Form <b>990-T</b>	Exc				ss Income T	ax Return	r	OMB No 1545-0687		
		(and proxy tax under section 6033(e))								
·//	For calendar	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30 2019 2018								
Department of the Treasury Internal Revenue Service	<b>▶</b> Do	■ 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	Nai	Name of organization (								
B Exempt under sestion	Print W	YOMING CAT	HOLIC COLLE	GE			8	3-0434307		
X 501(c)(3())			n or suite no. If a P.O. box	x, see II	nstructions.			ated business activity code instructions )		
408(e) 220(e)	1 . 130	06 MAIN ST				<del></del> .				
408A530(a) 529(a)		y or town, state or prov ANDER, WY	vince, country, and ZIP o 82520	r foreig	ın postal code		722	320		
C Book value of all assets at end of year	<del></del>	Group exemption numb	<del></del>	<u> </u>						
	<del></del>	Check organization type				401(a)		Other trust		
H Enter the number of the trade or business here	-		ousinesses.	1		the only (or first) un				
			us sentence, complete Pa	rts I an	nd II, complete a Schedule	, complete Parts I-V. I M for each additions		· · · · · · · · · · · · · · · · · · ·		
business, then complete		. the one of the proviou	aa aantanaa, aampiata i a		io ii, compioto a concaute	THE TOT COUNTY COUNTY		. 01		
I During the tax year, was		ion a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controlled group?	▶ [	Ye	es X No		
If "Yes," enter the name a	and identifyin	g number of the paren	it corporation.			-		<u> </u>		
J The books are in care of					<del>,</del>	one number > 3				
		or Business Inc	ome	ľ	(A) Income	(B) Expenses	·	(C) Net		
1a Gross receipts or sale		201,710.	a Dalaman		201,710.					
<ul><li>b Less returns and allo</li><li>2 Cost of goods sold (\$</li></ul>		 ne 7\	c Balance	1 <u>c</u> 2	130,225.	·				
3 Gross profit. Subtrac	-	•		3	71,485.		/	71,485.		
4a Capital gain net incor				4a				,		
· -	•	I, line 17) (attach Form	1 4797)	4b				· . <u>-</u>		
c Capital loss deduction	n for trusts		·	4c						
5 Income (loss) from a	partnership (	or an S corporation (at	ttach statement)	5			1			
6 Rent income (Schedu	ıle C)			6						
7 Unrelated debt-finance	•	•		7						
	-		organization (Schedule F)	8						
			rganization (Schedule G)	9	<del> /</del>			<u> </u>		
10 Exploited exempt acti 11 Advertising income (	•	Schedule 1)		10			-			
12 Other income (See in	•	tach schedule)		12/	<del></del>					
13 Total. Combine lines	•	•		13	71,485.			71,485.		
Part II Deduction	ns Not T	aken Elsewher	e (See instructions to	r limita	ations on deductions)					
(Except for	contribution	s, deductions must	be directly connected	with t	the unrelated business	income )				
14 Compensation of off	ficers, directo	rs, and trustees (Sche	dule K)				14			
15 Salaries and wages							15			
16 Repairs and mainter	nance						16_	<u> </u>		
17 Bad debts	ndula) (aaa ini	atrustians)					17			
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	soule) (see m	structions)					18 19			
	ions (See inst	tructions for limitation	rules)				20			
21 Depreciation (attach			10100)		l 2 <del>1  </del>					
· · ·	•	negule A and elsewhere	e on return		22a F	RECEIVED	)22b			
23 Depletion	/					-	23]	)		
24 Contributions to defe	erred comper	isation plans			D022	JUL <b>20</b> 2020	24	?;		
25 Employee benefit pro							25	5		
26 Excess exempt expe						ODEN	<b>_26</b>   <sup>0</sup>	<u> </u>		
	Excess readership costs (Schedule J)  OGDEN, UT27									
28 Other deductions (at							28 40	0.		
29 Total deductions. A 30 Unrelated business t		-	loss deduction. Subtract	line or	from line 12	ŀ	29 30	71,485.		
/			inning on or after Januar			, ,	30 31	71,303.		
,	_	ie. Subtract line 31 froi	_	y 1, 20	, 10 (300 man donona)	<b>41</b>	32	71,485.		
823701 01-09-19 LHA FC					· <u> </u>	<u> </u>	1	Form <b>990-T</b> (2018)		

	Form 990	ýT (2018)	WYOMING CATHOLIC	COLLEGE		83-04	3 <b>4</b> 307	Page 2
	Part	111	Total Unrelated Business Tax	able Income				
`	/33	Total	of unrelated business taxable income comp	uted from all unrelated trades or busines	ses (see instructions)	]	33	71,485.
\	- 1		unts paid for disallowed fringes		,	•	34	
	35		ction for net operating loss arising in tax yea	ars beginning before January 1, 2018 (se	e instructions)		35	
	36		of unrelated business taxable income before		•			
	- 00		33 and 34	o openina designini daga daga mis da mer			36	71,485.
	37		fic deduction (Generally \$1,000, but see line	27 instructions for exceptions)	Ø	2A	37	1,000.
	38		lated business taxable income. Subtract lii		an line 36	4	1	
	30		the smaller of zero or line 36	ne or from time oo. It line or is greater to	all line 30,	49	38	70,485.
1	Dart		Fax Computation	<del> </del>		7 1	1 30 1	10,403.
				v line 28 by 219/ (0.21)	<del>-</del>		T 39 T	14,802.
	39		nizations Taxable as Corporations. Multipl		mount on line 20 from:		1 11	14,002.
	40		s Taxable at Trust Rates. See instructions	•	mount on line 30 irom,			
			Tax rate schedule or Schedule D (F	-orm 1041)			1 7 1	
	41	-	/ tax. See instructions				41	
	42		native minimum tax (trusts only)			\ _/	142	
	43		n Noncompliant Facility Income. See instr		A	i NG	43	14 000
١ ١	44		. Add lines 41, 42, and 43 to line 39 or 40, v	vhichever applies		<u> </u>	1 (44 )	14,802.
<b>\</b>	Part		Tax and Payments		1 1		41	
1	<b>/</b> 45 a	a Foreig	gn tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	45a		<b>⊣</b>	
	( t		credits (see instructions)		45b		<b> </b>	
	0	c Gener	ral business credit. Attach Form 3800		45c		<b>⊣</b>	
	C	<b>d</b> Credit	t for prior year minimum tax (attach Form 8	801 or 8827)	45d		<b>↓</b> ,	
	6	e Total	credits. Add lines 45a through 45d		,	10	45e	
	46	Subtr	act line 45e from line 44			·	46	14,802.
	47	Other	taxes. Check if from: Torm 4255	Form 8611 Form 8697 F	orm 8866 🔲 Other	(attach schedule)	47	
	48	Total	tax. Add lines 46 and 47 (see instructions)		4	UXXI	48	14,802.
	49	2018	net 965 tax liability paid from Form 965-A c	r Form 965-B, Part II, column (k), line 2		, J. +	49	0.
	50	a Paym	nents: A 2017 overpayment credited to 2018	<b>S</b>	x   5₫à	<b>V</b>	1	
	1	<b>b</b> 2018	estimated tax payments	Dak	6 50b	9,977	· ( de	
		c Tax d	eposited with Form 8868	<b>y</b> -	50c			
			n organizations. Tax paid or withheld at soi	urce (see instructions)	50d		7	
		•	up withholding (see instructions)	,	50e		1 1	
			t for small employer health insurance premi	ums (attach Form 8941)	50f		1	
				Form 2439			<b>1</b>	
	1	· —	Form 4136	Other Tota	al <b>&gt; 50g</b>		1 1	
	51		payments. Add lines 50a through 50g		V	a h	5 🕴	9.977.
	52		nated tax penalty (see instructions). Check if	Form 2220 is attached		417	52	355.
	53		lue. If line 51 is less than the total of lines 4			17 X >	53	5,180.
	54		payment. If line 51 is larger than the total of		naid		54	
		3	the amount of line 54 you want: <b>Credited to</b>	' ' '	P	efunded 🕨	55	
- 1	Part		Statements Regarding Certain				1	
,	56		y time during the 2018 calendar year, did th	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	itv	•	Yes No
	1		a financial account (bank, securities, or othe					
			N Form 114, Report of Foreign Bank and Fir	•	-			
		here		, , , , , , , , , , , , , , , , , , , ,	·			x
	57		g the tax year, did the organization receive a	distribution from or was it the granter of	of or transferor to a fo	reinn trust?		_ x
	•		s," see instructions for other forms the organization		, or transferor to, a re	. org a doc		
	58		the amount of tax-exempt interest received	-				1 1
		Un	nder nenatives of periury. I declare that I have examine	ed this return, including accompanying schedules	and statements, and to the	a bast of my knowle	edge and belief, it is	s true,
	Sign	CO	rrect, and complete Declaration of preparer (other th	an taxpayer) is based on all information of which	preparer has any knowledg	T. –		
	Here		11/1/1/11/1	-17/15/2620 OFFI		•	viay the IRS discus: he preparer shown	
			Signature of officer	Date Title	CDIC		nstructions)? X	- · —
					Date		if PTIN	1 100   1110
			Print/Type preparer's name	Preparer's signature	Date			
	Paid		KAREN GRIES	KAREN GRIES	07/14/20	self- employed		78514
	Prep		Firm's name CLIFTONLARS	<del></del>	JO 7 / 14 / 20]	Eirm's EIN		746749
	Use	Only		STREET, SUITE 300		Firm's EIN		140143
			Eirm's address MINNEADOL			Phone no	612-376	-4500

Form **990-T** (2018)

823711 01-09-19

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation N/A					
1 Inventory at beginning of year	1 1	0.	6 Inventory at end of year			6 0.		
2 Purchases	2	56,243.	7 Cost of goods sold. St	line 6				
3 Cost of labor	3	58,606.	from line 5. Enter here					
4a Additional section 263A costs		•	line 2 7 130,22					
(attach schedule)	4a	8 Do the rules of section 263A (with respect to Yes No						
b Other costs (attach schedule) ** 4b 15,376. property produced or acquired for resale) apply to								
5 Total. Add lines 1 through 4b	5	130,225.	the organization?		Track resource, approprie	<u> </u>		
Schedule C - Rent Income	(From Real			.ease	d With Real Prope	erty)		
(see instructions)								
Description of property					<del></del>			
<u>(1)</u> (2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per	centage of	(b) From real an	d personal property (if the percenta	ge	3(a) Deductions directly of	onnected with the income in 2(b) (attach schedule)		
rent for personal property is more 10% but not more than 50%)	than	` of rent for pe	rsonal property exceeds 50% or if is based on profit or income)		Columns 2(a) and	z z joj jaktaon sundadiej		
(1)			<del></del>					
(2)					<del> </del>			
(3)	<u> </u>							
(4)		-						
Total	0.	Total		0.				
(c) Total income. Add totals of columns		ter			(b) Total deductions.			
here and on page 1, Part I, line 6, column	. , . ,	.u.		0.	Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Deb		Income (see II	nstructions)					
					3. Deductions directly conne to debt-finance			
4			<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other deductions		
Description of debt-fir	nanced property		financed property		(attach schedule)	(attach schedule)		
(1)								
(2)								
(3)	·							
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductrons (column 6 x total of columns 3(a) and 3(b))		
(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			<b>▶</b> i		0.	0.		
Total dividends-received deductions	ncluded in column	8	•		<u> </u>	0.		
					<u>F</u>	Form <b>990-T</b> (2018)		

\*\* SEE STATEMENT 1

<u> Scriedu</u>	le F - Interest, A		o, noyal	uco, all		Controlled O			LIUIIS	(see ins	struction	nsj
1. Name of controlled organization		2. Em identifi num	cation	3. Net unr	elated income instructions)			5. Part of column 4 that is included in the controlling organization's gross income		ralling	connected with income	
(1)		-										<u> </u>
(2)												
(3)						_						
(4)	_								L			
Nonexemp	ot Controlled Organia	zations			,							
7.	Taxable Income		related incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross				eductions directly connected th income in column 10
(1)												
(2)							i					
(3)								-				
(4)				·								
								Add colum Enter here and line 8, c		1, Parti,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals							<b></b>			0.		0
Schedu	le G - Investme		ne of a S	ection	501(c)(7	), (9), or ( <sup>-</sup>	17) Org	anization				
	(see instr	ription of inco				2 Amount of	Income	3. Deduction		4. Set-	asides	5. Total deductions and set-asides
	1, 500					2.		(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)												
(2)									$\rightarrow$			
(3)				1				<u> </u>	$\longrightarrow$			
(4)												<u> </u>
						Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals					<b>•</b>		0.					0.
Schedu	le I - Exploited I (see instru	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
	. Description of cploited activity	2. G unrelated incom trade or t	e from		elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor	hat ed	<b>6</b> . Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							Î					
(2)												
(3)												
(4)												
Totals	•	Enter her page 1 line 10,	, Parti,	Enter her page 1, line 10,	Part I,						,	Enter here and on page 1, Part II, line 26
	le J - Advertisir	ng Incon		struction								
Part I	Income From F			orted on	a Cons	olidated	Basis					
	Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus in, compute	5. Circulate income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						•	•					
(2)												
(3)						╛						]
(4)												
Totals (carr	y to Part II, line (5))	•	(	).	0	•	<del></del>					0 . Form <b>990-T</b> (2018

Form 990-T (2018) WYOMING C						<u>-043430</u>	7 Page
Part II Income From Perio			arate Basis (For e	ach period	ical listed in P	art II, fill in	
columns 2 through 7 on a	ine-by-line basis )		<u> </u>	1	<del></del> -	<del></del> -	Υ =
Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circi		. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)				<u> </u>		_	
(3)							
(4)							
Totals from Part I	0.					,	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and o 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.
Schedule K - Compensation	n of Officers, D	Directors, a	nd Trustees (see i	nstructions	s)		-
1. Name			2. Title		3. Percent of time devoted to business		pensation attributable related business
(1)					9/		
(2)					%		
(3)					%		
(4)					9/	0	
Total. Enter here and on page 1, Part II, I	ine 14				<b></b>		0.

Form 990-T (2018)

FORM 990-T	COST OF GOODS	SOLD - OTHER CO	STS STATEMENT 1
DESCRIPTION			AMOUNT
LICENSES, PERMITS & FI			11,575. 3,801.
TOTAL TO FORM 990-T,	SCHEDULE A, LIN	IE 4B	15,376.

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) ► 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

203,192.

Name of the organization Employer identification number WYOMING CATHOLIC COLLEGE 83-0434307 Unrelated business activity code (see instructions) 722513 Describe the unrelated trade or business 

EATERY Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 295,218. 1 a Gross receipts or sales 295,218. **b** Less returns and allowances c Balance 92,026. Cost of goods sold (Schedule A, line 7) 2 203,192. 203,192 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts <u>4c</u> Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10

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.)

11

12

13

203,192.

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages			15	148,804.
16	Repairs and maintenance			16	1,656.
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	22:	a	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)	ĒΕ	STATEMENT 2	28	60,993.
29	Total deductions. Add lines 14 through 28			29	211,453.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 1	rom line 13	30	
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	<u> </u>
32	Unrelated business taxable income Subtract line 31 from line 30			32	-8,261.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Advertising income (Schedule J)

Total. Combine lines 3 through 12

12

Other income (See instructions, attach schedule)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
RENT & UTILITIES SUPPLIES TELECOMMUNICATOINS PROFESSIONAL SERVICES MISCELLANEOUS TRAVEL		32,495. 8,914. 4,207. 5,973. 6,483. 2,921.
TOTAL TO SCHEDULE M, PART II, LI	NE 28	60,993.