	Fo	orm 990-T	Ex	empt Organi and p	ization B proxy tax u	usii	ness Income T section 6033(e))	ax Return	-		1545-0687
			For calendar vea				, 2017, and ending		018	, 20	017
			•				ons and the latest info			6	
		tment of the Treasury al Revenue Service	<i>)</i> 4	Open to Publ	ic inspection for anizations Only						
	A	Check box if address change	D Em		fication number						
		Exempt under section Print EAST CAROLINA UNIVERSITY EDUCATIONAL									
	2	501(c <u>10</u> 3)	Time	351 WARD SE	INC. PODTS MED	ידרדי	NE BUTIDING			6-6061	
	-	408(e) 220((e) · · ·	GREENVILLE,			ME DOILDING		E co	i related busli des (See insi	ructions)
	⊢	_408A	(a)								
										22410	
	C Bo	Book value of all assets at end of year 33,672,527. F Group exemption number (See instructions.) G Check organization type X 501(c) corporation 501(c) trust 40									
											_Other trust
		Describe the organiz CONCESSIONS	ation's primar	y unrelated busine	ss activity.						
			was the corno	ration a subsidian	un an affilia	ted or	oup or a parent-subs	diany controlled are	NUD.	▶ □∨	es XNo
		f 'Yes,' enter the na				_		diary controlled gre	υup	Γ''	zs VIII
		he books are in care		I G WHITFIE		Joratio	<u> </u>	Telephone number	<u> </u>	2727_	1620
	Par			Susiness Incom			(A) Income	(B) Expense) Net
		Gross receipts or		7,432.	<u> </u>		(A) IIICOIIIC	(D) Expense			, net
		Less returns and allowa			: Balance ►	1 c	7,432	.	ŀ		Į.
2	_	Cost of goods sold			Dalarice	2	1,247				
SI 0.7		Gross profit Subtr				3	6,185				6,185.
>		Capital gain net in				4a	0,103	' 	-		0,105.
3		Net gain (loss) (Form 4	•	•		4b					
_		: Capital loss deduc	-	,,(=.==0		4c					
L. Y		Income (loss) from	n partnerships	and S corporation	S	5					
		(attach statement)									
		Rent income (Scho	•			6					
¥	7	Unrelated debt-fina		•		7					
7	8	Interest, annuities, roya		-		8					
7	9	Investment income of a			on (Schedule G)	9					
	10	Exploited exempt	-	•		10					
	11	Advertising income	•			11					
	12	Other income (See	instructions,	attach schedule)							
		-		_		12					
		Total. Combine lin			2	13	6,185		<u>_0.l</u>		<u>6,185.</u>
	Par						s for limitations o				
	14	Compensation of o				ilecte	su with the unitera	iteu busilless III	14	.)	
	15	Salaries and wage		, a (15		
		Repairs and maint							16		
	17	Bad debts							17		· -
		Interest (attach sc	hedule)						18		
	19	Taxes and licenses							19		
	20	Charitable contribu	itions (See ins	tructions for limita	tion rules)				20		
	21	Depreciation (attac	h Form 4563\				21			•••	· · ·
	22	Less depreciation	claimed on Sc	hedule A and else	where on set	uing 🗀	1\/F () 22a		22b		
	23	Depletion.			I RE	UE	IVED		23		
	24	Contributions to de	ferred compe	nsation plans	2		S		24		
	25	Employee benefit	programs		ನ APR	0	1 2019 0		25		
	26	Excess exempt ex	penses (Sched	dule I)	-	- '	(Ø)		26		
	27	Excess readership		•	5			a. .	27	-	
	28	Other deductions (•	$\bigcup G$	UE	N, UT See	Statement 1	28		2,756.
	29		al deductions. Add lines 14 through 28. related business taxable income before net operating loss deduction. Subtract line 29 from line 13.								2,756.
	30										3,429.
	31 22	, ,			•	ubtra -	of line 21 from line 20	1	31		2 400
	32 33	Specific deduction					t line 31 from line 30	1	32		3,429.
							han line 32, enter the smal	ler of zero or line 2			1,000. 2,429.
		For Paperwork Re				, cater	TEEA0205L 10			Form 9	990-T (2017)

		T (2017) EAST CAROLINA UNIVERSITY EDUCATIONAL 56 Tax Computation	-6061192	Page 2
		nizations Taxable as Corporations. See instructions for tax computation		
33		rolled group members (sections 1561 and 1563) check here $ ightharpoonup$ See instructions and		
2		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	7/2	
·	(1) \$		AC-	
ŀ		organization's share of. (1) Additional 5% tax (not more than \$11,750)		
•		dditional 3% tax (not more than \$100,000)	:	
		ne tax on the amount on line 34 See Statement 2	35 c	436.
		is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	350	450.
		ne 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37		y tax. See instructions	37	
38	-	native minimum tax	38	
39	Tax o	on Non-Compliant Facility Income. See instructions	39	
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies	31 1	436.
Par		Tax and Payments	 	
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		 .
		r credits (see instructions)		
		ral business credit Attach Form 3800 (see instructions) 41 c		
		t for prior year minimum tax (attach Form 8801 or 8827).		
		credits. Add lines 41a through 41d	41 e	0
		ract line 41e from line 40	42	<u> </u>
		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	T 	430.
		Other (attach schedule).	48	
44	_	tax. Add lines 42 and 43	44	436.
45 a	Pavm	nents A 2016 overpayment credited to 2017		
	-	estimated tax payments 45b		
		leposited with Form 8868		
		gn organizations Tax paid or withheld at source (see instructions)		
		up withholding (see instructions) 45e		
f	Credi	t for small employer health insurance premiums (Attach Form 8941) 451	112	
ç	Other	credits and payments Form 2439		
	□ F	orm 4136 Other Total ► 45 g	4 5 1	
46	Total	payments. Add lines 45a through 45g	46	1,500.
47		nated tax penalty (see instructions) Check if Form 2220 is attached	47	1,000.
48		lue. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,064.
50		the amount of line 49 you want. Credited to 2018 estimated tax.	30	1,064.
		Statements Regarding Certain Activities and Other Information (see instructions))	1,004.
		y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over	ar a	Yes No
31		cial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN		res No
		rt of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►	1 01111 114,	
E0.				X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	i foreign trust?	<u> </u>
		S, see instructions for other forms the organization may have to file		
_53	Enter	the amount of tax-exempt interest received or accrued during the tax year > \$ 0.	my knowledge and	إجدا الحدا
Sig	n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	knowledge	
Her	e	Thurse 13/21/19 Executive Director	May the IRS discuss to the preparer shown be instructions)?	his return with elow (see
• •	-	Signature of officer Date / Title	instructions)?	es No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid		Self-Prepared self employed		
Pre		Firm's name Firm's name		
pare Use				
Onl		Firm's address		
		Phone no		20.7.
BAA	١	TEEA0202L 03/26/18	Form 9	90-T (2017)

Calcadala A Cast (Cas	l- C-ld = ·	<u> </u>				00011	72	- ugc c	
Schedule A — Cost of Good	·	inventory valua		OST					
1 Inventory at beginning of year	—		- /	-	end of year	6			
2 Purchases	2	1,247.	7 Cost o		ds sold. Subtract				
3 Cost of labor	3	 			ne 5 Enter here , line 2	7	1	,247.	
4 a Additional section 263A costs (attacl	h schedule)				, 2			es No	
b Other costs	4 a		8 Do the	rules	of section 263A (wit	h respect	⊢	-	
(attach sch)	4 b		proper	ty prod	duced or acquired fo			_	
5 Total. Add lines 1 through 4t		1,247.			zation?			X	
Schedule C - Rent Income	(From Real Property	and Person	al Property	Lea	sed With Real P	roperty)	(see instr	uctions)	
1 Description of property		-							
(1)				-					
(2)									
(3)		-							
(4)									
	2 Rent received or accrued				2(a) Daduation	o diroctli			
(a) From personal prop (if the percentage of rent for property is more than 10%) more than 50%)	personal (if the pour property	m real and per percentage of re y exceeds 50% ased on profit o	ent for person or if the rent	al	the income in) Deductions directly connected with e income in columns 2(a) and 2(b) (attach schedule)			
(1)		·							
(2)									
(3)									
(4)			_						
Total	Total								
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		•			(b) Total deductions. I here and on page 1, Par I, line 6, column (B)	Enter t ►			
Schedule E - Unrelated De	bt-Financed Income	see instructions	s)		·				
1 Description of debt	financed property		ncome from	3 De	eductions directly co debt-finar			cable to	
			financed property		(a) Straight line depreciation (attach sch)		(b) Other deduction (attach schedule)		
(1)									
(2)									
(3)									
(4)	· · · · · · · · · · · · · · · · · · ·								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis or allocable to debt-finance property (attach schedule	ed divid	olumn 4 ded by umn 5	rep	7 Gross income ortable (column 2 x column 6)	(coli	cable dedu umn 6 x tot ns 3(a) and	tal of	
(1)			%						
(2)			8						
(3)									
(4)	<u></u>		%						
				Enter Part	r here and on page I, line 7, column (A)	I, Enter h Part I,	ere and on line 7, colu	page 1, ımn (B)	
Totals			•			1			
Total dividends-received deduction	ons included in column 8	TEE A02031 10/0	24/17			1	Form 990-	T (2017)	

Schedule F — Interest, A	muit	ies, Royalu			trolled O			orya	IIIZaliUIIS	(566 111	Structions	·)
organization identi		Employer entification number	3 Net unrelated income (loss) (see instructions)		T	4 Total of specified payments made				I in connected with g income in columns		
(1)						+						
(2)						T						
(3)						+						
(4)		-				\top					- i	
Nonexempt Controlled Organiz	ations	•				 -			<u>.</u>		I	
7 Taxable Income	18 In	let unrelated come (loss)			f specifie nts made		10 Part of included in organization	n the d	controlling		connecte	ctions directly d with income olumn 10
(1)			+							+		
(1)			+-									
(2)			+	·		_				-		
(3)			+			_				+		
(4)						_				+		
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
	t Inco	ome of a Se	ctio	n 501/	cV7\ (9	<u>, , , , , , , , , , , , , , , , , , , </u>	or (17) Organ	nizati	on (coo inc	truction	nc)	
1 Description of income			2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		5	5 Total deduction		
(1)					(2	<u> </u>	Surrodato				, p.,	
(2)					ļ							
(3)						-						 ··
(4)									-			
Totals	.	Enter here ar Part I, line 9,	colui	mn (A)	71				;		Part I, I	re and on page 1 ne 9, column (B)
Schedule I — Exploited E	.xemp			ne, Oti	ner Ina	n A	Advertising	ncor	ne (see inst			
1 Description of exploited a	ictivity	2 Gross unrelate busines income fr trade o busines	ed s om r	conne pro of u	ises directly ected with duction inrelated ess income	fro or 2 r	Net income (loss) on unrelated trade business (column minus column 3) a gain, compute umns 5 through 7.	activ	s income from ity that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 		\vdash						-
(2)				<u> </u>								<u> </u>
(3)		-		···-		+						-
(4)				1		\vdash						<u> </u>
Totals		Enter here on page Part I, line column	1, e 10,	on p	here and page 1, I, line 10, mn (B)	ı			L. L.			Enter here and on page 1, Part II, line 26
Schedule J – Advertising	a Inco	ma (\$00 inc	tructio	l		1						1
					noolida	-	d Basis					
Part I Income From Pe	riouiç					_						1
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	(1	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)							-					
(2)						1]
(3)						1						1
(4)		<u> </u>		ļ		_						
Totals (carry to Part II, line (5)))	•										
D 4 4												000 T (001 T)

양 양 Page 5

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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)				-		
(2)						
(4)		, ,				
Totals from Part I	•					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•			-		1.
Schedule K - Compensation	n of Officers, Dire	ctors, and Tri	ustees (see instru	uctions)		•
1 Name		2 Title			ation attributable ated business	
		+			. +	

Total. Enter here and on page 1, Part II, line 14 BAA

TEEA0204 L 10/04/17

Form **990-T** (2017)

2017	Federal Statements EAST CAROLINA UNIVERSITY EDUCATIONAL FOUNDATION, INC.		Page 1 56-6061192
Statement 1 Form 990-T, Part II, Line 28 Other Deductions	·		
BARTENDERS CREDIT CARD FEES TENT RENTAL		\$ Total \$	998. 16. 1,742. 2,756.
Statement 2 Form 990-T, Part III, Line 35c Computation of Tax Blended Tax Computation			
1. Unrelated Taxable In 2. Tax on line 1 figure 3. Tax on line 1 figure 4. Ratio of days before 5. Ratio of days after 7. Multiply line 2 by 1 8. Multiply line 3 by 1 9. Total tax (add lines	ed using tax rate before January 1, 2018 ed using the 21% rate e January 1, 2018 December 31, 2017 line 4 line 5	\$	2,429. 364. 510. 0.5041 0.4959 183. 253. 436.