Do not enter SNR unarray internations and the latest information. A _ Check box of address changed B _ Exempt under section Sp30 (c_B)	í	990 , T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019						
## Indicated Changed ### Indicated Changed				► Go to www.irs.gov/Form990T for i	nstructi	ons and the latest inform	ation.	 	2018 Deen to Public Inspection for 501(c)(3) Organizations Only	
Solic D O O O O O O O O O	Ā			Name of organization (Check box if name	change	d and see instructions.)		(Emple	oyees' trust, see	
Stories (1992 1998 1999	-		Drint	MOUNT SAINT MARY'S UNIVERSITY					•	
408(e) 208(e) 208(e) 15 300 OLD REMITERBURG ROAD 208 2			1		IX. See I	nstructions.		E Unrela	ited business activity code	
dysak			Туре		,, ooo i	non donono.		(See in	istructions)	
C Book was of at seases et al. (2017) 1979, 96, 869. B Greec organization hype ★ S 501(c) corporation If order for uniform of the organization sunctilated trades or business If only one, complete Parts II-V During the Variant was an acrea of the previous candinaco, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II-V During the Varyan, was the comporation a culpidadry in an affiliated group or a parent-subendary controlled group? If the books are in care of If Yes, "anter the name and identifying number of the parent corporation If Yes, anter the name and identifying number of the parent corporation If Yes, and a long the part of the parent corporation If Yes, and the police are completed or Business Income If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the books are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number 301-447-5353 If the police are in care of If Telephone number If the police are in care of If the police are in care		= =		City or town, state or province, country, and ZIP of	or foreig	gn postal code				
## Hender the number of the organizations wellade trades or businesses ■ 2 Describe the only (or first) unrelated trade or businesses here ■ \$68.28 \$742788877. ## Hender the number of the organizations wellade trades or businesses ■ 2 Describe the only (or first) unrelated trade or business here ■ \$68.28 \$742788877. ## Hender the number of the organizations wellade trades or businesses. ## Describe the only (or first) unrelated trade or business here ■ \$68.28 \$742788877. ## Hender the number of the previous contends, complete Parts I and III, complete a Schedule M for each additional trade or business. ## Parts I and III, complete a Schedule M for each additional trade or business. ## Parts I and III, complete a Schedule M for each additional trade or business. ## Parts I and III, complete a Schedule M for each additional trade or business and the state of the previous and additional trade or business. ## Parts I and III, complete a Schedule M for each additional trade or Business Income ## Hender the number and dentifying number of the parent corporation. ## Telephone number ■ 301-447-5353 ## Telephone number ■ 301-447-5	_	529(a)		EMMITSBURG, MD 21727				22100	0	
H Enter the number of the organization's unrelated trades or businesses 2	C	Book value of all assets at end of year		· · · · · · · · · · · · · · · · · · ·	_					
trade or business here SEE STATEMENT 1 decribe the first in the blank cpace at the end of the previous centence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I III-V I During the tax year, was the corporation a cubcidary in an affiliated group or a parent-subsidiary controlled group? Yor No If Yes, enter the name and identifying number of the parent corporation J The bopks are in care of WILLIAM E. DAYTES Telephone number 301-447-5353 The bopks are in care of WILLIAM E. DAYTES Telephone number 301-447-5353 Telephone n	_	187,996,	869.	G Check organization type ► x 501(c) cor		n 501(c) trust	401(a	a) trust	Other trust	
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Dusiness, then complete Parts III-V		•								
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If Yes,* enter the name and identifying number of the parent corporation In the block are in care of w MILLIAM E. DAVIES The block are in care of w MILLIAM E. DAVIES Telephone number	_				nt cubo	odiary controlled group?			s X No	
The books are in care of WILLIAM E. DAVIES Telephone number 301-447-5353 Part Unrelated Trade or Business Income (a) Expenses (c) Net	'			_	111-2000	sidially controlled group?		10	۱۹0 <u>ت</u>	
Total Combune lines 3 through 12 Compensation of officers, directors, and trustees (Schedule K) Compensation of officers, and trustees (Schedule K) Compensation of officers, and rustees (Schedule K) Compensation of officers, and trustees (Schedule K) Compensation of officers, and trustees (Schedule K) Compensation of Schedule (See instructions) in Taxes and incenses Contributions (See instructions) in Interest (attach Schedule) (See instructions) in Taxes and incenses Contributions (See instructions) in Interest (attach Schedule) (See instructions) in I	J					Teleph	one number 🕨 🤄	301-44	7-5353	
b Less returns and allowances						(A) Income	(B) Expense	s	(C) Net	
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-Innanced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Charitable contributions (See instructions) 10 Interest (attach schedule) (see instructions) 11 Interest (attach schedule) (see instructions) 12 Depreciation (attach Form 4562) 13 Depreciation (attach Form 4562) 14 Contributions to deferred compensation plans 15 Employee benefit programs 16 Excess readership costs (Schedule I) 26 Excess readership costs (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions (Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 30 Unrelated business tazable income before net operating loss deduction. Subtract line 29 from line 13	7,	1a Gross receipts or sale	es							
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Total deductions. Add lines 14 through 28 29 57,7 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -14,8						SEE STATEMEN	IT 3		57,786.	
		,		•					57,786.	
21 Defluction for not operating loss arising in tay years beginning on or after January 1, 2018 (see instructions)	3	D Unrelated business t	axable ı	ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	-14,890.	
51 Deduction for the operating loss arising in tax years beginning of or after saturally 1, 2010 (see instructions)		,			ıry 1, 20	018 (see instructions)	1	31		
	_	7		• -		 . .		32	-14,890. Form 990-T (2018)	

Form 880-	T (2018)	MOUNT SAINT MARY'S UNIVERSITY	52-059	1672	Page 2
Part I	M	Total Unrelated Business Taxable Income			
33/	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34		unts paid for disallowed fringes		84	
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	5	85	0.
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
-		33 and 34		86	
87		ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	-	lated business taxable income. Subtract line 37 from line 36, If line 37 is greater than line 36,	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30		the smaller of zero or line 36		38	0.
Part 1		Tax Computation	****	1 30 1	
		· · · · · · · · · · · · · · · · · · ·		- 1	0.
39	_	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_	1244	
	_	Tax rate schedule or Schedule D (Form 1041)		40	
41		y tax. See instructions	•	41	
42		native minimum tax (trusts only)		42	
48		n Noncompliant Facility Income. See instructions		43	
44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part A		Tax and Payments	·· •· · · · · ·		·
45a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)		그러리 -	
Ь	Othe	credits (see instructions)		- ''''	
C		ral business credit. Attach Form 3800 . 45c		_	
đ	Cred	t for prior year minimum tax (attach Form 8801 or 8827)			
6	Total	credits. Add lines 45a through 45d		45e	
46		act line 45e from line 44		46	0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach 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	Paym	ents: A 2017 overpayment credited to 2018			· · ·
b	2018	estimated tax payments 50b			
c	Tax d	eposited with Form 8868		7 7 1	
d	Fore	on organizations; Tax paid or withheld at source (see instructions) 50d		7 i l	
8	Back	up withholding (see instructions) 50e		7 }	
1		t for small employer health insurance premiums (attach Form 8941)		7 1 1	
0		credits, adjustments, and payments: Form 2439		7 / /	
•		Form 4136 Other Total > 50g		1#1	
51		payments. Add lines 50a through 50g		51	
52		ated tax penalty (see instructions). Check if Form 2220 is attached	•	52	
58		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54		navment. If Jine 51 is larger than the total of Jines 48, 49, and 52, enter amount overpaid		54	
85		the amount of line 54 you want: Credited to 2019 estimated tax	ded -	55	
Part V	71 9	Statements Regarding Certain Activities and Other Information (see instruction		1 34 1	
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	5.107		Yes No
30		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		<u>.</u>			X
	here				X
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		1 1 1 1
		s," see instructions for other forms the organization may have to file.			1 , 1
58		the amount of tax-exempt interest received or accrued during the tax year			<u> </u>
Sign	ca	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be- nect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowle	odge and belief, it is t	ue,
Here	1.	11/4 5 N a / 17/9/2020 N DUGINGG ND FINING		May the IRS discuss th	ils return with
rie: c		VP BUSINESS AND FINANCE	——1'	he preparer shown be	
		Signature of officer Date Title	i i		res No
		Print/Type preparer's name Preparer's signature Date / Ch	ieck	If PTIN	
Paid		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lf- employed	1	
Prepa	rer	WILLIAM E TURCO, CPA (18/200)		P0036921	7
Use C		Firm's name ▶RSM US LLP	irm's EIN 🕨	42-071	1325
		9801 WASHINGTONIAN BLVD, STE 500			
		Firm's address GAITHERSBURG, MD 20878	hone no.	301-296-3600	

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntorv va	aluation N/A					4
1 Inventory at beginning of year	1 1			Inventory at end of year	r		6		
2 Purchases	2		_	Cost of goods sold. Su		line 6			
3 Cost of labor	3			from line 5 Enter here		l l			
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	_	Yes	No
b Other costs (attach schedule)	4b			property produced or a					
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	sonal Property L	ease	d With Real Prope	erty)		
Description of property	-								
(1)									
(2)						· · · · · · · · · · · · · · · · · · ·			
(3)		-							
(4)									
	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%)	than .	of rent for	personal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	je	3(a) Deductions directly c columns 2(a) and	onnected with the ii I 2(b) (attach schedu	ncome in ile)	
(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	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Det	t-Financed	Income (see	ınstruc	ctions)					
	-			. Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance		ele	
1 Description of debt-fil	nanced property			financed property	(8)	Straight line depreciation (attach schedule)	(b) Other di (attach so	eductions hedule)	S
(1)			+						
(2)									
(3)		-							
(4)			1						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable (column 6 x to 3(a) an		
(1)			1	%			<u> </u>		
(2)				%			† · · · ·		
(3)				%			†		
(4)				%					
				-		nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals						0.			0.
Total dividends-received deductions in	ncluded in column	ı 8							<u> </u>

Schedule F - Interest, A	Innuities	s, Royal	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	ns)
				Exempt	Controlled O	rganızat	ions				
Name of controlled organization	ion	2. Em Identif num	ication	3. Net un (loss) (see	related income e instructions)		tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)						_	····	┢			
(2)											
(3)											
(4)								\vdash	-	_	
Nonexempt Controlled Organiz	zations									<u>_</u>	
7. Taxable Income		nrelated incon		9 Total	of specified payr made	nents	10 Part of colur in the controlli gross	nn 9 thai ng organ s income	ization's		eductions directly connected th income in column 10
		<u> </u>					<u> </u>				
(1)							<u> </u>				
(2)							<u>-</u>				
(3)											
_(4)	L			L			 				
							Add colum Enter here and fine 8, c		1, Part I, 4)		dd columns 6 end 11 here and on page 1, Part I, line 8, column (8)
Totals							<u></u>		0.		0.
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)										
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connected (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						_					
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals		A salinita	<u> </u>	Odh ar	The second second	0.					0.
Schedule I - Exploited I	-	Activity		otner	Than Adv	ertisin	ig income				
Description of exploited activity	2. G urrelated income trade or b	business e from	3 Exp directly co with pro of unre business	onnected duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Tatala	Enter her page 1, line 10,	Part I,	Enter her page 1, line 10,	Part I,						<u></u> -	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisir	na Incon		nstruction		<u> </u>						0.
Part I Income From F					solidated	Basis					
					Jonatoa						
1. Name of periodical		2. Gross advertising income		Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, comput	5. Circulati		6. Reade cost		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.
											000 T

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.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 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	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 ACTIVITY

SALE OF WATER AND WASTEWATER TREATMENT CONFERENCES AND OTHER ACTIVITIES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
SALE OF WATER AND WASTEWAT	ER TREATMENT	42,896.
TOTAL TO FORM 990-T, PAGE 3	., LINE 12	42,896.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
FORM 990-T DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 3 AMOUNT
	•	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SU	BJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UP FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016				
FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CON	TRIBUTIONS	20,000		
TOTAL CONTRIBUTIONS AVAILAD TAXABLE INCOME LIMITATION		20,000	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		20,000 0 20,000	_	
ALLOWABLE CONTRIBUTIONS DE	DUCTION			0
TOTAL CONTRIBUTION DEDUCTION	ON			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/06	57,703.	0.	57,703.	57,703.
06/30/07	96,772.	0.	96,772.	96,772.
06/30/08	76,473.	0.	76,473.	76,473.
06/30/09	131,312.	0.	131,312.	131,312.
06/30/10	158,686.	0.	158,686.	158,686.
06/30/11	230,401.	0.	230,401.	230,401.
06/30/12	69,569.	0.	69,569.	69,569.
06/30/13	67,276.	0.	67,276.	67,276.
06/30/14	53,331.	0.	53,331.	53,331.
06/30/15	64,934.	0.	64,934.	64,934.
06/30/16	119,472.	0.	119,472.	119,472.
06/30/17	105,269.	0.	105,269.	105,269.
06/30/18	111,029.	0.	111,029.	111,029.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,342,227.	1,342,227.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ı	OMB	Νo	1545-0687
⊢			

ENTITY

Employer identification number

 2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization ▶ 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

	MOUNT SAINT MARY'S UNIVERSITY	52-0591672			
	Unrelated business activity code (see instructions) 561499	_			
	Describe the unrelated trade or business CONFERENCES A	ND OTH	ER ACTIVITIES		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowancesc Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			. <u> </u>
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) STMT 6	12	193,206.		193,206.
13	Total. Combine lines 3 through 12	13	193,206.		193,206.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unconnected with th				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
10	Interest (attach echadula) (see instructions)			18	

19 Taxes and licenses 19 20 20 Charitable contributions (See instructions for limitation rules) 29,594. 21 Depreciation (attach Form 4562) 29,594. 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 SEE STATEMENT 7 256,257. Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 285,851. 29 29 -92,645. 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 31 from line 30 -92,645.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER	INCOME	STATEMENT 6
DESCRIPTION		•	AMOUNT
CONFERENCES AND SPECIAL ARCC RECREATION ACTIVIT			54,877. . 138,329.
TOTAL TO SCHEDULE M, PA	ART I, LINE 12		193,206.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 7
DESCRIPTION			AMOUNT
CONFERENCES AND SPECIAL RECREATIONAL ACTIVITIES		BES	9,541. 246,716.
TOTAL TO SCHEDULE M, PA	ART II, LINE 28		256,257.