\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 Fam 990-T	j 1	Exempt Orga	nization Bu	sine	ess Inc	ome 1	Гах Re	turn	OMB No 1545-0887
	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019								1909	2018
		For ca		ser beginning $\overline{ ext{OCT}}$ 1 , $ ext{v.irs.gov/Form990T for in}$					2019	ZU 10
C Ir	Department of the Treasury Internal Revenue Service	▶	1(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only						
7	Check box if address changed		Name of organization (Check box if name of	hange	d and see insti	ructions.)		(Em	loyer identification number ployees' trust, see uctions)
Ē	Exempt under section	Print	UNIVERSITY	LEGAL SERVI	CES	, INC.		52-09	1029220	*-***2922
	X 501(c)(3_)	Type	Number, street, and roor		lated business activity code instructions)					
	408(e) 220(e)	',,,,	220 I STREE							
_	408A530(a) 529(a)		City or town, state or pro WASHINGTON, F Group exemption num	812	.930					
C	Book value of all assets at end of year		T. Tou.							
_			G Check organization typ		poratio	n 50	1(c) trust	40	401(a) trust	Other trust
П		•	Ition's unrelated trades or light STATEMENT		<u>+</u>		,		irst) unrelated rts I-V. If more	
			ce at the end of the previo		arts I ar			•		•
	business, then complete			ao domento, compicto i t		o II, complete	u concusi	3 W 101 CUCITO		.
ī			oration a subsidiary in an	affiliated group or a parei	nt-subs	idiary controll	ed group?		▶ U Y	es X No
_	If "Yes," enter the name a	nd iden	tifying number of the parer	it corporation.						
J	The books are in care of						Teleph	one number	▶ 202-	547-4747
, [Part I Unrelated	Trac	le or Business Inc	ome	,	(A) Inc	ome		penses	(C) Net
)	1 a Gross receipts or sale:			_					经管理	
2	b Less returns and allov			c Balance	10			4+12- 10 mg	******* 4*1	
_	2 Cost of goods sold (S		•		3				The same of	ere Thistory min ast
		Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D)							A MARIE	
		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							a gradi	
	• • • •	Capital loss deduction for trusts							3	
ļ			hip or an S corporation (at	tach statement)	4c 5				E . 75	
	6 Rent income (Schedul			ŕ	6	· · · · · · · · · · · · · · · · · · ·	_		-	
	7 Unrelated debt-finance	ed incon	ne (Schedule E)		7					
1	Interest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8					
,			n 501(c)(7), (9), or (17) oı	ganization (Schedule G)	9					
10		•	•		10					
1	,				11			F 65 .86. 7	taktota užia "Y	
12	`				12 13		0.	المجود يتهداك	ر تاریخی اق ری	
13 			t Taken Elsewher	P (See instructions to		tions on de	1			
Ľ	(Except for c	ontribu	tions, deductions must	be directly connected	with	the unrelate	d business	s income.)		
14	Compensation of office	cers, dır	ectors, and trustees (Sche	dule K)					14	
15	Salaries and wages			== CEN/E	<u> </u>	7			15	
16		ince	1	RECEIVE	レー	ان			16	
17					1	RS-OS(17	
18	· .	lule) (se	e instructions) 678	MAR 1 6 20	20	8			18	
19		nn /Saa	Instructions for limitation	ł control cont		프			19	
20 21		•	1	OGDEN,	JT	1 ,	21		20	
22	•		Schedule A and elsewhere	-on-return			22a		22b	
23	•					Ļ	1		23	
24	•	red con	npensation plans						24	
25	Employee benefit pro	grams							25	
26	•	•	•						26	
27	•	•	•						27	
28	•		•						28	
29			=	long deducation. Cubic is	lies or	from her 40			29	0.
30 31			come before net operating ess arısıng ın tax years beg				ctions)		30 31	. एक्स के क्षा के कि
32				-	y 1, 2U	io (see instru	cuons)		32	0.
32		Unrelated business taxable income. Subtract line 31 from line 30 32 0.								

Form 990-1	(2018) UNIVERSITY LEGAL SERVICES, INC.	**_**	*2922	Page
Part I		· ···	<u> </u>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	no instructions)	33	0.
	•	se manachona)		
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of		
	lines 33 and 34	γ_{ℓ}	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		7-37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36,	1 1	_
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
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		44	0.
Part V	Tax and Payments		<u> </u>	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	458		
b	Other credits (see instructions)	45b	1	
C	General business credit. Attach Form 3800	45c	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	1 [
	Total credits. Add lines 45a through 45d		45e	
	Subtract line 45e from line 44		46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	Other (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)		48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018	50a 1,211.		
	2018 estimated tax payments	50b 1,029.	1	
	Tax deposited with Form 8868	50c	1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	1 1	
	Backup withholding (see instructions)	50e	1 !	
		50f	1 1	
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	DUI	1	
g		 		
	Form 4136 Other Total ▶	50g	51-	2,240.
	Total payments. Add lines 50a through 50g			2,240.
	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	95	30	2 240
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	2,240.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded € €	5 5	2,240.
Part V				T., -T-3
	At any time during the 2018 calendar year, did the organization have an interest in or a signature of			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	=		1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign country		- <u></u> -
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor 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 🕨 \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of which preparer (other than taxpayer) is based on all information of which preparer	tatements, and to the best of my know or has any knowledge	wledge and belief, it	ıs true,
Sign	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		y the IRS discuss t	nis return with
Here		1777 DID COMOD	preparer shown be	
	Signature of officer Date Title	ins	structions)? 🗶 🕻	Yes No
	Pkint/Type preparer's name Preparer's signature Date	Check 1	PTIN	
Paid	BRENT A CROGHAN, BRENT A CROGHAN,	self- employed		
Prepai	CPA CPA O2	/26/20	P0084	5741
Use O	DEMBO TONEC D.C.	Firm's EIN	**_**	*33315
USE U	6116 EXECUTIVE BLVD, SUITE 500	1		
	Firm's address ► NORTH BETHESDA, MD 20852	Phone no. (301)770-	-5100
823711 01-0		`		990-T (2018)

Schedule A - Cost of Goo	ds Sold. Ente	r method of inve	entory valuation 🕨 N/2	A					
1 Inventory at beginning of year	11		6 Inventory at end of ye			6			
2 Purchases	2	* * *	7 Cost of goods sold Subtract line 6						
3 Cost of labor	3		from line 5. Enter here			7.5			
4a Additional section 263A costs	 		line 2						
(attach schedule)	4a								
b Other costs (attach schedule)	4b		property produced or		•	"1. A.			
5 Total. Add lines 1 through 4b	5		the organization?	acquire	a for result, apply to	المتنشأ المتنشأ			
Schedule C - Rent Income		Property ar		Leas	ed With Real Pro	nerty)			
(see instructions)	(. roporty a.	ia i oroonari roporty	Loud	ca with ricar rio	porty			
1. Description of property									
(1)		 .							
(2)					 				
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the presonal property is monopolity to the personal property is monopolity to the personal property is monopolity.	re than	` of rent for	and personal property (if the percent personal property exceeds 50% or if ant is based on profit or income)	lage I	3(a) Deductions directly columns 2(a) and	connected with the income in d 2(b) (attach schedule)			
(1)									
(2)		<u> </u>							
(3)			· · · · · · · · · · · · · · · · · · ·						
(4)					 				
Total	0.	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	2(a) and 2(b). En	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 0.			
Schedule E - Unrelated De	· ·	Income (see	instructions)		rati, inte e, column (b)	· · ·			
		<u> </u>	2. Gross income from		3. Deductions directly conn to debt-finance	ected with or allocable d property			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(8)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)					_				
(2)			†						
(3)									
(4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis locable to iced property 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))			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	locable to sced property			reportable (column	(column 6 x total of columns			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or a debt-finar	locable to sced property	by column 5		reportable (column	(column 6 x total of columns			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	of or a debt-finar	locable to sced property	by column 5		reportable (column	(column 6 x total of columns			
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or a debt-finar	locable to sced property	by column 5 %		reportable (column	(column 6 x total of columns			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	of or a debt-finar	locable to sced property	by column 5 % %		reportable (column	(column 6 x total of columns			
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or a debt-finar	locable to sced property	by column 5 % %		reportable (column 2 x column 6)	(column 6 x total of columns 3(s) and 3(b)) See See See See See See See See See Se			
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	of or a debt-fina (attach	locable to used property schedule)	by column 5 % %		reportable (column 2 x column 6) atternere and on page 1, art I, line 7, column (A)	(column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B)			

Schedule F - Interest,	Annuitie	s, Royal	ties, ar	nd Rent	s From C	ontro	led Organiz	atio	ns (see in:	struction	s)	
					Controlled O						<u> </u>	
1. Name of controlled organize	ation	2. Emp Identific numb	ation		related income e instructions)	4. To pay	otal of specified ments made	5. Part of column 4 that included in the controllin organization's gross incom		rolling	olling connected with income	
(1)		-		 						-+		
(1)								├──	.			
(3)				 			<u>.</u>	├─~		-+		
(4)		•		 								
Nonexempt Controlled Organ	uzations		_	L								
7. Taxable Income	T	related income	a floss)	Q Total	of specified pay	nente	10. Part of colur	nn Q the	tus included	11 De	ductions directly connected	
, , , , , ,		e instructions)		0. 10	made		in the controlli		ization's		Income in column 10	
(1)	† — — ·											
(2)												
(3)	 		_									
(4)	1								-			
						-	Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals				_		<u> </u>			0.		0.	
Schedule G - Investme (see inst	ent incon ructions)	ne of a S	ection	501(c)(7), (9), or	(17) O	rganization					
1. Desc	cription of incom	10		-	2. Amount of income 3. Deductions directly connecte (attach schedule		cted	ted 4. Set-asides		5. Total deductions and set-asides (col 3 plus col 4)		
(1)					ļ						ļ	
(2)											<u> </u>	
(3)												
(4)												
Totals					Enter here and o Part I, line 9, co						Enter here end on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	•	Activity	Incom	e, Othe	r Than Ad		ing Income	-C. // 19*E	ac at Mountain	to and the	4	
2. Gross urrelated business income from trade or business		usiness from	3. Exp directly co with pro- of unre- business	business (column 2) ated and are column 3). If a		trade or umn 2 3). If a cols 5	5. Gross income from activity that is not unrelated business 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)												
(4)	Enter here page 1, f line 10, ci	Parti, ol(A).	Enter here page 1, line 10, c	Parti, col (B)							Enter here and on page 1, Part II, line 26	
Totals > Schedule J - Advertisi	na Incom	0.	tn iction:	0.	企業部的基礎	Control of the	理的分词不为	对于他们	中华门中地名		0.	
Rartil Income From					solidated	Racio						
ह्यद्भवाद्याञ्च mcome From (- T	iis nepu	T T		T .		<u>.</u>					
1. Name of periodical		2. Gross idvertising income		Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 the	l 2 minus n, comput	5. Circulation income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					上的		8					
(2)					山野洋麓		图					
(3)]		
(4)					200	用表	3					
Totals (carry to Part II, line (5))	>	0	<u>.l</u>	0							0.	
											Form 990-T (2018)	

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	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)				1			-
(3)							
(4)							
Totals from Part I	•	0.	0.	NAME OF THE OWNER OWNER OF THE OWNER O			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.		化多二维线	a telephone	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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

PARKING AND COMMUTING TRANSPORTATION COSTS PAID FOR BY ULS TO FORM 990-T, PAGE 1