -(C) -  |  |  |
| b Less returns and allow  |  | 1c  |                           | KEC                    | ` ` '     | 781   |  |  |
| 2 Cost of goods sold (S   | <del></del>  | 2   |                           | 12                     | 101       | 020 191   |  |  |
| 3 Gross profit, Subtract  | •  | 3   |                           | S WAK                  | 10        | 18  |  |  |
| 4a Capital gain net incon   | ne (attach Schedule D)   | 4a  |                           | 101                    |           |   |  |  |
| <b>b</b> Net gain (loss) (Form  | 4797, Part II, line 17) (attach Form 4797)   | 4b  |                           | OG                     | DEN       | , UT  |  |  |
| c Capital loss deduction  |  | 4c  |                           | 00                     |           |   |  |  |
|   | partnership or an S corporation (attach statement)   | 5   | 77 574                    |                        | 7.0       | 11 000  |  |  |
| 6 Rent income (Schedu   | •  | 6   | 77,574.                   | 66,4                   | 100       | 11,098.   |  |  |
|   | ced income (Schedule E)  | 7   |                           |                        | -         | <del></del>   |  |  |
|   | yalties, and rents from a controlled organization (Schedule F)   | 8   |                           |                        | $\dashv$  |   |  |  |
|   | f a section 501(c)(7), (9), or (17) organization (Schedule G)<br>ivity income (Schedule I)                       | 10  |                           |                        |           |   |  |  |
| <ul><li>10 Exploited exempt acti</li><li>11 Advertising income (\$\frac{1}{2}\$</li></ul> |  | 11  |                           |                        |           |   |  |  |
| • •   | structions; attach schedule)   | 12  |                           |                        |           |   |  |  |
| 13 Total. Combine lines   | •  | 13  | 77,574.                   | 66,4                   | 76.       | 11,098.   |  |  |
| Part II Deduction   | ons Not Taken Elsewhere (See instructions for  | or limita   |                           |                        |           |   |  |  |
|   | contributions, deductions must be directly connected   |   |                           | s income )             |           |   |  |  |
| 14 Compensation of off  | ficers, directors, and trustees (Schedule K)   |   |                           |                        | 14        |   |  |  |
| 15 Salaries and wages   |  |   |                           |                        | 15        |   |  |  |
| 16 Repairs and mainter  | nance  |   |                           |                        | 16        |   |  |  |
| 17 Bad debts  |  |   |                           |                        | 17        | <del></del>   |  |  |
| ·   | edule) (see instructions)  |   |                           |                        | 18        |   |  |  |
| 19 Taxes and licenses   | and (Con instructions for limitation rules)  |   |                           |                        | 19<br>20  |   |  |  |
| i .   | ions (See instructions for limitation rules)   |   | 21                        |                        | 20        |   |  |  |
| •   | aimed on Schedule A and elsewhere on return  |   | 22a                       |                        | 22b       |   |  |  |
| 23 Depletion  | alling on concade want disciniors on recent  |   |                           |                        | 23        |   |  |  |
| •   | erred compensation plans   |   |                           |                        | 24        |   |  |  |
| 25 Employee benefit pro   |  |   |                           |                        | 25        |   |  |  |
| 26 Excess exempt expe   | <del>-</del>   |   |                           |                        | 26        |   |  |  |
| 27 Excess readership c  |  |   |                           |                        | 27        |   |  |  |
| 28 Other deductions (at   | ttach schedule)  |   |                           |                        | 28        |   |  |  |
|   | dd lines 14 through 28   |   |                           |                        | 29        | 0.  |  |  |
|   | taxable income before net operating loss deduction. Subtrac  |   |                           |                        | 30        | 11,098.   |  |  |
|   | perating loss arising in tax years beginning on or after Janua   | ıry 1, 20   | 118 (see instructions)    | 7.1                    | 31        | 11 000  |  |  |
|   | taxable income. Subtract line 31 from line 30  | <del></del>   |                           |                        | 32        | 11,098.   |  |  |
| 823701 01-09-19 LHA F   | or Paperwork Reduction Act Notice, see instructions.   |   |                           | •                      | 1         | Form <b>990-T</b> (2018                                     |  |  |

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| Part I    | II Total Unrelated Business Taxable Income   |  |            |             |
|-----------|--|--|------------|-------------|
| 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 33 1   | 1,0        | 98.         |
| 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 1   | 1,0        | 98.         |
| 36        | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of   |  |            |             |
| 00        | lines 33 and 34  | 36   |            |             |
| 27        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 37   | 1,0        | 00.         |
| 37        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,  | <del>                                     </del> |            |             |
| 38        | enter the smaller of zero or line 36   | 38   |            | 0.          |
| D41       |  | 1 30 1   |            | <del></del> |
|           | V Tax Computation  |  |            | 0.          |
| 39        | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  | 39   |            | <del></del> |
| 40        | 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   |            |             |
| 41        | Proxy tax. See instructions  | 41   |            |             |
| 42        | Alternative minimum 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 \    | / Tax and Payments   |  |            |             |
| 45a       | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a   | ]  |            |             |
| b         | Other credits (see instructions) 45b   | ]  |            |             |
| С         | General business credit. Attach Form 3800 45c  | ]  |            |             |
| d         | Credit for prior year minimum tax (attach Form 8801 or 8827)   | ]  |            |             |
|           | Total credits. Add lines 45a through 45d   | 45e  |            |             |
| 46        | Subtract line 45e from line 44   | 46   |            | 0.          |
| 47        | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (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.          |
|           | Payments: A 2017 overpayment credited to 2018  |  |            |             |
|           | 2018 estimated tax payments 50b  | 1  |            |             |
|           | Tax deposited with Form 8868 50c   | 1  |            |             |
|           |  | 1  |            |             |
|           | , or or grand and the control of the | 1  |            |             |
|           | ,  | 1 1  |            |             |
|           | Credit for small employer health insurance premiums (attach Form 8941)   | <b>∤.</b>  |            |             |
| g         | Other credits, adjustments, and payments: Form 2439  |  |            |             |
|           | Form 4136 Other Total ▶ 50g  |  |            |             |
| 51        | Total payments. Add lines 50a through 50g  | 51   |            |             |
| 52        | 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  | 53   |            |             |
| 54        | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | 54   |            |             |
| 55        | Enter the amount of line 54 you want: Credited to 2019 estimated tax   | 55   |            |             |
| Part \    |  |  | T          | r           |
| 56        | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority  |  | Yes        | No          |
|           | 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  |  |            | لبيبا       |
|           | here ▶   | <u>.                                    </u>     |            | X           |
| 57        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |  |            | Х           |
|           | 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 >\$  |  | l          |             |
|           | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   | wledge and belief, it is                         | s true,    |             |
| Sign      | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EVP & CHIEF  | ay the IRS discuss the                           | s return v | with        |
| Here      |  | e preparer shown belo                            |            | _           |
|           | Signature of officer Date Title ins  | structions)? X Y                                 | es 🗌       | No          |
|           | Print/Type preparer's name Preparer's signature Date Check   | f PTIN   |            |             |
| Paid      | Self- employed   |  |            |             |
|           | KAREN GRIES KAREN GRIES 02/06/20   | P00078   | 514        |             |
| Prepa     | CI TEMONIA DOMA I LEN LI D   | 41-074   |            |             |
| Use C     | 220 SOUTH SIXTH STREET, SUITE 300  |  | -          |             |
|           |  | 12-376-4   | 500        |             |
| 823711 01 |  | Form 9   |            | (2018)      |
|           |  |  | ,          |             |

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| Schedule A - Cost of Good  | s Sold. Enter        | method of inve   | ntory valuation N/A   |           |  | ·  |
|--|----------------------|--|---|-----------|--|--|
| 1 Inventory at beginning of year   | 1                    |  | 6 Inventory at end of year  | ar        |  | 6  |
| 2 Purchases  | 2                    |  | 7 Cost of goods sold. S   | ubtract l | line 6   |  |
| 3 Cost of labor  | 3                    | -  | from line 5. Enter here   | and in f  | Part I,  | - vagarinarità   |
| 4 a 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  | acquired  | d for resale) apply to   | The same of the sa |
| 5 Total. Add lines 1 through 4b  | 5                    |  | the organization?   |           | <u></u>  |  |
| Schedule C - Rent Income (see instructions)  | (From Real           | Property an  | nd Personal Property  | Leas      | ed With Real Prop  | erty)<br>  |
| 1. Description of property   |                      |  |   |           |  |  |
| (1) FACILICTY RENTAL   | -                    |  | - <del>1</del>  |           |  |  |
| (2)  |                      |  |   |           |  |  |
| (3)  |                      |  |   |           |  |  |
| (4)  |                      |  |   |           |  |  |
|  | 2. Rent receiv       | ed or accrued  |   |           | 3/a) Deductions directly of  | connected with the income in   |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%                  | than than            | ` 'of rent for   | and personal property (if the percent<br>personal property exceeds 50% or if<br>ent is based on profit or income) | age       | columns 2(a) and SEE STATE   | 2(b) (attach schedule)   |
| (1)  |                      |  | 77,5  | 74.       |  | 66,476.  |
| (2)  |                      |  |   |           |  |  |
| (3)  |                      |  |   |           |  |  |
| (4)  |                      |  |   |           |  |  |
| Total  | 0.                   | Total  | 77,5  | 74.       |  |  |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   |                      | ter -  | 77,5  | 74.       | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>►</b> 66,476.   |
| Schedule E - Unrelated Del   | ot-Financed          | I Income (see  | e instructions)   |           |  |  |
|  |                      |  | 2. Gross income from  |           | Deductions directly conne<br>to debt-finance                               |  |
| 1. Description of debt-fi  | nanced property      |  | or allocable to debt-<br>financed property  | (a)       | Straight line depreciation<br>(attach schedule)                            | (b) Other deductions<br>(attach schedule)  |
| (1)  |                      |  |   | <u> </u>  |  |  |
| (2)  |                      |  |   |           |  |  |
| (3)  |                      |  |   |           |  |  |
| (4)  |                      |  |   |           |  |  |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a<br>debt-fina | adjusted basis<br>allocable to<br>nced property<br>n schedule) | 6. Column 4 divided by column 5   |           | 7. Gross income<br>reportable (column<br>2 x column 6)                     | 8 . Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b))   |
| (1)  |                      |  | %   |           |  |  |
| (2)  |                      |  | %   |           |  | _  |
| (3)  |                      |  | %   |           |  |  |
| (4)  | ·                    |  | %   |           |  | <u></u>  |
|  |                      |  |   |           | inter here and on page 1,<br>Part I, line 7, column (A)                    | Enter here and on page 1,<br>Part I, line 7, column (B)  |
| Totals   | •                    |  | •   |           | 0.   | 0.   |
| Total dividends-received deductions in   | cluded in column     | n 8  | ·   |           | <b>&gt;</b>  | 0.   |
| -  |                      |  |   |           |  | Form 990-T (2018)  |

| Schedule F - Interest,               |  | inoyaiti                        |   | Controlled O   |   |   | -44011  | <u> </u>                      | i dellori | 5,  |  |
|--------------------------------------|--|---------------------------------|---|--|---|---|---|-------------------------------|-----------|---|--|
| 1. Name of controlled organizat $ u$ | cion .   | 2. Employ identification number | on (loss) (se   | nrelated income<br>e instructions)                                       |   |   | al of specified lents made sincluded in the controlling organization's gross income |                               | olling    | g   connected with income   |  |
| (1)                                  |  |                                 |   | -  |   |   |   |                               |           |   |  |
| (2)                                  |  |                                 |   |  |   |   |   |                               |           | <del> </del>  |  |
| (3)                                  |  |                                 |   |  |   | ···-  |   |                               | -         | <u> </u>  |  |
| (4)                                  |  |                                 |   | _  | <u> </u>  | <del></del>   |   |                               |           |   |  |
| Nonexempt Controlled Organi          |  |                                 | - r -   |  | <del></del> -   |   |   |                               |           |   |  |
| 7. Taxable Income                    |  | ated income (i<br>nstructions)  | oss) 9. Tota  | l of specified pay<br>made   | ments   | 10. Part of colur<br>in the controlli<br>gross                      |   |                               |           | ductions directly connected income in column 10   |  |
| (1)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (2)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (3)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (4)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
|                                      | · · ·  |                                 | -   |  |   | Add colun<br>Enter here and<br>line 8, c                            |   | i, Part I,                    | Enter h   | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                      |  |
| Totals                               |  |                                 |   |  | ▶   |   |   | 0.                            |           | 0.  |  |
| Schedule G - Investme<br>(see insti  |  | e of a Se                       | ection 501(c)   | (7), (9), or   | (17) Or   |   |   |                               |           |   |  |
| 1, Desc                              | nption of income                                       |                                 |   | 2. Amount of   | income  | 3. Deductio<br>directly conne<br>(attach sched                      | cted  | 4. Set-a<br>(attach se        |           | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |  |
| (1)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (2)                                  |  |                                 |   |  |   |   |   |                               |           | <del> </del>  |  |
| (3)                                  |  |                                 |   | ļ  |   |   |   |                               |           |   |  |
| (4)                                  |  |                                 |   | -  |   |   |   |                               |           | (Catas base and an area 1   |  |
|                                      |  |                                 |   | Enter here and<br>Part I, line 9, co                                     |   | ,   |   |                               |           | Enter here and on page 1<br>Part I, line 9, column (B).                                     |  |
| Totals                               |  |                                 |   | j  | 0.  |   |   |                               |           | 0.  |  |
| Schedule I - Exploited               | •  | ctivity In                      | ncome, Othe   | er Than Ac   |   | ng Income   | •   |                               |           |   |  |
| 1. Description of exploited activity | 2. Gros<br>unrelated bus<br>income fro<br>trade or bus | siness<br>om                    | 3. Expenses<br>directly connected<br>with production<br>of unrelated<br>business income | 4. Net inconfrom unrelated business (criminus colum gain, comput through | trade or<br>olumn 2<br>n 3) If a<br>e cols 5          | 5. Gross inco<br>from activity t<br>is not unrelat<br>business inco | that<br>ed  | 6. Expr<br>attributa<br>colun | ble to    | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |  |
| (1)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (2)                                  |  |                                 |   | 1  | 1   |   |   |                               |           |   |  |
| (3)                                  |  |                                 |   | 1  |   | · · · · · ·   |   |                               |           |   |  |
| (4)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| Totals <b>&gt;</b>                   | Enter here as<br>page 1, Pa<br>line 10, col            | nti,                            | Enter here and on<br>page 1, Part I,<br>line 10, col (B)                                |  | A   |   |   |                               |           | Enter here and on page 1, Part II, line 26  |  |
| Schedule J - Advertisi               | ng Income  |                                 |   | 1  |   |   |   |                               |           |   |  |
| Part I Income From                   |  |                                 |   | nsolidated   | Basis   |   |   |                               |           | <del></del> ,   |  |
| 1. Name of periodical                | ad   | - Gross<br>vertising<br>ncome   | 3. Direct advertising costs   | or (loss) (c   | tising gain<br>ol 2 minus<br>ain, compute<br>nrough 7 | 5. Circulat   |   | 6. Reade                      |           | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |  |
| (1)                                  |  |                                 | <u> </u>  |  |   |   |   |                               |           |   |  |
| (2)                                  |  |                                 |   |  |   |   |   |                               |           | •   |  |
| (3)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| (4)                                  |  |                                 |   |  |   |   |   |                               |           |   |  |
| Totals (carry to Part II, line (5))  | <b>•</b>   | 0.                              |   | ).   |   |   |   |                               | ,         | 0.  |  |
|                                      |  |                                 | •   |  |   |   |   |                               |           | Form <b>990-T</b> (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-by-line basis )

| 1. Name of periodical       | 2. Gross<br>advertising<br>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)                         |  |  |  |                       | <u> </u>            |  |
| (2)                         |  |  |  |                       |                     |  |
| (3)                         |  |  |  |                       |                     |  |
| (4)                         |  |  |  |                       | ·                   |  |
| Totals from Part I          | ▶ 0  | . 0.   | · ·  |                       | , , ,               | 0.   |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) | ] '  | ,                     |                     | Enter here and<br>on page 1,<br>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<br>time devoted to<br>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 (2018)

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

FITNESS CENTER RENTALS NOT RELATED TO THE SCHOOL'S TAX-EXEMPT PURPOSE.

TO FORM 990-T, PAGE 1

| FORM 990-T   | NET               | OPERATING LOSS I              | EDUCTION          | STATEMENT 2            |
|--------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR     | LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 05/31/01     | 75,888.           | 11,176.                       | 64,712.           | 64,712.                |
| 05/31/02     | 62,304.           | 0.                            | 62,304.           | 62,304.                |
| 05/31/03     | 41,520.           | 0.                            | 41,520.           | 41,520.                |
| 05/31/04     | 21,698.           | 0.                            | 21,698.           | 21,698.                |
| 05/31/05     | 16,854.           | 0.                            | 16,854.           | 16,854.                |
| 05/31/06     | 19,643.           | 0.                            | 19,643.           | 19,643.                |
| 05/31/07     | 10,810.           | 0.                            | 10,810.           | 10,810.                |
| 05/31/08     | 2,678.            | 0.                            | 2,678.            | 2,678.                 |
| 05/31/09     | 20,668.           | 0.                            | 20,668.           | 20,668.                |
| 05/31/10     | 31,408.           | 0.                            | 31,408.           | 31,408.                |
| 05/31/11     | 25,188.           | 0.                            | 25,188.           | 25,188.                |
| 05/31/13     | 30,243.           | 0.                            | 30,243.           | 30,243.                |
| 05/31/14     | 64,137.           | 0.                            | 64,137.           | 64,137.                |
| 05/31/15     | 66,809.           | 0.                            | 66,809.           | 66,809.                |
| 05/31/16     | 138,113.          | 0.                            | 138,113.          | 138,113.               |
| 05/31/17     | 146,934.          | 0.                            | 146,934.          | 146,934.               |
| 05/31/18     | 163,145.          | 0.                            | 163,145.          | 163,145.               |
| NOL CARRYOVE | ER AVAILABLE THIS | YEAR                          | 926,864.          | 926,864.               |

| FORM 990-T                            | DEDUCTIONS CONNECTS | ED WITH RENTAL I   | NCOME             | STATEMENT |  |
|---------------------------------------|---------------------|--------------------|-------------------|-----------|--|
| DESCRIPTION                           |                     | ACTIVITY<br>NUMBER | AMOUNT            | TOTAL     |  |
| SALARIES AND WA                       |                     |                    | 31,616            |           |  |
| MISC SMALL REPA<br>DEPRECIATION       | IRS                 |                    | 0<br>5,672        | -         |  |
| EMPLOYEE BENEFI SUPPLIES              | TS                  |                    | 5,979<br>754      |           |  |
| REPAIRS AND MAI                       | NTENANCE            | •                  | 12,829            | •         |  |
| INSURANCE<br>OTHER EXPENSES<br>TRAVEL |                     |                    | 221<br>9,401<br>4 | •         |  |

| ST. CATHERINE UNIVERSITY                  | 41-0695509 |
|---|------------|
| - SUBTOTAL - 2                            | 66,476.    |
| TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3 | 66,476.    |

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUN 1, 2018 and ending MAY 31, 2019

► 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

1

Department of the Treasury Internal Revenue Service (99)

Name of the organization

ST. CATHERINE UNIVERSITY

Employer identification number 41-0695509

Unrelated business activity code (see instructions) ► MEMBERSHIP Describe the unrelated trade or business (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 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 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 97,200. 97,200. STMT 4 12 Other income (See instructions; attach schedule)

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

13

97,200.

| 14  | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  |           |
|-----|--|-----|-----------|
| 15  | Salaries and wages   | 15  | 32,485.   |
| 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) 21 104, 297.   |     |           |
| 22  | Less depreciation claimed on Schedule A and elsewhere on return 22a                                  | 22b | 104,297.  |
| 23  | Depletion  | 23_ |           |
| 24  | Contributions to deferred compensation plans   | 24  |           |
| 25  | Employee benefit programs  | 25  |           |
| 26  | Excess exempt expenses (Schedule I)  | 26  | 41-1-1-   |
| 27  | Excess readership costs (Schedule J)   | 27  |           |
| 28  | Other deductions (attach schedule) SEE STATEMENT 5   | 28  | 170,999.  |
| 29  | Total deductions. Add lines 14 through 28  | 29  | 307,781.  |
| 30  | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30  | -210,581. |
| 31  | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     |           |
|     | instructions)  | 31  | ,         |
| 32_ | Unrelated business taxable income Subtract line 31 from line 30                                      | 32  | -210,581. |

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

| FORM 990-T (M)  | OTHER   | INCOME     | STATEMENT                             |
|---|---------|------------|---------------------------------------|
| DESCRIPTION   |         |            | AMOUNT                                |
| FITNESS CENTER MEMBERSHIPS                                  | 97,200. |            |                                       |
| TOTAL TO SCHEDULE M, PART I, L                              | 97,200  |            |                                       |
| FORM 990-T (M)  | OTHER   | DEDUCTIONS | STATEMENT                             |
| DESCRIPTION   |         |            | AMOUNT                                |
| SUPPLIES UTILITIES AND MAINTENANCE INSURANCE OTHER EXPENSES |         |            | 16,490<br>127,153<br>10,302<br>17,054 |
|   |         |            |                                       |