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29,**3,9,3,**3,2604847 EXTENDED TO APRIL 15, 2020 Form **990-T** Exempt Organization Business Income Tax Return OMB No 1545-0687 (and proxy tax under section 6033(e)) 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. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service n Employer identification number Name of organization (Check box if name changed and see instructions.) Check box if address changed B Exempt under section BJU, INC 57-1088101 Print X 501(c/)3 F Unrelated business activity code Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 1700 WADE HAMPTON BLVD. 408(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 561439 29614 529(a) C Book value of all assets F Group exemption number (See instructions.) 203,816,047. 501(c) trust G Check organization type ► X 501(c) corporation 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > PRINTING SERVICES . If only one, complete Parts I-V. If more than one, 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. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. 242-5100 The books are in care of **STEVEN J DICKINSON** Telephone number (864) Part I. Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 314,397. 1a Gross receipts or sales 314,397 c Balance b Less returns and allowances 1c 134,816 2 Cost of goods sold (Schedule A, line 7) 179,581 179,581 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9/ Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 179,581 179,581 Total. Combine lines 3 through 12 13 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) 14 Compensation of officers, directors, and trustees (Schedule K) Salaries and wages 15 15 RECEIVED 16 Repairs and maintenance 16 17 **RS-0S** 17 JUL **2 1** 2020 18 Interest (attach schedule) (see instructions) 18 17,586. 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules 20 OGDEN. UT 3,220 Depreciation (attach Form 4562) 21 3,220. 22 Less depreciation claymed on Schedule A and elsewhere on return 22b 23 Depletion 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 <u>99,271</u> SEE STATEMENT 28 Other deductions (attach schedule)

29

30

31

Total deductions. Add lines 14 through 28

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

120,077.

59,504.

59,504.

	四學 BJU, INC		<u>088101</u> _	Page 2
Part	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ins	structions)	33	59,504.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ns) STMT 2	5 35	59,504.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	,		
•	lines 33 and 34	•	/ 36	
07		7	8 21	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ī	²⁰ 20'	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			0.
<u> </u>	enter the smaller of zero or line 36		38	<u> </u>
Part I				0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on his	ne 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) 45	īa l		
	Other credits (see instructions) 45	ib .		
c	` '	5c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
_	Total credits. Add lines 45a through 45d		45e	
e 46	Subtract line 45e from line 44		46	0.
46	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedu		
47		Utilei (attach schedu		0.
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	. 1	49	<u> </u>
	Payments: A 2017 overpayment credited to 2018	1		
	2018 estimated tax payments			
C	Tax deposited with Form 8868	Oc		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50	Od		
е	Backup withholding (see instructions) 50	Je		
	Backup withholding (see instructions) 50 Credit for small employer health insurance premiums (attach Form 8941) 51			
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f	Credit for small employer health insurance premiums (attach Form 8941)	Of		
f	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total	Of	51	
f g 51	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g	Of	51	
f g 51 52	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached	Of	52	
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51 52 53 54 55 Part V 56 57 58 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Form 4136 Other Total Payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Overpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax I Statements Regarding Certain Activities and Other Information At any time during the 2018 calendar year, did the organization have an interest in or a signature or of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer 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 Fire particles of perjury declaration of preparer (other than taxpayer) is based on all information of which preparer has a signature OT / O Signature of officer Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date JANICE A RATICA Firm's name ELLIOTT DAVIS, Lilic/Plilic	Refunded (see instructions) ther authority y have to file ign country eror to, a foreign trust? Ints, and to the best of my knowledge Check self- employ	bowledge and belief. May the IRS distribe preparer shounstructions)? If PTIN yed P00	X X X X X X X X X X X X X X X X X X X
51 52 53 54 55 Part V 56 57 58 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Form 4136 Other Total Payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax I Statements Regarding Certain Activities and Other Information At any time during the 2018 calendar year, did the organization have an interest in or a signature or of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may Fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer 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 \$ Under penalties of perjury diaclars that I have examined this return, including accompanying schedules and statement correct, and complete Organization of preparer (other than taxpayer) is based on all information of which preparer has a signature. Print/Type preparer's name Preparer's signature Date Date JANICE A RATICA Firm's name ELLIOTT DAVIS, Lilic/Plilic	Refunded (see instructions) ther authority y have to file ign country eror to, a foreign trust? Ints, and to the best of my knowledge Check self- employ 9 / 20 Firm's EIN	bowledge and belief May the IRS distribute preparer shounstructions)? If PTIN yed P00 > 57-	X X X X X X X X X X X X X X X X X X X
51 52 53 54 55 Part V 56 57 58 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Form 2439 Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax It is the amount of line 54 you want: Credited to 2019 estimated tax It is the amount of line 54 you want: Credited to 2019 estimated tax It is the amount of line 50 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax It is the amount of the 2018 calendar year, did the organization have an interest in or a signature or of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may information and financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign between the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign between the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign between the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign between the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign between the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the name of the foreign bank and Financial Accounts. If "Yes," enter the nam	Refunded (see instructions) ther authority y have to file ign country eror to, a foreign trust? Ints, and to the best of my knowledge Check self- employ Firm's EIN	52 53 54 55 55 May the IRS distributions)? If PTIN yed P00 > 57- (704)	X X X X X X X X X X X X X X X X X X X

Schedule A - Cost of Good	s Sold. Ente	r method of invent	ory va	aluation > N/A					_
1 Inventory at beginning of year	1 1	0.		Inventory at end of year	r		6	0	•
2 Purchases	2	40,746.	1	Cost of goods sold. Su		ine 6			
3 Cost of labor	3	92,969.		from line 5. Enter here					
4a Additional section 263A costs				line 2		•	7	134,816	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No	0
b Other costs (attach schedule)	* 4b	1,101.		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	134,816.		the organization?				X	
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)						-			
1. Description of property		•							
(1)									
(2)									
(3)									
(4)								<u>-</u>	
		ved or accrued				3(a) Deductions directl		etad with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)								•	
(3)								•	
(4)									
Totel	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			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 ii	nstru	ctions)		•			
			2	. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						·	\top		_
(2)	-								
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property th 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 columns 3(a) and 3(b))	9
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						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	ncluded in colum	n 8		- 1			-	0	

** SEE STATEMENT 3

1. Name of periodical advertising costs advertising costs column 5, but not more than column 4)

(1)

(2)

(3)

(4)

(3)
(4)

Totals (carry to Part II, line (5)) ▶ 0 . 0 .

Form 990-T (2018) BJU, INC 57-10881 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.	<u> </u>	-		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	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TRAVEL & ENTERTAINMENT POSTAGE & FREIGHT PRINTING LEASE & RENT EXPENSE OTHER EXPENSE INSURANCE OCCUPANCY		12. 347. 58. 90,755. 4,805. 413. 2,881.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	99,271.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/18 05/31/19	60,392. 523,174.	0.	60,392. 523,174.	60,392. 523,174.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	583,566.	583,566.

FORM 990-T	COST OF	GOODS	SOLD	- OTHER	COSTS	STATEMENT 3
DESCRIPTION						AMOUNT
OUTSIDE SERVICES						1,101.
TOTAL TO FORM 990-T	SCHEDULE 2	A, LINI	E 4B			1,101.

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

2018

OMB No 1545-0687

ENTITY

Employer identification number

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

	BJU, INC					01
$\overline{}$	Inrelated business activity code (see instructions) > 53200					
	Describe the unrelated trade or business AIRCRAFT	AND	VEHICLE RENTA	AL		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1 a	Gross receipts or sales			· -		•
b	Less returns and allowances c Balance ▶	1c				=
2	Cost of goods sold (Schedule A, line 7)	2			-	
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				-
С	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	105,307.	203,7	28.	-98,421.
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		·		<u></u>
10	Exploited exempt activity income (Schedule I)	10				<u> </u>
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	105,307.	203,7	28.	-98,421.
Par	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken between the connected with				ept fo	or 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	
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			
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	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	0.
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 29 from line 1	3	30	-98,421.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

-98,421.

31

instructions)

Form 990-T (2018)

8. Allocable deductions column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1.

Part I, line 7, column (8)

(1)

(2) (3)

(4)

6. Column 4 divided

by column 5

%

%

%

%

7. Gross income

reportable (column

2 x column 6)

Enter here and on page 1, Part I, line 7, column (A)

4. Amount of average acquisition debt on or allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

Average adjusted basis of or allocable to

debt-financed property

(attach schedule)

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 5
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
SALARIES					4,664.	
REPAIRS					1,173.	
DEPRECIATION					3,781.	
OUTSIDE SERVICES					18,949.	
SUPPLIES					63,411.	
TRAVEL & ENTERTA	INMENT				2,959.	
POSTAGE & FREIGH	r				3.	
LEASE & RENT EXP	ENSE				1,889.	
OTHER EXPENSE					14,227.	
UTILITIES					390.	
INSURANCE					381.	
OCCUPANCY					3,664.	
		- SUBTOTA	L –	1		115,491.
SALARIES					421.	
DEPRECIATION					34,119.	
LICENSES & DUES					1,530.	
INSURANCE					52,167.	
		- SUBTOTA	L –	2		88,237.
TOTAL TO FORM 99	0-т, SCHEDUI	LE C, COLUI	MIN 3			203,728.

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

2018

OMB No 1545-0687

3

ENTITY

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

Employer Identification number

						01
l	Unrelated business activity code (see instructions) > 71119					
	Describe the unrelated trade or business PRODUCTIO	NS				
Pa	t I Unrelated Trade or Business Income		(A) Incom	ne (B) Expens	es	(C) Net
1 a	Gross receipts or sales 277,077.					-
b	Less returns and allowances c Balance ▶	1c	277,	077.		
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	277,	077.		277, <u>077</u> .
4 a	Capital gain net income (attach Schedule D)	4a	·	<u></u> .		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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	İ				
	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)	12				
13	Total. Combine lines 3 through 12	13	277,	077.		277,077.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken to the connected with the					or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	200 522
15	Salaries and wages				15	309,733.
16	Repairs and maintenance				16	1,960.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		•		19	3.
20	Charitable contributions (See instructions for limitation rules)		1	1 0 000	20	
21	Depreciation (attach Form 4562)		21			0 000
22	Less depreciation claimed on Schedule A and elsewhere on return		22	a	22b	8,890.
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)			ama mana	27	174 000
28	Other deductions (attach schedule)		SEE	STATEMENT 4	28	174,830.
29	Total deductions. Add lines 14 through 28				29	495,416.
30	Unrelated business taxable income before net operating loss deduce	ction 5	Subtract line 29	from line 13	30	-218,339.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

31

32

instructions)

_	
Page	3

BJU, INC_					57-1088	8101	
Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A	<u> </u>			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6		
3 Cost of labor	3		from line 5. Enter here	e and in l	Part I,		
4a Additional section 263A costs		<u>-</u>	line 2		·	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income (From Real	Property and	Personal Property I	Lease	d With Real Prop	erty)	
(see instructions)		·-·	<u> </u>				
1. Description of property					_		
(1)	· · ·						
(2)							
(3)		<u>-</u>					
(4)							
	2. Rent receiv	ed or accrued					
rent for personal property is more than of rent for pe			and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	onal property exceeds 50% or if			
(1)		,					
(2)			•				
(3)		1					
(4)		<u> </u>					
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)				
Schedule E - Unrelated Deb		Income (see	inetrictions)	<u> </u>	Part I, line 6, column (B)	<u> </u>	
001210121012101		11001110 (300	This it do thoris,	T	3. Deductions directly conf	nected with or allocable	
			2. Gross income from	<u></u>	to debt-financed property		
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)	-						
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 columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%	<u> </u>	<u>. </u>		
(4)			<u></u> %	<u> </u>		<u> </u>	
					Enter 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		
Total dividends-received deductions in	ncluded in column	18			•	0.	
						Form 990-T (2018)	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
OUTSIDE SERVICES ADVERTISING & PROMOTION SUPPLIES TRAVEL & ENTERTAINMENT LICENSES & DUES POSTAGE & FREIGHT PRINTING LEASE & RENT EXPENSE OTHER EXPENSE UTILITIES INSURANCE OCCUPANCY		2,761. 1,011. 28,081. 1,211. 612. 2,112. 1,248. 34,757. 7,345. 951. 11,880. 82,861.
TOTAL TO SCHEDULE M, PART II,	LINE 28	174,830.