Form	990-T	Ex	cempt Organization			Tax Retui		OMB No 1545-0687		
FOIII								୬⋒ 10		
	For calendar year 2018 or other tax year beginning, 2018, and ending, 20 Go to www irs gov/Form9907 for instructions and the latest information						··	<u> </u>		
	rtment of the Treasury al Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
ΑT	Check box if			_	me changed and see instruction			oyer identification number		
	address changed				•		(Empi	oyees' trust see instructions)		
ВЕх	empt under section	1	VIA-BRADLEY COLLEGE	OF	ENGINEERING FOUR	IDATION				
X	501(C) © 3)	Print	Number, street, and room or suite no. If	аРО	box, see instructions		52-2	52-2283401		
	408(e) 220(e)	OF C/O PIECE DEPMIED BANK TRUCK DEPARTMENT								
	408(e) 220(e) Type 6010 S. MINNESOTA							nstructions)		
	529(a)		City or town, state or province, country				l			
	ok value of all assets end of year		SIOUX FALLS, SD 5710	8 - 2	714		5311	531120		
at .	end of year		up exemption number (See instruction				· · · · · · · · · · · · · · · · · · ·			
	28,112,144.		ck organization type 🕨 🐰 501			c) trust	401(a)	trust Other trust		
			nization's unrelated trades or busines				•	(or first) unrelated		
			BT FINANCED REAL ESTAT			•		e than one, describe the		
			end of the previous sentence, con	nplete	Parts I and II, complete a S	Schedule M for ea	ch additio	nal		
	ade or business, th									
			corporation a subsidiary in an affilia			controlled group?		▶ Yes X No		
			identifying number of the parent cor	porati		ne number ▶ 60		1706		
			HE FOUNDATION C/O FPB		· · · · · · · · · · · · · · · · · · ·	I		1		
	.,		or Business Income		(A) Income	(B) Expen	ses	(C) Net		
1 a	Gross receipts or			4.						
b	Less returns and allowa		c Balance ▶			 				
2	-	-	ule A, line 7)	<u>2</u> 3	<u></u>		· · ·			
3	•		2 from line 1c	 4a						
4a			ttach Schedule D) Part II, line 17) (attach Form 4797)	4a 4b				-		
b c	= : : : : :		rusts	4c						
5			r an S corporation (attach statement)	5						
6		-	and corporation (attach statement)	6						
7			come (Schedule E)	7						
8			ents from a controlled organization (Schedule F)	8						
9	•		1(c)(7) (9), or (17) organization (Schedule G)	9						
10			ncome (Schedule I)	10	*************************			44 Novinhadad		
11		•	lule J)	11						
12			tions, attach schedule)	12						
13			ough 12	13	0					
Pai	rt II Deduction	ns Not	Taken Elsewhere (See instr	uctio			except	or contributions,		
			be directly connected with the			ome)				
14			directors, and trustees (Sched解例				14			
15	Salaries and wage	es					15			
16	Repairs and main	tenance	· · · · · · · · · · 사원 · · · ʌн	3 · 0	1.2010 . 0		16			
17			[] Au		···· \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		17			
18			(see instructions)				18			
19			OG							
20			See instructions for limitation rules)				20			
21			4562)							
22			on Schedule A and elsewhere on re		4		22b	<u> </u>		
23										
24			compensation plans					 		
25			S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
26			Schedule I)							
27			chedule J)							
28			chedule)					 		
29			s 14 through 28, , ,							
30 31			ie income before net operating gloss arising in tax years beginnin					· · · · · · · · · · · · · · · · · · ·		
31		•	g loss arising in tax years beginning income. Subtract line 31 from line	-	• • • • • • • • • • • • • • • • • • • •	• •				
32 For I			lotice, see instructions	JU .	<u> </u>	<u> </u>	32	Form 990-T (2018)		

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% %

%

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Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F-Interest, Annu	illes, Royallies			ntrolled Org			Laur	7113 (566	instructio	115)	
1 Name of controlled organization	2 Employer identification numb	CI		ted income structions)	4 Total of spec payments made		included		of column 4 that is in the controlling tion's gross income		6 Deductions directly connected with income in column 5
(1)											
(2)				_							
(3)					_						
(4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specific lyments made		ind	clude	of column d in the co tion's gros	ntrolling		1 Deductions directly nnected with income in column 10
(1)								-			
(2)											
(3)											
(4)											
Totals		 tion 501(c	 (7), (9), or (17	▶) Orga	Er Pi	nter ho art 1,	olumns 5 a ere and on line 8, colui	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly con (attach sch	tions inected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)		• •									
(2)											287000000000000000000000000000000000000
(3)											
(4)											
	Enter here and o Part I, line 9, co										Enter here and on page 1 Part I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity In	come, Oth	er Tha	ın Adverti	sing In	com	e (se	e instru	ctions)		***************************************
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected varieties production unrelated business income	with of	from unrelat or business 2 minus col If a gain, co	2 minus column 3) from		5 Gross income from activity that is not unrelated business income		ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											** **
(2)	 										
(3)											
(4)							•••••	•••••			
	page 1, Part I, page line 10, col (A) line 1		er here and on age 1, Part I, e 10, col (B)						l <u> </u>		Enter here and on page 1, Part II, line 26
Totals ► Schedule J- Advertising In	Come /con ingin	uctions)									
Part I Income From Per			ne ali	dated De-	io						
Part Income From Per	Todicals Report	ed on a Co	nson	dated Bas	is				<u> </u>		-
1 Name of periodical	2 Gross 1 Name of periodical advertising income		osts	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute	5 Circulation income			6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)								-		_	7
(3)					ŀ						╡
(4)										-	7
											
Totals (carry to Part II, line (5))	<u> </u>					_					Form 990-T (2018)

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Part II Income From Pe 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
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)						<u></u>
(4)					, ,	
Totals from Part I ▶]			
	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) ▶						
Schedule K - Compensation	on of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
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. F	Part II. line 14					·

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Via-Bradley College of Engineering Foundation Net Operating Loss Carryover 12/31/2018

EIN: 52-2283401

			Carryover to Next
Year Ending	Amount Available	Amount Utilized	Year
12/31/2013	70,060 00		70,060 00
12/31/2014	15,505 00		15,505 00
12/31/2015	10,134 00		10,134 00
Total	95,699 00		95,699 00