For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30.

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) . . .

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	990-T (20			Pa	ge 2
Pa	rtilli	Total Unrelated Business Taxable Income			
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	nons)	33		0.
34		ts paid for disallowed fringes	34		
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			_
		ions)	35		0.
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			^
		33 and 34	36	1 0	0.
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00	<u>00.</u>
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, he smaller of zero or line 36			0.
D.		Tax Computation	38	·····	<u> </u>
39		zations 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	-55		
40		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41		ax. See instructions	41		
42		tive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42		
43		Noncompliant Facility Income. See instructions	43		
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Pa	rt:V/	Tax and Payments			
45 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		credits (see instructions)			
		Il business credit Attach Form 3800 (see instructions)			
		for prior year minimum tax (attach Form 8801 or 8827)			
			45e		
46		ct line 45e from line 44	46		
47		xxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47 48		0.
48		ax. Add lines 46 and 47 (see instructions)	49	= -	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2........... nts A 2017 overpayment credited to 2018	73		
		stimated tax payments			
		posited with Form 8868			
		n organizations Tax paid or withheld at source (see instructions) 50d			
	_	withholding (see instructions)			
		for small employer health insurance premiums (attach Form 8941) 50f			
ç		redits, adjustments, and payments Form 2439			
	F	form 4136 Other Total ▶ 50g			
51	-	ayments. Add lines 50a through 50g	51		
52		ted tax penalty (see instructions) Check if Form 2220 is attached	52		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	•	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55		e amount of line 54 you want Credited to 2019 estimated tax Refunded	55		—
56	rt VI	Statements Regarding Certain Activities and Other Information (see instructions time during the 2018 calendar year, did the organization have an interest in or a signature or		authority Yes	No
50	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
		Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the	-		
	here ▶				X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trus	t?	X
	If "Yes,"	see instructions for other forms the organization may have to file	-		-
<u>58</u>		he amount of tax-exempt interest received or accrued during the tax year ▶ \$			
٥.	l tr	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the be ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	ny knowledge and belief,	, it is
Sig	ın 📗	Ma	•	IRS discuss this ret	
He	- 1 -		n the	preparer shown be	
		Print/Time prenare/s name Prenare/s signature Date	ПТ	PTIN	NO
Pai	d	Check Check		f D01007335	;
Pre	parer	Firm's name ERNST & YOUNG U.S. LLP Firm's	nployed	34-6565596	
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<u></u>		Phone		Form 990-T-(2	2018)
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•	ST. MA	RY'S UNI	[VERSITY				74-	1143128		
Form 990-T (2018)									P	age 3
Schedule A - Cost of Go	oods Sold. En	ter method	of invento	ry valuation	-					
1 Inventory at beginning of y	ear 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2					ld. Subtract line				
3 Cost of labor			,			ter here and in				
4a Additional section 263A co				Part I, line	2		7			
(attach schedule)	4a					section 263A (w		spect to	Yes	No
b Other costs (attach schedu						or acquired for		•		-
5 Total. Add lines 1 through					•			, , ,		Х
Schedule C - Rent Income	(From Real P	roperty a	nd Person						11	
(see instructions)	•					·	•			
1. Description of property						·				
(1)										
(2)										
(3)										_
(4)										_
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the	percentage of rent	(b) F	rom real and	personal property	(if the	3(a) Deductions di	rectly co	onnected with	the inco	me
for personal property is more th	an 10% but not	percent	age of rent for	ın columns 2(a) and 2(b) (attach schedu						
more than 50%)		50% 0	r if the rent is i	based on profit or	income)					
(1)					•					
(2)			•							
(3)										
(4)										
Total	-	Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter		-		(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colur				
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructio	ons)	•		•			
			2. Gross ı	ncome from or	3. 0	Deductions directly cor debt-financ			le to	
1 Description of deb	ot-financed property	allocable to		able to debt-financed (a) Str		nt line depreciation		b) Other dedu	ctions	
			property		(attach schedule)		(attach schedule)			
(1)										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adju		6.0	Column			8.	Allocable ded	luctions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 0	livided		income reportable n 2 x column 6)		mn 6 x total o	of colum	ns
property (attach schedule)	(attach sche	edule)	by c	olumn 5	,			3(a) and 3(b))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					Enter her	e and on page 1,		r here and o		
					j Part I, lin	e 7, column (A)	Part	I, line 7, col	umn (B	5)
Totals										
Total dividends-received deduct					<u> </u>	<u> </u>				

Schedule F-Interest, Annu	intes, Royantes			ntrolled Org			tions (see	nstructio)(S)	
Name of controlled organization	identification number		et unrela	ated income 4. Total of payment			· Included in the		olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)	· ·									
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals				 (9) or (17	>	Ente Par	d columns 5 a r here and on t I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount of	•	<u> </u>	3 Deduction directly corting (attach sch	tions nected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)					· ·					•
(2)							•		Ì	
(3)										
(4)										
Enter here a Part I, line) who day to Assorber Affeldites with 'on			Enter here and on page 1 Part I, line 9, column (B)		
Schedule I – Exploited Exe	empt Activity In	come, Oth	er Th	an Advert	ising Ir	come	(see instru	ictions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business in	y with n of ed	4. Net incorfrom unrelated or business 2 minus coll f a gain, coll 5 three	ted trade (column lumn 3) ompute	from a	oss income activity that t unrelated ess income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)		-								
(3)	 									<u> </u>
(4)						<u> </u>				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,					Enter here and on page 1, Part II, line 26		
Totals		4		<u> </u>						
Schedule J- Advertising In Part I: Income From Per				data d D = :	nio.					
Part I Income From Per	logicals Report	ed on a C	ONSOI	ldated Bas	SIS	I		1		<u> </u>
1. Name of periodical	2. Gross advertising income		3. Direct advertising costs		tising ss) (col ol 3) If mpute ough 7	5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 					····				
(2)				1						
(3)				1						
(4)				1				<u> </u>		
Totals (carry to Part II, line (5))				<u> </u>						- 000 T

Form **990-T** (2018)

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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.)

4. Advertising gain or (loss) (column 6 costs (column 6

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 ▶						
	Enter here and on page 1, Part I, Inne 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Tıtle	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			

Form 990-T (2018)

St. Mary's University Form 990-T Vet Operating Loss Schedule FYE: 05/31/2019

41. 3

Form 990-T, Part II, Line 31:

Year Ended	Income Generated	NOL Generated	NOL Utilized	Carryover to Next Yr	Year Expires		
May 31, 2014	46,412		•		May 31, 2034		
May 31, 2015		(110,378)	46,412		May 31, 2035		
May 31, 2016	322,796		319,549		May 31, 2036		
May 31, 2017		(255,583)			May 31, 2037		
May 31, 2018		(68,682)			May 31, 2038		
May 31, 2019	-		-		May 31, 2039		
	369,208	(434,643)	365,961	(68,682)			
NOL Carryover Available to FYE 05/31/20 (68,682)							

Expired Carryover:	(