i		~-					15, 20		Dad		OMB No 1545-0687	
•	Form	990-T	t	Exempt Organizat	tion Bus	sine	ess inco	me i	ax Return	• -	OMB NO 1545-0687	
			F	and pro Ilendar year 2018 or other tax year beginnii			ection 6033		и 30, 201	ا ہ	2018	
			For ca							<u> </u>	2010	
	Depa	rtment of the Treasury al Revenue Service	▶ 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	
	A	Check box if										
	^ _	address changed		Walle of organization (Coleck box in frame changed and see instructions.)						(Emp instru	loyees' trust, see actions)	
		xempt under section	Print	THE UNIVERSITY		5-0357039						
	X] 501(c) 23_)	or Type	Number, street, and room or suite			nstructions.				ated business activity code nstructions)	
	<u> </u>	408(e)220(e)	יייני	2300 MACCORKLE								
	L	」408A 530(a)]529(a)		City or town, state or province, col		r foreig	jn postal code			722	320	
	C Bo	ok value of all assets end of year		F Group exemption number (See	instructions.)	<u> </u>						
		152,199,8	44.	G Check organization type ►	X 501(c) corp	ooratio	n 501	(c) trust	401(a)		Other trust	
	n Er	iter the number of the t	organiza	ation's unrelated trades or dusinesse	es. 🕨	1			the only (or first) un			
		de or business here						-	complete Parts I-V.			
				ace at the end of the previous senten	ice, complete Pa	arts i ar	na II, complete a	Schedule	M for each addition	ai trade	e or	
		siness, then complete		oration a subsidiary in an affiliated	aroup or a parou	nt-cube	udiani controllei	t group?	· · · · · · · · · · · · · · · · · · ·	Ye	es X No	
				tifying number of the parent corpora		11-2002	Sidiary Controllet	ı group •			S LAL INU	
				CLETA HARLESS	2001. P			Telepho	one number 🕨 3	04-	357-4736	
				de or Business Income			(A) Inco		(B) Expenses		(C) Net	
	1 a	Gross receipts or sale	s	480,408.								
	b	Less returns and allov	vances	c Balar	nce >	10	480,	408.		•		
	2	Cost of goods sold (S	chedule	A, line 7)		2		529.		7		
	3	Gross profit. Subtract	line 2 fr	om line 1c		3	394,	879.			394,879.	
	4 a	Capital gain net incom	ie (attac	h Schedule D)		4a						
				Part II, line 17) (attach Form 4797)		4b	ļ					
		Capital loss deduction				4c	<u> </u>					
ಜ	5	• •	•	ship or an S corporation (attach stat	ement)	5			<u> </u>			
Batching Oarten	, ,	Rent income (Schedul	-	ma (Cahadula E)		<u>6</u> 7						
₹8	, A	Unrelated debt-finance		ne (ouredule c) and rents from a controlled organizat	tion (Schodula E)	8						
್ದಿ}	9			on 501(c)(7), (9), or (17) organization		<u> </u>				_		
33	10	Exploited exempt activ			, (cococo	10	<u> </u>				-	
3	11	Advertising income (S	-	·		11						
A	12	Other income (See ins	struction	ıs; attach schedule)		12			Ł			
AIIS	13	Total. Combine lines	3 throu	gh 12		13	394,	879.			394,879.	
31	Pa			ot Taken Elsewhere (See								
77 mgg		·		utions, deductions must be dire	ctly connecte	d with	the unrelated	business	s income)			
3	14	•	icers, di	rectors, and trustees (Schedule K)			EIV/ED	·······		14	54,938.	
•	15	Salaries and wages				10	EIVED	,		15_ 16	34,330.	
	16 17	Repairs and maintena Bad debts	ance		8		• • • • • •	181		17		
	18	Interest (attach sche	dule) (si	ee instructions)	D0008	YAW	2 0 2020	IRS-OS		18		
	19	Taxes and licenses	uuio) (s	-]쮼[19		
	20		ons (Se	e instructions for limitation rules)		GD	EN, UT	m j		20		
2020	21	Depreciation (attach			<u> </u>			21-	5,161.			
7	22	Less depreciation cla	ımed or	n Schedule A and elsewhere on retu	rn		2	22a		22b	5,161.	
5 6	23	Depletion							-	23		
	24	Contributions to defe	erred co	mpensation plans						24	10 161	
OCT	25	Employee benefit pro	-							25	10,464.	
0	26	Excess exempt exper	•	•						26		
Ω	27	Excess readership co					CHE	GW y m	EMENIO 1	27	168,527.	
쀨	28	Other deductions (att					orr	STAT.	EMENT 1 28	28 29	239,090.	
SCANNED	29 30	Total deductions. Ad		-14 through 28 ncome before net operating loss dec	duction Subtree	t line o	0 from line 12		· ~	30	155,789.	
\mathcal{S}	31			licome delore het operating loss det loss arising in tax years beginning o				tions)	30	31	233,103.	
$\tilde{\infty}$	32		_	ncome. Subtract line 31 from line 30		., ,, 21	o .o you mandu		31	32	155,789.	
	<u></u>	5 J 5-	- D	words Doduction Act Notice and in							Form 000-T (2018)	

Form 990-T (2	O18) THE UNIVERSITY OF CHARLESTON, INC	55-0357039	Page 2
Part III	Total Unrelated Business Taxable Income		
33 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	155,789.
34 A	mounts paid for disallowed fringes	34	
35 D	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36 T	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	nes 33 and 34	36	155,789.
	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 1	1,000.
	nrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	nter the smaller of zero or line 36	39 🚦	154,789.
Part IV			<u> </u>
<u> </u>	rganizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 J	32,506.
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	- H	
, , ,	Tax rate schedule or Schedule D (Form 1041)	4 4	
41 P	roxy tax. See instructions	u2> 4 1	
	Iternative minimum tax (trusts only)	7 43 42	
	ax on Noncompliant Facility Income. See instructions	43 43	
	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	J S 3	32,506.
Part V	Tax and Payments	1 - 44	32,3001
•	preign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	ther credits (see instructions) 45b		
	eneral business credit. Attach Form 3800		
	 		
		44e 4\$e	
	otal credits. Add lines 45a through 45d ubtract line 45e from line 44	46	32,506.
	uotract line 45e from line 44 ther taxes_Check if from;	ttach schedules 47	32,300.
			32,506.
	otal tax. Add lines 46 and 47 (see instructions)	50 49	0.
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ayments: A 2017 overpayment credited to 2018	9,897.	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	20,343.	
		4,000.	
	· · · · · · · · · · · · · · · · · · ·	14,000	
	oreign organizations; Tax paid or withheld at source (see instructions)		
	active with the second of		
	redit for small employer health insurance premiums (attach Form 8941)		
g U	ther credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 350g	- 1/2n ci	44 240
	otal payments. Add lines 50a through 50g	53 \$	44,240.
	stimated tax penalty (see instructions). Check if Form 2220 is attached		414.
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	29 5	11 222
	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	70	11,322.
		inded 55	<u> </u>
Part VI	Statements Regarding Certain Activities and Other Information (see Instruction Information		I Van I Na
	t any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	'	Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	ere >		$- \frac{x}{x}$
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	├
	"Yes," see instructions for other forms the organization may have to file.		
58 E	nter the amount of tax-exempt interest received or accrued during the tax year >\$	a heat of my knowledge and h	alief at an true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled EXECUTIVE VP AN	e best of my knowledge and b	ener, it is a de,
Here	1. /// x = /// 7/ //	May the IRS dis	scuss this return with
11010	Signature of officer Date CFO Title	the preparer sh instructions)?	own below (see
			165 [NU
	, and type property of the second sec	heck if PTIN	
Paid	1	elf- employed	750410
Prepare	MELISSA PRICE MELISSA PRICE 05/13/20		750418
Use On	Iv Firm's name ► BROWN, EDWARDS & COMPANY, L.L.P.	Firm's EIN ► 54-	0504608
	707 VIRGINIA STREET EAST, SUITE 300	/2041	242 4100
	Firm's address ► CHARLESTON, WV 25301	Phone no. (3 <u>0</u> 4)	343-4188
823711 01-0	9-19		orm- 990-T -(2 018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	valuation ► N/A				· 	
1 Inventory at beginning of year	1	0.		Inventory at end of year	ir		6		<u>0.</u>
2 Purchases	2	85,529.	7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7	85,52	<u>9.</u>
(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	5	85,529.		the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)				_					
	2. Rent receiv	ed or accrued				2(a) Deductions directly		ated with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more then 50%	than	of rent for p	ersonal	sonal property (if the percental property exceeds 50% or if sed on profit or Income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b) (attach schedule)	
(1)									
(2)									
(3)				·					
(4)								-	
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ictions)					_
-			1	2. Gross income from		Deductions directly cor to debt-finan-	nected ced prop	with or allocable perty	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							1		
(2)									
(3)									
(4)									
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 n schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	. (8. Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%			\top		_
(3)				%					
(4)			1	%			1		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1 Part I, line 7, column (B)	,
Totals				•		0			0.
Total dividends-received deductions in	cluded in columi	ı 8				<u> </u>	+-		0.
									_

				Exempt	Controlled O	rganizatio	ons				i .
Name of controlled organize	ation	identif	ployer ication iber	3. Net uni (loss) (see	related income e instructions)	4. Total	al of specified nents made	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											1
(3)											
(4)											
Nonexempt Controlled Organ	nizations		,								
7. Taxable Income		nrelated incor ee instruction		9. Total	of specified pay made	ments	10. Part of colui in the controlli gross	mn 9 tha ing orgar s income	nization's	11. c	Deductions directly connected ith Income in column 10
(1)											
(2)				<u> </u>							
(3)							_				
(4)		,									
							Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investm	ent Incor	ne of a	Section	1 501(c)(7), (9), or	(17) Or	ganizatior)			
(see inst	tructions)				1	1	3. Deductio	ne .			5. Total deductions
1. Des	cription of inco	me			2. Amount of	Income	directly conne (attach sched	cted	4. Set- (attach s	asıdes chedule)	and set-asides
/1)	 						(attach sched	iule)	<u> </u>	-	(cor 3 plus cor 4)
(1)					-						
(3)											
(4)											
(4)	-				Enter here and	on page 1,					Enter here and on page
					Part I, line 9, co		,				Part I, line 9, column (B)
Totals						0.	-				0
Schedule I - Exploited	-	Activity	/ Incom	e, Othe	r Than Ac		ng Income	•		_	
(see instr	ructions)				1 .	т					1
1. Description of exploited activity	2. G unrelated income trade or t	e from	directly of with proof un	penses connected oduction related is income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that led	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	<u> </u>										
(3)	<u> </u>					1					
(4)	†	-				1					
	Enter her page 1, line 10,	, Part I, col (A)	page	re and on I, Part I, , col (B)						,	Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertis	ing Incor	0 .	netrijetioi	0.	L						0
Part I Income From					solidated	Basis					
- urer		alo Hop	0.104			Duoio					
1. Name of periodical		2. Gross advertising income	adv	3. Direct entising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute brough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					7]
(3)					1						
(4)					1						
Totals (carry to Part II, line (5))	>	_	0.	0	•		<u> </u>				6 Form 990-T (201)

Form 990-T (2018) THE UNIVERSITY OF CHARLESTON, INC 55-03570 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	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER FOOD SERVICE EXPENSES OPERATIONS AND MAINTENANCE C MANAGEMENT FEES	OSTS	264. 8,224. 160,039.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	168,527.