	Form	990-ন	E		xtended to :					ax Re	turn	L	OMB No	1545-0687
	. 0	7 e -			(and proxy tax ur							00	06	140
		. " " " " " " " " " " " " " " " " " " "	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019									2 0	J78	
	Depart	ment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.						Ļ	Open to Pub	lic Inspection for			
		l Revenue Service		Do not enter SSN nun	bers on this form as it n	ay be m	ade pub	lic if you	ur organiza	ition is a 50			501(c)(3) Org	anizations Only
	A	Check box if		Name of organization	(Check box if nam	e change	d and se	ee instru	ctions.)			(Empl	oyer identifica loyees' trust,	ition number see
		address changed					~						ctions)	1 5 4 0
		empt under section Print UNIVERSITY STUDENT HOUSING											2-057	
	X_] 501(c <u>\</u>)(3)	or Type		oom or suite no. If a P.O.	box, see	k, see instructions.					E Urrelated business activity code (See instructions)		
		408(e) 220(e) 220(e) 202 CARTER DRIVE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code												
		529(a)		WEST CHEST			yıı posta	ai coue				900	099	
	C Boo	k value of all assets			umber (See instructions.)				 -			200		
	at e	191,592,1	48.		type ► X 501(c) c		n	501	(c) trust		401(a)	trust		Other trust~
	H Ent			tion's unrelated trades		1			Describe	the only (or	fırst) un	related		
	trac	de or business here 🕨	_ S	EE STATEMEI	NT 1			I	f only one,	complete Pa	rts I-V.	lf more	than one,	
	des	cribe the first in the bl	ank spa	ce at the end of the pre	vious sentence, complete	Parts I a	nd II, co	mplete a	a Schedule	M for each a	addition	al trade	or	
		iness, then complete t												
					an affiliated group or a pa	rent-sub	sidiary c	controlle	d group?			Ye	s X	No
				ifying number of the pa					Talaah	one number	<u> </u>	1.0	126 2	E 2 /
				CINDY RAY, le or Business I			Т	(A) Inco			xpenses			C) Net
	3 m1	Gross receipts or sale				<u> </u>	+	(27) 11100	,,,,,	HOLER CONTROL OF	e Patricie		NEWSTRAND	
-		Less returns and allow			c Balance	▶ 1c			ļ					
		Cost of goods sold (S		A. line 7)	v Balanov	2	†			Time to	tera i	MAL	Person.	in the said
		Gross profit. Subtract		•					-		rii			
		Capital gain net incom				4a					STATE OF	TEAK		
	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b				對心學學		質相伴		
	C	Capital loss deduction	for trus	sts		4c				PATEL H				
	5	Income (loss) from a	partners	ship or an S corporation	(attach statement)	5	ļ					S house		
	6	Rent income (Schedu	e C)			6								
	7	Unrelated debt-finance	ed incor	ne (Schedule E)		7	 							
		•			ed organization (Schedule								 	
				1 /1 // //	') organization (Schedule	·	-							
_		Exploited exempt activ	-	,		10	+							
3		Advertising income (S		•	STATEMENT 2	11		105	714.		河流 医喉 障		1.0	5,714.
~		Other income (See ins		,,	SIRIEMENI Z	12				CALCUST LAND	Pro-New Articles	STATE STREET		5,714.
2,		3 Total. Combine lines 3 through 12 105,714. Rant II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)												<u> </u>
Ξ	18.75-7	(Except for o	ontribi	ıtıons, deductions m	ust be directly connec	ted with	the un	related	business	ıncome)			•	
-	14	Compensation of off	cers, di	rectors, and trustees (S	chedule K)		_					14		
_	15	Salaries and wages										15	4	6,373.
%⊆. 10.	16	Repairs and mainten	ance									16	<u> </u>	
2	17	Bad debts			0.5			_				17		
8	18	Interest (attach sche	dule) (s	ee instructions)	RECEI	VED		1				18	\vdash	2 221
Œ	19	Taxes and licenses						ł				19		3,321.
Œ	20			e instructions for limita	MAY 2 0	วกวก	S-OSC	ŧ.	ا بم			20 1488	 	
20	21	Depreciation (attach			1 7 1	2020	S	}	21 22a			22b	1	
22	22 23	Depletion	iirneo o	n Schedule A and elsew	OC.		니뜨		228			23		
AUG 3 1 2020 (R Received in	24	Contributions to defe	rred co	mnensation nlans	- OC: -	L'T	İ					24	-	2,387.
ര	25	Employee benefit pro		inpensation plans								25		8,313.
ng	26	Excess exempt expe		chedule I)								26		
	27	Excess readership co		•								27		
Q	28	Other deductions (at	•	•				SEE	STAT	EMENT	3	28		8,747.
(A)	29	Total deductions. A									29	29		9,141.
Z	30	Unrelated business t	axable ı	ncome before net opera	iting loss deduction. Subt	ract line 2	29 from	line 13			- •	3b	3	36,573.
A	31	Deduction for net op	eratıng	loss arısıng ın tax years	beginning on or after Ja	nuary 1, 2	2018 (se	e instru	ctions)		31	31	REPORTED	
SCANNED	32			ncome. Subtract line 31						•	<u>)(</u>	32		36,573.
	82370	1 01-09-19 LHA FO	r Papei	work Reduction Act No	itice, see instructions.								Form 9	990-T (2018)

Parti	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	36,573.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	<u>36,573.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	> \$7	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	<u>35,573.</u>
Part I	V₃ Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	7,470.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 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	J 44	7,470.
Part \	Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800 '		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	7,470.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	9 48	7,470.
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	Payments. A 2017 overpayment credited to 2018 2018 estimated tax payments 50a 3, 200.		
b	2018 estimated tax payments	J###	
С	Tax deposited with Form 8868 5\c 5\c 8,500		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	151	<u>11,700.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	\$2	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
, 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,230.
<u> </u>	Enter the amount of line 54 you want Credited to 2019 estimated tax 4,230. Refunded	55	0.
Part	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	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 trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	 -	美術館 記述 。
Sian	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	edge and belief, it is t	rue,
Sign Here		May the IRS discuss t	his return with
Here		the preparer shown be	•
	Staparture of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	Self- employed		
Prepa	RERRI N. BOGDA, CPA DO 10 5/14/2020	P0076	
Use (Only Firm's name ► BAKER TILLY VIRCHOW KRAUSE! LLP Firm's EIN ►	<u>> 39−08</u>	<u>59910</u>
	1570 FRUITVILLE PIKE, SUITE 400		
	Firm's address ► LANCASTER, PA 17601 Phone no.	<u>717.740.</u>	4863

Schedule A - Cost of Goods Sold. Ente	er method of invent	tory va	lluation > N/A					
1 Inventory at beginning of year 1		6	Inventory at end of year	ar		6		
2 Purchases 2	-	7	Cost of goods sold. Se	ubtract l	ine 6	Biggs Ording St. Eggs.		
3 Cost of labor 3]	from line 5. Enter here	and in F	Part I,	THE PERSONNEL		
4 a Additional section 263A costs			line 2			7		
(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			the organization?					
Schedule C - Rent Income (From Real	Property and	Pers	ional Property L	.ease	d With Real Prop	erty)		
(see instructions)								—
1. Description of property								
(1)								
(2)								
(3)								
(4)					,			
	ived or accrued				3(a) Deductions directly	/ connec	ted with the income in	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	ersonalı	nal property (if the percenta property exceeds 50% or if id on profit or income)	ige	columns 2(a) a	nd 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total 0.	Total			0.				
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	Enter -		,	0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	•		0.
Schedule E - Unrelated Debt-Finance	d Income (see	ınstruc	ctions)					
		,	Gross income from		Deductions directly cor to debt-finance			
Description of debt-financed property			or allocable to debt-	(a)	Straight line depreciation		(b) Other deductions	
1. Description of dest-interced property			financed property		(attach schedule)		(attach schedule)	
(1)		<u> </u>				1		
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Avera debt-fit	ge adjusted basis r allocable to nanced property ach schedule)	6	Column 4 divided by column 5		7. Gross income reportable (cotumn 2 x cotumn 6)	,	 Allocable deduction (column 6 x total of colur 3(a) and 3(b)) 	
(1)	•	1	%					
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B)	
Totals			_		0			0.
. 4.0.0	nn 8			L		\top		0.

Form **990-T** (2018)

Schedule F - Interest, A	nnuitie	s, Royaltie	s, and Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	s)	
			Exempt	Controlled O	rganızatı	ions					
Name of controlled organization	on	2. Employ identification number				ments made include		Part of column 4 that is luded in the controlling nization s gross income		g connected with income	
(1)						•	1	·			
(2)										- 	
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7. Taxable Income		nrelated income (li see instructions)	oss) 9. Total	of specified payers	nents	10. Part of coluin the controllingross	mn 9 tha ing organ s income	nization's		ductions directly connected n income in column 10	
(1)						† 					
(2)				_		 					
(3)										1	
(4)											
			•			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					>			0.		0.	
Schedule G - Investmen	nt Incor	ne of a Se	ction 501(c)(7	7), (9), or (17) Org	ganization					
(see instr	uctions)					·					
1. Descr	iption of inco	me		2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set- (attach s	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)						L					
(2)		<u></u>									
(3)											
(4)						Talanti sistem mendember d	er v. reis	rest to state (1986 business	15 (5% - C14)		
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals				<u>L</u>	0.	34.3. 3.3	GREP.		enthe da	0.	
Schedule I - Exploited I (see ınstru		Activity In	come, Other	Than Adv	/ertisir	ng Income				_	
1. Description of exploited activity	unrelated incom	Gross business le from business	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelated business (communus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	•					1					
(2)										İ	
(3)											
(4)											
			Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertisin	a Incor	0.	0.	TAKK OLITICISER	istina all		一点。		HAT SHOP	0.	
Part Income From F				solidated	Basis						
1. Name of periodical	,	2. Gross advertising income	3. Direct advertising costs	or (loss) (c col 3) If a g cols 5 t	hrough 7	ite income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					hin'i					ALTERNATION OF	
_(2)				hava		FF.					
(3)											
(4)				River		20				States of the state of the stat	
Totals (carry to Part II, line (5))	•	0.	0							0.	

Form 990-T (2018) UNIVERSITY STUDENT HOUSING 82-05715 Partilly 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							-
Totals from Part I	▶	0.	0.	45-1446:33	MARKETAKA		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)

r		
UNIVERSITY	STUDENT	HOUSING

82-0571540

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
SUMMER INTERN	RENTALS TO LOCAL BUSINESSES	
TO FORM 990-T,	PAGE 1	
EODM 000-m	OMURD INCOMP	статемент ว

AMOUNT
105,714
105,714

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OCCUPANCY		8,747.
TOTAL TO FORM 990-T, PAG	E 1, LINE 28	8,747.