松 北鄉

Form	990-T	Ex	empt Organization) (and proxy tax					n	OMB No 1545-0687
		For cales	ndar year 2017 or other tax year begin						<u> ୬</u> ଲ 1 7
		For Cale	■ Go to www irs.gov/Form990					"——·	
	ment of the Treasury I Revenue Service	, Do	not enter SSN numbers on this form a)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if					see instructions		D Emplo	yer Identification number
	address changed	1					i	(Employ	yees' trust, see instructions)
ВЕхе	mpt under section	1	THE CORPORATION OF I	MERC	ER UNIVE	RSITY			
Х	501(C <u>)(23</u>)	Print	Number, street, and room or suite no I	faPO	box, see instrue	ctions	_	58-05	566167
	408(e) 220(e)	Type							ited business activity codes structions)
Ш	408A530(a)		1501 MERCER UNIVERS	ITY_	DRIVE			(000 1170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	529(a)		City or town, state or province, country	y, and Z	IP or foreign po	stal code			
	k value of all assets nd of year		MACON, GA 31207				77/7	52599	541800
			up exemption number (See instructi				N/A	I	
	3,858,053.		ck organization type X 501			501(c)		401(a) i	trust Other trust
			rimary unrelated business activity						Yes X No
	• •		corporation a subsidiary in an affilidentifying number of the parent con			nt-subsidiary o	ontrolled group?	• • • •	F [] fes [A] NO
			VILLIAM G. SOLOMON	porati) P	Telephone	e number ▶ 47	8 301-	2771
			or Business Income	-	(A) In	come	(B) Expens		(C) Net
1a	Gross receipts or				(7		(=/ =		1
b	Less returns and allowa		c Balance ▶	1c					}
2			ule A, line 7)	2					ì
3	Gross profit Sub	tract line	2 from line 1c	3					
4a			attach Schedule D)	4a		79,448.			79,448.
b			Part II, line 17) (attach Form 4797).	4b	,				
С	Capital loss dedu	ction for t	trusts	4c					-
5	Income (loss) from	partnershi	ps and S corporations (attach statement)	5	-2	11,703.	ATCH 1		-211,703.
6	Rent income (Sch	nedule C)		6					
7	Unrelated debt-fi	nanced in	come (Schedule E)	7					
8	Interest, annuities, roya	lties, and re	nts from controlled organizations (Schedule F)	8					
9			1(c)(7), (9), or (17) organization (Schedule G)	9			. 		
10		-	ncome (Schedule I)	10				•	
11			dule J)	11	1	77,018.	ATCH 2		177,018.
12	•		ctions, attach schedule)	13		44,763.	AICH Z		44,763.
13 Par			ough 12				eductions) (F	xcept fo	·
LEGI			be directly connected with t					-xoopt ii	or contains attorne,
14			directors, and trustees (Schedule K)					. 14	
15			······································		-n			15	
16	Repairs and mair	tenance	KEOL	-101				. 16	
17	Dad dakta							. 17	
18	interest (attach s	cneaule)	·····································	4 V.4	.019 . 15				
19	Taxes and license	2	이		اغذا			. 19_	4,840.
20	Charitable contri	butions (See instructions for limitation rules)	ΞN	·⊍Ŧ· · · ∖	, ,		. 20	, . <u></u>
21	Dobiooiano (am								
22	=		on Schedule A and elsewhere on re			-		22b	
23									
24			compensation plans						
25	· ·		S						
26 27			Schedule I)						
27 28			schedule J)						112,567.
28 29			es 14 through 28						117,407.
30			ole income before net operating						-72,644.
31			ion (limited to the amount on line 30						
32			e income before specific deduction						-72,644.
33			ally \$1,000, but see line 33 instruc						
34	•	•	• •						
	enter the smaller	of zero or	ble income. Subtract line 33 fr	<u></u>	<u> </u>	<u> </u>	<u>:4</u>)34	-72,644.

For Paperwork Reduction Act Notice, see instructions. 7X2740 2 000 627L 1985

Form	990-T	(2017)

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58-0566167	Page 2

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1551 and 1563) check there ▶	Pai	t III	Tax Computation		_		
a Enter your share of the \$50,000, 225,000, and \$9,25,000 (axable moome brackets (in that order) (1) (1) (2) (2) (3) (3) (3) (3) Additional 3% tax (not more than \$100,000) (2) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) (4) Additional 3% tax (not more than \$100,000) (3) (3) (4) Additional 3% tax (not more than \$100,000) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	35	Organi	zations Taxable as Corporations. See instructions for tax computation Controlled group				
a Enter your share of the \$50,000, 225,000, and \$9,25,000 (axable moome brackets (in that order) (1) (1) (2) (2) (3) (3) (3) (3) Additional 3% tax (not more than \$100,000) (2) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) Additional 3% tax (not more than \$100,000) (3) (3) (4) Additional 3% tax (not more than \$100,000) (3) (3) (4) Additional 3% tax (not more than \$100,000) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		member	rs (sections 1561 and 1563) check here See instructions and				
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750), \$ (2) Additional 3% tax (not more than \$100,000) c income tax on the amount on line 34 from \$2.000 c income tax on the amount on line 34 from \$2.000 Trusts Taxable at Trust Rates See instructions for tax computation income tax on the amount on line 34 from \$2.000 Trusts Taxable at Trust Rates See instructions for tax computation income tax on the amount on line 34 from \$2.000 Trusts Taxable at Trust Rates See instructions for tax computation income tax on the amount on line 34 from \$2.000 Trusts Taxable at Trust Rates See instructions \$2.000 Trust Rates See instructi	а						
b Enter organization's share of (1) Additional 3% tax (not more than \$110,000) c income tax on the amount on line 34. 15 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34. 16 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from Tax rate schedule or Schedule () Form 1041). 17 Trusts Taxable at Trust Rates See instructions. 18 Alternative minimum tax. 18 Alternative minimum tax. 18 Alternative minimum tax. 18 Alternative minimum tax. 18 B 39 Tax on Non-Compiliant Facility Income. See instructions. 19 Tax and Payments. 10 Total, Add lines 37, 38 and 39 to line 350 or 38, whichever applies. 10 Other credits (see instructions). 11 Foreign tax credit (corporations attach Form 1118), trusts attach Form 1116). 12 Tax and Payments. 13 Foreign tax credit (corporations attach Form 3800 (see instructions). 14 Total credits. Add lines 4 tax through 41d. 15 Credit for provinger minimum tax (tatach Form 8801 or 8827). 16 Total credits. Add lines 4 tax through 41d. 17 Total credits. Add lines 4 tax through 41d. 18 Total credits. Add lines 4 tax through 41d. 19 Credit for environmentax of the tax through 41d. 10 Credit for environmentax of tax through 41d. 10 Credit for environmentax of tax through 41d. 11 Total tax Add lines 41 and 41s. 12 Credit for minimum tax (tatach Form 8801 or 8827). 13 Payments A 2016 overpayment credited to 2017. 15 Payments Add lines 42 and 43. 15 Payments A 2016 overpayment credited to 2017. 15 Payments A 2016 overpayment credited to 2017. 15 Payments A 2016 overpayment credited to 2017. 15 Payments Add lines 45 at through 45g. 15 Credit for small employer health insurance premiums (Attach Form 8941). 16 Total payments. Add lines 45a through 45g. 17 Credit for small employer health insurance premiums (Attach Form 8941). 18 Total payments. Add lines 45a through 45g. 19 Check credits and payments. 19 Credit for small employer health insurance premium (Artach		(1) \$	(2) \$ (3) \$				
(2) Additional 3% tax (not more than \$100,000)	ь		rganization's share of (1) Additional 5% tax (not more than \$11,750).				
C income tax on the amount on line 34. \$ Trust B Taxable at Trust Rates See instructions for tax computation income tax on the amount on line 34 from		(2) Addı	tional 3% tax (not more than \$100,000)	ll			
the amount on line 34 from	С			35c			
37 Proxy tax. See instructions 38 38 38 38 39 38 39 38 39 30 30 30 30 30 30 30							
37 Proxy tax. See instructions 38 38 38 38 39 38 39 38 39 30 30 30 30 30 30 30		the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Tax and Payments 41 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116),	37			37			
19 Tax on Non-Complant Facility Income. See instructions. 10 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. 20 Tax and Payments 14 a Foreign tax credit (corporations attach Form 1116),		-		38			
Part IV Tax and Payments			•	$\overline{}$			-
41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 41b 41b	40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 41b 41b	Pai	t IV	Tax and Payments				
b Other credits (see instructions),							
c General business credit. Attach Form 3800 (see instructions)				1			
d Credit for prior year minimum tax (attach Form 8801 or 8827),				1			
e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40. 43 Other taxes Check rifem Form 4255 Form 8611 Form 8697 Form 8696 Other (ettach schedule). 43 Other taxes Check rifem Form 4255 Form 8611 Form 8697 Form 8696 Other (ettach schedule). 43 Total tax. Add lines 42 and 43. 44 Total tax. Add lines 42 and 43. 45 a Payments A 2016 overpayment credited to 2017	d	Credit fi	or prior year minimum tax (attach Form 8801 or 8827).	1			
Subtract line 41e from line 40. 33				41e			
43 Other taxes Check if from				42			
Total tax. Add lines 42 and 43. 45 a Payments A 2016 overpayment credited to 2017 b 2017 estimated tax payments. C Tax deposited with Form 8868. d Foreign organizations Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 7 Credit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments Form 4136 Total payments. Add lines 45a through 45g. 10 Total payments. Add	43			43			
b 2017 estmated tax payments A 2016 overpayment credited to 2017				44			0.
b 2017 estimated tax payments			i 1				
c Tax deposited with Form 8868							
d Foreign organizations Tax paid or withheld at source (see instructions)				1			
e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941)				1			
f Credit for small employer health insurance premiums (Attach Form 8941)				1			
Other credits and payments	_			1			
Form 4136				1			
Total payments. Add lines 45a through 45g	•		orm 4136 Other Total ▶ 45g				
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want 60 Credited to 2018 estimated tax 70 Refunded 50 Refunded 50 Refunded 50 Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$22,732. 54 Under penalties of penylny, I declare that have examed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer 54 Date Title 55 Signature of officer 56 Date Title 57 Print/Type preparer's name 58 Signature of officer 58 Signature of officer 59 Date Title 69 Date Check if Shawing Pills Ellipsian Pills E	46	_		46			
Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 52 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 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$22,732. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Signature of officer Print/Type preparer's name SHAWN M HUTCHINSON , CPA Preparer SHAWN M HUTCHINSON , CPA Firm's name KPMG LLP Firm's name KPMG LLP Firm's name KPMG LLP Firm's sell N 3.746.3 Firm's se	47	-		47			
Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. Denter the amount of line 49 you want. Credited to 2018 estimated tax. Refunded ► 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$22,732. Unific correct, and complete Section of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name SHAWN M HUTCHINSON , CPA Preparer Firm's name FRMG LLP	48			48			
The second of the 49 you want is considered to 2018 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 1	49			49			
At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 53 Enter the amount of tax-exempt interest received or accrued during the tax year. 54 Sign Here 55 Enter the amount of tax-exempt interest received or accrued during the tax year. 56 Sign Here 57 Date Title 68 Date 69 Print/Type preparer's name Check Firm's name 69 Print/Type preparer's name Check Firm's name 60 NO 78 Print/Type preparer's name Firm's name 78 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 79 Print/Type preparer's name Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 70 Print/Type preparer's name SHAWN M HUTCHINSON, CPA Firm's name 71 Print'S EIN \$13-5565207	50		· · · · · · · · · · · · · · · · · · ·				
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 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 Enter the amount of tax-exempt interest received or accrued during the tax year \$22,732. Unfer penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fine, correct, and complete Sectionation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name SHAWN M HUTCHINSON , CPA Preparer Use Only Firm's name KPMG LLP Firm's name KPMG LLP Firm's EIN \$13-5565207	Pai	t V	Statements Regarding Certain Activities and Other Information (see instruction	s)			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here X	51	At any	time during the 2017 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
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 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$22,732. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X yes No Print/Type preparer's name SHAWN M HUTCHINSON , CPA Prim's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP		over a	financial account (bank, securities, or other) in a foreign country? If YES, the organization may	ay hav	e to file		1
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 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$22,732. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is find, correct, and complete Sectionation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X yes No Print/Type preparer's name SHAWN M HUTCHINSON , CPA Preparer SHAWN M HUTCHINSON , CPA Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign	country	 - -	
If YES, 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 ▶ \$22,732. Sign Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is triple, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X yes No Print/Type preparer's name SHAWN M HUTCHINSON , CPA Prim's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's EIN ▶13 - 5565207		here 🕨					Х
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Date Paid Preparer Primt/Type preparer's name SHAWN M HUTCHINSON , CPA Firm's name Firm's EIN ▶13 - 5565207 Firm's EIN ▶13 - 5565207 Firm's EIN ▶13 - 5565207		If YES, s	see instructions for other forms the organization may have to file				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Date Paid Preparer Primt/Type preparer's name SHAWN M HUTCHINSON , CPA Firm's name Firm's EIN ▶13 - 5565207 Firm's EIN ▶13 - 5565207 Firm's EIN ▶13 - 5565207	53	Enter th	ne amount of tax-exempt interest received or accrued during the tax year > \$22,732.				
Here Signature of officer Paid Preparer SHAWN M HUTCHINSON , CPA Preparer Use Only Firm's name		Uı	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of m	y knowledge	and bel	ief, it is
Here Signature of officer Paid Preparer SHAWN M HUTCHINSON , CPA Preparer Use Only With the preparer shown below (see instructions)? X Yes No Preparer Shown below (see instructions)? X Yes No Preparer Shown below (see instructions)? X Yes No Preparer's signature SHAWN M HUTCHINSON , CPA Firm's name ► KPMG LLP	Sig	n 🔊		v the	IRS discuss	this	retum
Print/Type preparer's name SHAWN M HUTCHINSON , CPA Preparer Use Only Print/Type preparer's name SHAWN M HUTCHINSON , CPA Print's name No. 2012 Print's name Preparer's signature A /28/19 Print's lin A /28/19 Firm's name No. 2012 Print's preparer's name SHAWN M HUTCHINSON , CPA Firm's name No. 2012 Firm's name No. 2012 Print'Type preparer's name SHAWN M HUTCHINSON , CPA Firm's name No. 2012 Firm's name Firm's name No. 2012 Firm's name No. 2012 Firm's name No. 2012 Firm's name Firm's na	Her	e 🏊		h the	preparer sh	nown 1	
Paid Preparer Use Only Paid SHAWN M HUTCHINSON , CPA SHAWN M HUTCHINSON , CPA Firm's name ► KPMG LLP Firm's name ► KPMG LLP Firm's EIN ►13 - 5565207		S	gnature of officer Date Title (se	e instruction		es	No
Preparer Use Only SHAWN M HUTCHINSON , CPA SHAWN M HUTCHINSON , CPA Firm's name ► KPMG LLP	n :		Print/Type preparer's name Preparer's signature Date Chec	k 🔲 īf	PTIN		
Use Only			SHAWN M HUTCHINSON , CPA Houn Hutchian 4/28/19 self-e	mployed			<u>.</u> 7
Firm's address > 300 NORTH GREENE ST., SUITE 400, GREENSBORO, NC 27401 Phone no 336-275-3394				EIN 🗲	13-5565	207	
	<u></u>	Unity	Firm's address ▶ 300 NORTH GREENE ST., SUITE 400, GREENSBORO, NC 27401 Phon	e no	336-275	-339	14

Form 990-T (2017)	1112 001		or or hill	CER ONLY	BROITI		Page 3	
Schedule A - Cost of Go	oods Sold. En	ter method	d of inventor	y valuation	<u> </u>			
 Inventory at beginning of y Purchases Cost of labor 	2			7 Cost of	goods sol	ir		
4a Additional section 263A co (attach schedule) b Other costs (attach schedu	osts 4a			Part I, line 8 Do the	2 rules of	section 263A (v	with respect to Yes No	
5 Total. Add lines 1 through	4b - 5			to the orga	nization?		x	
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Person	al Property	Leased V	vith Real Prope	rty)	
Description of property	·			***				
(1)				<u>.</u> .				
(2)								
(3)								
(4)								
	2 Rent recei	ved or accrue	ed					
for personal property is more than 10% but not percent			age of rent for p	om real and personal property (if the ige of rent for personal property exceeds if the rent is based on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)		_						
(2)								
(3)								
(4)								
Total	-	Total			-	(b) Total deducti	one	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6						Enter here and of Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructio	ns)				
			2 Gross in	come from or	3 [nnected with or allocable to ced property	
1 Description of det	ot-financed property					nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)	1							
(3)		1						
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4 d	column Ivided Dlumn 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%			_ 	
(3)				%			 .	
(4)				%				
						e and on page 1, , lee 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals	ions included in co			⊳ l				

Schedule F - Interest, Annu	uities, Royalties	, and Rer	nts Fro	om Contro	lled Or	ganiza	tions (see	instructio	ns)	
		Exe	mpt Co	ontrolled Or	ganızatı	ons				
Name of controlled organization	2 Employer identification number			ated income instructions)	l .	of specifie ents made	d included	f column 4 th in the contro ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)						_				
Nonexempt Controlled Organia	zations				. —	T				
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)							,			
(4)										
Totals		· · · · · · · · · · · · · · · · · · ·		(0) (47	>	Ente Part	I columns 5 ar here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
Schedule G - Investment in	come of a Sec	tion 501	(C)(7),	(9), Or (17		nizatio			-	5 Total deductions
1 Description of income	2. Amount of	ıncome		directly col (attach sch	nnected				and set-asides (col 3 plus col 4)	
(1)			<u> </u>							
(2)			_							
(3)		-	-							
(4)	Enter here and o	4								Enter here and on page 1,
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, co	olumn (A)	her Th	an Advert	ising Ir	ncome	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experdirect connecte producti unrela business i	nses lly d with on of ted	4. Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	me (loss) ted trade (column lumn 3) ompute	5 Gro from a	oss income activity that unrelated ess income	ome 6 Expenses attributable to ted		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1; F line 10, c	Part I,					•		Enter here and on page 1, Part II, line 26
Totals	nomo (see instri	intions)					-			
			`oncal	lidated De	eie .					
Part I Income From Per	lodicals Report	ed on a C	onsoi	lidated bas	sis	T		_		<u> </u>
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus c a gain, co cols 5 thre	ss) (col ol 3) If mpute	f income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										
		1 -		<u>.</u>		<u> </u>				Form 990-T (2017)

orm	990-T	(2017)	

58-0566167

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)

7. Excess readership

<u></u>		
<u></u>		<u> </u>
•	•	
,		Enter here and on page 1, Part II, line 27
-		
		Trustage (see instructions)

Schedule K - Compensation of Officers, 1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 4626

Alternative Minimum Tax - Corporations

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Employer Identification number 58-0566167 THE CORPORATION OF MERCER UNIVERSITY Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) 1 (72,644)Adjustments and preferences: 3,987 2a 2b 2d (90) 2e e f 2g a Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) Tax shelter farm activities (personal service corporations only)................. Passive activities (closely held corporations and personal service corporations only) 2k (2,334)2m 98,101 27,020 3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions..... Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior vear ACE adjustments. See instructions. Note: You must enter an ACE adjustment If line 4b is zero or more, enter the amount from line 4c 4e If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount. Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT...... 27,020 6 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 27,020 7 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- Exemption. Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, 40,000 9 10 10 11 11 12 12 Tentative minimum tax Subtract line 11 from line 10.............. 13 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

Keep for Your Records

Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions

1		Pre-adjustment AMTI Enter the amount from line 3 of Form 4626,	1	27,020
2	•	ACE depreciation adjustment		
	а	AMT depreciation		
		ACE depreciation		
		(1) Post-1993 property		
		(2) Post-1989, pre-1994 property		
		(3) Pre-1990 MACRS property		
		(4) Pre-1990 original ACRS property 2b(4)		
		(5) Property described in sections 168(f)(1) through		
		(4)		
		(6) Other property		
		(7) Total ACE depreciation Add lines 2b(1) through 2b(6)		
	c		2c	
3	ŭ	Inclusion in ACE of items included in earnings and profits (E&P)	-	_
•	а	Tax-exempt interest income		
		Death benefits from life insurance contracts		
		All other distributions from life insurance contracts (including surrenders) 3c		
		Inside buildup of undistributed income in life insurance contracts		
		Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial		
	٠	list)		
,	•	Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e	3f	
<u>,</u>	•	Disallowance of items not deductible from E&P		<u> </u>
7	2	Certain dividends received		
	b	Dividends paid on certain preferred stock of public utilities that are deductible under		
		section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014,		
	_	128 Stat 4043)		
	٠	Dividends paid to an 2001 that are deductible under section 404(n).		
	А	Nonpatronage dividends that are paid and deductible under section 1382(c) 4d		
	u	Nonpatronage dividends that are paid and deductible under section 1302(b)		
		Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list) 4e		
	•	Other Rents (see Regulations sections 1 30(g)=1(0)(3)(i) and (ii) for a partial list).	- , -	
	•	Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	4f	
5	•	Other adjustments based on rules for figuring E&P		
3	•	Intangible drilling costs		
		Circulation expenditures		
		Organizational expenditures		
		LIFO inventory adjustments		
		Installment sales	- 1	•
		Total other E&P adjustments Combine lines 5a through 5e	5f	
e	'	· · · · · · · · · · · · · · · · · · ·	6	-
6 7		Disallowance of loss on exchange of debt pools	7	
7 8			8	
-		Depletion	9	
9 10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of		
10			10	27,020
		Form 4626		2,,020

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

THE CORPORATION OF MERCER UNIVERSITY

Employer identification number

58-0566167

Part	Short-Term Capital Gains and Losses	s - Assets Held O	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whote dollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
11	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	2,406.				2,406.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	ı
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	2,406.
Part						
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 8	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
81	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	68,164.				68,164.
11	Enter gain from Form 4797, line 7 or 9				11	8,878.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7.,		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ıh		15	77,042.
	- Cannary or Caron and I					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16	2,406.
17	Net capital gain Enter excess of net long-term capital Add lines 16 and 17 Enter here and on Form 1120,				17	77,042.
18	the corporation has qualified timber gain, also complete. If losses exceed gains, see Capital losses in the	ete Part IV			18	79,448.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Internal Rever	Sequence No 12A							
Name(s) sh	own on return		Social security number or taxpayer iden	tification number				
THE C								
statement	will have the	B, or C below, see whether you received any Form(s) 1099-B or subs same information as Form 1099-B Either will show whether your basis If you which box to check	, , , , , , , , , , , , , , , , , , ,					
Part I	Short-Ter transactio	r or less are short term. For lo	ng-term					
	Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions)							
complete	a separate	A, B, or C below. Check only one box. If more than one box Form 8949, page 1, for each applicable box. If you have most boxes, complete as many forms with the same box checket	ore short-term transactions than wi					
(A)	Short-term t	ransactions reported on Form(s) 1099-B showing basis was	reported to the IRS (see Note above	/e)				

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
STCG FROM PARTNERSHIP INVESTMENTS	VARIOUS	VARIOUS	2,406				2,406	
							_	
					-		-	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	2,406				2,406	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Form 8949 (2017)					Δ++	tachment Sequence No	124	Page 2
Name(s) shown on return Name and SSN or taxe	aver identification n	not required if shi	own on other side	Social sec		taxpayer identificat		
THE CORPORATION OF MER	•				•	58-0566167		
Before you check Box D, E, or F below, statement will have the same informati broker and may even tell you which box	see whether yo on as Form 10	ou received any	• •					
Part II Long-Term. Transactransactions, see page		ng capital a	ssets you held	more than 1	year are lor	ng term For sho	ort-term	
Note: You may agg to the IRS and for w 8a, you aren't requir	hich no adj	justments o	r codes are red	quired. Enter	the totals d	rectly on Sche		
You must check Box D, E, or F b a separate Form 8949, page 2, fo more of the boxes, complete as ma (D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions r	r each applic any forms wit eported on F eported on F	able box If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo ox checked as y B showing basis B showing basis	ng-term transa ou need was reported to	o the IRS (see	vill fit on this pa		
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	Gain or Subtract or from colum	, (Ioss) olumn (e) nn (d) and
(230) (30 3) (12 30)	((Mo, day, yr)	yr) (see instructions) in the separate (f) (g) cor					he result ımn (g)
	1	1	I	1	I	1	1	

			(See Managions)	instructions	Code(s) from instructions	Amount of adjustment	with column (g)
LTCG FROM PARTNERSHIP INVESTMENTS	VARIOUS	VARIOUS	68,164				68,164
~	-						
	,						
,							
			,				
		-					
•							
2 Totals. Add the amounts in columns	(d), (e), (g), and	d (h) (subtract					
negative amounts) Enter each total Schedule D, Ilne 8b (if Box D above above is checked), or line 10 (if Box	is checked), lin	e 9 (If Box E	68,164				68,164

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

Form 3800

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return **General Business Credit**

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2017
Attachment
Sequence No 22

Identifying number 58-0566167

THE CORPORATION OF MERCER UNIVERSITY

***	JORE ORDITOR OF TIBRODIC ORTABILITY		000010	
art I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TM (See instructions and complete Part(s) III before Parts I and II)	r)		
1	General business credit from line 2 of all Parts III with box A checked	1.		1,030
2	Passive activity credits from line 2 of all Parts III with box B checked 2	1 ·		1,030
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3		
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with	-		
7	box C checked. See instructions for statement to attach	4	ĺ	405
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with	-4		405
	box D checked. See instructions	5		
6	Add lines 1, 3, 4, and 5	6		1,435
art II		10		1,433
7	Regular tax before credits:	1		
	• Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the			
	sum of the amounts from Form 1040NR, lines 42 and 44	1		
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the			
	applicable line of your return	7		
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,			-
	lines 1a and 1b, or the amount from the applicable line of your return	` .		
8	Alternative minimum tax			
	• Individuals. Enter the amount from Form 6251, line 35	٠ ٣		
	• Corporations. Enter the amount from Form 4626, line 14	8		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56			
9	Add lines 7 and 8	9		
		7-		
10a	Foreign tax credit			
	Certain allowable credits (see instructions)	i l		
	Add lines 10a and 10b	10c		
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11		
	, , , , , , , , , , , , , , , , , , ,	_		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-			
		1		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see	-	I	
	instructions)		I	
14	Tentative minimum tax	1, 1		
	• Individuals. Enter the amount from Form 6251, line 33			
	• Corporations. Enter the amount from Form 4626, line 12	3.0		
	• Estates and trusts. Enter the amount from Schedule I	1 •]		
	(Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15		
16	Subtract line 15 from line 11. If zero or less, enter -0	16		
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17		
17	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,			
	or reorganization.	_		
- D	Delivation Ash Notice			2000

	2000	(2017)
OHIII	3000	(2017)

Page 2

Fan			
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and en	ter -0-	on line 26
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21_	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24_	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30_	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	- Estates and trasts form fort, conclude G, into 20	38	

	3800 (2017)			Page 3
	(s) shown on return		identifying number	·
	CORPORATION OF MERCER UNIVERSITY		58-056616	7
	General Business Credits or Eligible Small Business Credits (see ins	tructions	s)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Small	Busines	ss Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserved			
l	If you are filing more than one Part III with box A or B checked, complete and attach first an a	idditional	Part III combining	amounts from all Parts
	Ill with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit	1	(b) f claiming the credit	(c) Enter the appropriate
	On any line where the credit is from more than one source, a separate Part III is needed for e through entity	ach f	rom a pass-through	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a 6	entity, enter the EIN	
		1b		
c	Reserved		7-1245315	1,435
d	Low-income housing (Form 8586, Part I only)		7-1243313	1,433
	Disabled access (Form 8826) (see instructions for limitation)	1d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e		
f		1f		<u> </u>
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	Instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		·····
q	Energy efficient appliance (carryforward only)	1q		<u>-</u>
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	_1v		·
w	Employer differential wage payments (Form 8932)	1w		<u></u>
x	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
		1aa		
	, , , , , , , , , , , , , , , , , , ,	1bb		
Z Z	Other. Oil and gas production from marginal wells (Form 8904) and certain			
_	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,435
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		<u> </u>
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,435

Form 3800 (2017)

Name(s) shown on return		Identifying number	Page
THE CORPORATION OF MERCER UNIVERSITY		58-056616	7
Part III General Business Credits or Eligible Small Business Credits (see II	nstructio	ons)	
Complete a separate Part III for each box checked below (see instructions).			
A X General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved			
C General Business Credit Carryforwards G Eligible Sma	all Busir	ness Credit Carryfon	wards
D General Business Credit Carrybacks H Reserved		• •	
I If you are filing more than one Part III with box A or B checked, complete and attach first an	addition	nal Part III combining	amounts from all Parts
III with box A or B checked Check here if this is the consolidated Part III	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u> ▶ □
(a) Description of credit		(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for	each	If claiming the credit from a pass-through	Enter the appropriate
pass-through entity		entity, enter the EIN	amount
1a Investment (Form 3468, Part II only) (attach Form 3468)			
b Reserved	1b	 .	
c Increasing research activities (Form 6765)	1c	47-1245315	1,03
d Low-income housing (Form 8586, Part I only)	1d	·	
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)			
g Indian employment (Form 8845)	1g	<u></u> _	· · · · · · · · · · · · · · · · · · ·
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i	 	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
k Employer-provided child care facilities and services (Form 8882) (see			
Instructions for limitation)	1k		
Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m Low sulfur diesel fuel production (Form 8896)	1 m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	10		
p Energy efficient complement (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910) s Alternative fuel vehicle refueling property (Form 8911)	1r 1s		
t Enhanced oil recovery credit (Form 8830)			
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1u 1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933).	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936).	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz Other Oil and gas production from marginal wells (Form 8904) and certain	100		
other credits (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,030
3 Enter the amount from Form 8844 here and on the applicable line of Part II			1,050
4a Investment (Form 3468, Part III) (attach Form 3468)			
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	-	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
g Qualified railroad track maintenance (Form 8900)			
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i	-	
j Reserved	4j .	and the same of the contract o	
z Other			
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II			1,030
SA 2 2 000			Form 3800 (2017

Form	31	300 (2017)			Page 3
Name	e(s) shown on return		identifying number	
TH	É	CORPORATION OF MERCER UNIVERSITY		58-056616	7
	_	General Business Credits or Eligible Small Business Credits (see in	struction	ons)	
Con	n <u>p</u>	lete a separate Part III for each box checked below (see instructions)			
Α	L	General Business Credit From a Non-Passive Activity E Reserved			
В	L	General Business Credit From a Passive Activity F Reserved			
С	12	General Business Credit Carryforwards G Eligible Smal	l Busir	ness Credit Carryfor	wards
D	L	General Business Credit Carrybacks H Reserved			
ı		you are filing more than one Part III with box A or B checked, complete and attach first an			
		with box A or B checked Check here if this is the consolidated Part III	 ,		
		(a) Description of credit		(b) If claiming the credit	(c)
pass	-th	On any line where the credit is from more than one source, a separate Part III is needed for nrough entity	,	from a pass-through entity, enter the EIN	Enter the appropriate amount
		Investment (Form 3468, Part II only) (attach Form 3468)	1a		
k)	Reserved	1b		
C		Increasing research activities (Form 6765)	1c	47-1245315	405
C		Low-income housing (Form 8586, Part I only)	1d		
€		Disabled access (Form 8826) (see instructions for limitation)	1e		
f		Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
9		Indian employment (Form 8845)	1g		
r		Orphan drug (Form 8820)	1h		
i		New markets (Form 8874)	1i		
j		Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1</u> j_		
k		Employer-provided child care facilities and services (Form 8882) (see	ا ا		
		instructions for limitation)	1k		
ı		Biodiesel and renewable diesel fuels (attach Form 8864)	11		
		Low sulfur diesel fuel production (Form 8896)	1m		
r	1	Distilled spirits (Form 8906)	1n		
•		Nonconventional source fuel (carryforward only)	10		
F		Energy efficient home (Form 8908)	1p		
0	1	Energy efficient appliance (carryforward only)	1q		
r		Alternative motor vehicle (Form 8910)	1r		
S		Enhanced oil recovery credit (Form 8830)	1s 1t		
t .		Mine rescue team training (Form 8923)	1u		
ι		Agricultural chemicals security (carryforward only)	10	-	
٧		Employer differential wage payments (Form 8932)	1w		
-		Carbon dioxide sequestration (Form 8933)	1x		
		Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>x</u>		
z		Qualified plug-in electric vehicle (carryforward only)	1z		
		Employee retention (Form 5884-A)	1aa		
- F	h	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
		Other. Oil and gas production from marginal wells (Form 8904) and certain	1		
_		other credits (see instructions)	1zz		
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		405
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a		Investment (Form 3468, Part III) (attach Form 3468)	4a		
b		Work opportunity (Form 5884)	4b		
С	:	Biofuel producer (Form 6478)	4c		
d	ı	Low-income housing (Form 8586, Part II)	4d		
е		Renewable electricity, refined coal, and Indian coal production (Form 8835).	4e		
f		Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g		Qualified railroad track maintenance (Form 8900)	4g		
h	1	Small employer health insurance premiums (Form 8941)	4h		
i		Increasing research activities (Form 6765)	4i		
j		Reserved	4 <u>j</u>		<u>.</u>
z		Other	4z		
5		Add lines 4a through 4z and enter here and on the applicable line of Part II \dots	5		
6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		405

58-0566167

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

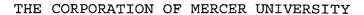
INCOME (LOSS) FROM PARTNERSHIPS

-211,703.

INCOME (LOSS) FROM PARTNERSHIPS

-211,703.

1818098



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58-0566167

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

ADVERTISING INCOME

PART I - LINE 12 - OTHER INCOME

177,018.

177,018.

58-0566167

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

ADVERTISING EXPENSES TAX PREPARATION FEE

104,804.

7,763.

PART II - LINE 28 - OTHER DEDUCTIONS

112,567.