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Form 990-T	Ex	kempt Organi			iness Ind der section			4rn 906	ОМВ	No 1545-0687
Tomi O O O	 	ndar year 2018 or other t							G	M10
	For cale							, 20	<u> </u>	4W 10
Department of the Treasury Internal Revenue Service	1	► Go to www.irs.g not enter SSN numbers						14/61/31	Open to	Public Inspection for Organizations Only
A Check box if		Name of organization (ne changed and se					ication number
address change	đ	Name of organization (Check by	JX 11 (10)	ne ananges and se	30 111311 0011011				ee instructions)
B Exempt under section		THE CORPORAT								
X 501(C 1)3)	Print	Number, street, and room	m or suite no l	faPO	box, see instruction	ons			566167	
408(e) 220(e) Type	,					-		lated busin instructions)	ess activity code
408A530(a)	1501 MERCER						_	•	
529(a)	_	City or town, state or pr		y, and Z	IP or foreign postal	l code		505/		1.000
C Book value of all assets at end of year		MACON, GA 31			27./2			5259	190 54	11800
-		oup exemption number				1 .		1		
		eck organization type I				501(c		401(a		Other trust
		anization's unrelated trac		sses				ibe the onl		
		RTNERSHIP INVE				•	complete Part			e, describe the
		e end of the previous s	entence, cor	nplete	Parts I and II, co	omplete a S	chedule M for o	each addition	onal	
trade or business,										
•		corporation a subsidia	=			subsidiary (controlled group	o'	▶ ∟	Yes _X_ No
		identifying number of t ILLIAM G. SOLO		rporation	on P	Tolonho-	e number > 4	178 301	-2771	,
					(A) In an					(C) Not
	1	or Business Incon	T T	1	(A) Inco	ine -	(B) Exp	enses	-	(C) Net
1a Gross receipts o				ا . ا						
			c Balance ▶	2						
		Bule A, line 7)		3						
·		2 from line 1c						<u> </u>		
· · · · · · · · · · · · · · · · · · ·	-	attach Schedule D)		4a 4b			*			
• , ,		Part II, line 17) (attach Fo		4c						
		trusts		5	-27	0,018.	ATCH_	1		-270,018.
• •		or an S corporation (attach state		6	r		IVED		 	
•		ncome (Schedule E)		7		KEU		10	-	···
		ents from a controlled organizat			0			8		
,	· -	onts from a contioned organization (17) organization		_	101	JUN 2) 2 2020 -	S		•
		ncome (Schedule I)		10						
•	-	dule J)		11		OGDI	EIJ LIT			
ŭ	•	ctions, attach schedule)		12		<u> </u>				
13 Total Combine		•		13	-27	0,018.				-270,018.
		Taken Elsewhere	(See insti		ns for limitat	ions on c	leductions.)	(Except	for contr	ibutions,
		t be directly conne	-					` '		•
		directors, and trustees						14		
•										
	-									
·										
		(see instructions)						1		
19 Taxes and licen	ses				<i></i> .			19		1,420.
20 Charitable cont	ributions (See instructions for limit	itation rules)		,		· · · ŸİĊĤ	.4 . 20		
		4562)							to-	
22 Less depreciati	on claimed	f on Schedule A and els	sewhere on re	eturn	[2	22a		22	ь	
23 Depletion								23		
24 Contributions to	deferred	compensation plans .						24		
25 Employee bene	fit program	s						25		
26 Excess exempt	expenses (Schedule I)						26		
		Schedule J)							1	
		schedule)								10,000.
		es 14 through 28								11,420.
30 Unrelated busi	ness taxal	ole income before ne	et operating	loss	deduction Sub	tract line	29 from line	13 3		-281,438.
31 Deduction for r										
	et operatir	ng loss arising in tax ye	ears beginnii	ng on c	or after January 1	i, 2018 (see	e instructions)			
32 Unrelated busin	ess taxab	ng loss arising in tax ye le income Subtract line Notice, see instructions	ears beginnii e 31 from line	ng on o	or after January 1	1, 2018 (see	e instructions)			-281,438. orm 990-T (2018)

Form	990-T (2				Page 2
Par	t III	Total Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see			
	ınstruc	tions)	33	6	3,270.
34	Amoun	ts paid for disallowed fringes	34		
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			
••		nions)	35	6	3,270.
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1		
30		•	36		0.
	OI IIIIea	33 and 34			1,000.
37	Specifi	c deduction (Generally \$1,000, but see line 3/ instructions for exceptions)	37		1,000.
38		ted business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,			^
_		ne smaller of zero or line 36	38		0.
Par	t IV	Tax Computation			
39	Organı	zations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		
40	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on			
	the am	ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶	40		
41	Proxy 1	ax See instructions	41		_
42		tive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·			
43	Tax on	Noncompliant Facility Income See instructions	43		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			
Par		Tax and Payments	1		-
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		tredits (see instructions)	1		
			1		
		business credit Attach Form 3800 (see instructions)	1		
		or prior year minimum tax (attach Form 8801 or 8827)	45.		
		redits Add lines 45a through 45d			
46		t line 45e from line 44	46		
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	$\overline{}$		
48		x Add lines 46 and 47 (see instructions)	48		0.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50 a	Payme	nts. A 2017 overpayment credited to 2018]		
b	2018 e	stimated tax payments	J i		
С	Tax de	posited with Form 8868]		
		organizations Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
		or small employer health insurance premiums (attach Form 8941) 50f	1 i		
		redits, adjustments, and payments Form 2439	1		
9		orm 4136 Other Total ▶ 50g			
51		ayments. Add lines 50a through 50g	51		
		ted tax penalty (see instructions) Check if Form 2220 is attached	52		
52					
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55		e amount of line 54 you want Credited to 2019 estimated tax Refunded	55		
	t VI	Statements Regarding Certain Activities and Other Information (see instruction			1
56		time during the 2018 calendar year, did the organization have an interest in or a signature or			es No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	
	here 🕨			L	X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.		Х
	-	see instructions for other forms the organization may have to file			
58		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$6,386.		1	
	U	nder penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of my	knowledge and	belief, it is
Sigr	n . "	ue correct and complete feed aration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her		. 1991 / ((A) 1 A) V // () W	•	S discuss th reparer show	
1161	-			s)? X Yes	No
		Print/Type grengreds name Prenareds signature Date	7 7	PTIN	, , ,,,,
Paid		A/ // //		P01048	557
	arer		employed	13-55652	
	Only				
		Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 2740 Phon	eno 336		
10.4				Form 990	- I (2018)

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Form 990-T (2018)						· · · · · · · · · · · · · · · · · · ·			١	Page 3
Schedule A - Cost of Good	s Sold . Er	iter method	of inventory valuati	on 🕨						
1 Inventory at beginning of year	. 1		6 Invent	ory at e	nd of yea	ar	6			
2 Purchases	. 2		7 Cost	of go	ods so	ld Subtract line				
3 Cost of labor	. 3		6 fro	m line	5 En	ter here and in	_			
4a Additional section 263A costs	.		Part I,	line 2			7			
(attach schedule)	4a		8 Do t	ne rule	es of	section 263A (wi	th resp	ect to	Yes	No
b Other costs (attach schedule)	4b		prope	ty pro	duced	or acquired for	resale)	apply		
5 Total. Add lines 1 through 4b			to the	organiz	ation? .		<u></u>			Х
Schedule C - Rent Income (Fi	rom Real P	roperty ar	d Personal Prope	rty Le	ased V	Vith Real Proper	ty)			
(see instructions)							-			
1 Description of property								<u> </u>		
(1)										
(2)										
(3)										
(4)						T				
	2 Rent recei	ved or accrue	d							
(a) From personal property (if the perce for personal property is more than 10 more than 50%)		percenta	om real and personal prop ge of rent for personal pro of the rent is based on pro	perty exc	eeds	3(a) Deductions dir in columns 2(a				ome
(1)										
(2)										
(3)		·								
(4)	·									
Total		Total				(b) T-4-1 d- d4		•		
(c) Total income Add totals of colum	ns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6, colu						Part I, line 6, colum	in (B) 🕨			
Schedule E - Unrelated Debt-	Financed I	ncome (se	e instructions)							
			2 Gross income from		3 0	Deductions directly con- debt-finance			e to	
1 Description of debt-fina	nced property		allocable to debt-financ property	ed (nt line depreciation	(b)	Other deduc		
					(atta	ch schedule)	(a	ttach sched	ule)	
(1)				_						
(2)						-				
(3)					-					
(4)				_						
Amount of average acquisition debt on or	 Average adjuged of or allocations 		6 Column		7 Gross	income reportable		locable ded		
allocable to debt-financed	debt-financed		4 divided by column 5			n 2 x column 6)		n 6 x total o 3(a) and 3(b		ins
property (attach schedule)	(attach sch	eaule)		0/						
(1)				%						
(2)			a	%						
(3)				%				,		
(4)				%	ntor be-	o and an name 1	Enter	ore and a	2 222	
						e and on page 1, se 7, column (A)		iere and oi line 7, colu		
Total dividends-received deductions				. ▶						

Form **990-T** (2018)

Schedule F-Interest, Annu	uities, Koyaities				ntrolled Or			itions (see	- 1150 0000	رۆرار	
Name of controlled organization	2 Employer identification numb	per			ated income nstructions)	1	of specifients made	included	of column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)						ļ					
(3)											,
(4)						`					
Nonexempt Controlled Organi			1				. 10 F	art of column	9 that is	11	Deductions directly
7. Taxable Income	8 Net unrelated ii (loss) (see instruc				Total of specifi ayments made		inclu	ided in the co	ntrolling s income		nected with income in column 10
(1)			_								
(2)			-								
(3)	-		-					<u>-</u>			
(4)							Ad	d columns 5 a	and 10	Α.	ld columns 6 and 11
Totals		····	501/c	 \(7\		▶ 7) Orga	Ente Par	er here and on t I, line 8, colu	page 1, mn (A)	Ent	er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of		30 1(0	, (, , ,	3 Dedu directly co (attach sc	ctions nnected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)		-			· · ·	-			-		
(2)											
(3)											
(4)				ļ							
Totals	Enter here and Part I, line 9, c	column (A	۱)	1					- " Im 1 1 1 1 1 1 1 1 1		Enter here and on page 1. Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come,	, Othe	er Th	an Advert	ising In	come	(see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conn prod ui	Expense directly nected would be directed working the control of t	with of	4 Net inco from unrela or business 2 minus co If a gain, o cols 5 thr	ted trade (column dumn 3) compute	from a	oss income activity that t unrelated ess income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	pag	here an e 1, Par 10, col	t I,		T AN	Tek + 78"				Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	ncome (see instr	uctions	5)								····
Part I Income From Per				nsol	idated Ba	sis					
1. Name of periodical	2 Gross advertising income		. Direct		4 Adver gain or (lo 2 minus of a gain, co cols 5 thr	ss) (col ol 3) If ompute	1	arculation ncome	6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 						,				
(2)		l	-,		1		 		,	_	
(3)						골 ⁴					
(4)]						
Totals (carry to Part II, line (5))											Form 990-T (2018

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Part I 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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					_	
(4)						
Totals from Part I ▶			The second of th	A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
,	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) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		

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

Form **990-T** (2018)

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-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

Employer identification number 58-0566167 THE CORPORATION OF MERCER UNIVERSITY Short-Term Capital Gains and Losses (See instructions.) (h) Gain or (loss) (g) Adjustments to gain See Instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales pnce) the result with column (g) column (g) whole dollars 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 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 768. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 768. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 8a 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 . . . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 -20,861. 7,847. Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) -13,014.Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... Note: If losses exceed gains, see Capital losses in the instructions

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

Schedule D (Form 1120) 2018

SCHEDULE M (Form 990-T)

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

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

06/30 .2019

► Go to www irs gov/Form9907 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)

Name of organization

THE CORPORATION OF MERCER UNIVERSITY

Employer identification number 58-0566167

Unrelated business activity code (see instructions) ▶ 541800 Describe the unrelated trade or business ► ADVERTISING

Total. Combine lines 3 through 12......

Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 215,525. 1a Gross receipts or sales 215,525. b Less returns and allowances Cost of goods sold (Schedule A, line 7)..... 2 2 215,525 215,525. 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 215,525. 215,525.

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	I	
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	l	4,038.
20	Charitable contributions (See instructions for limitation rules)	I	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	_
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I),	I	
27	Excess readership costs (Schedule J)	I	·
28	Other deductions (attach schedule)	I	148,217.
29	Total deductions. Add lines 14 through 28		152,255.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	63,270.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	63,270.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

JSA

13

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

THE CORPORATION OF MERCER UNIVERSITY

58-0566167

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2.

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)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

X (C) Short-term transactions r	lot reported i	lo you on For	111 1099-15	· · · · · · · · · · · · · · · · · · ·	Adjustment if	any, to gain or loss.	
(a)	(b)	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below	If you enter an a enter a cod	amount in column (g), de in column (f) irate instructions	(h) Gain or (loss) Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales pnce) (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							768
		"					
1		-			-		
	_		-				
					-		
2 Totals Add the amounts in columns negative amounts) Enter each total	here and inc	lude on your	,				
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab							768

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 (2018)

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Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

THE CORPORATION OF MERCER UNIVERSITY

Social security number or taxpayer identification number

58-0566167

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or
more of the boxes, complete as many forms with the same box checked as you need

	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
X	(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, ут)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)		
LTCG FROM PARTNERSHIP INVESTMENTS							-20,861		
		- \ and	de de mande o apidade es es es especiale de de cuerto						
							· · · · · · · · · · · · · · · · · · ·		
							.		
					1				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclu	ide on your							
above is checked), or line 10 (if Box							-20,861		

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 (2018)

JSA 8X2616 1 000

Form 3800

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
2018
Attachment
Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

THE CORPORATION OF MERCER UNIVERSITY

Identifying number 58-0566167

Part I	(C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	~
	(See instructions and complete Part(s) III before Parts I and II)		2 150
1	General business credit from line 2 of all Parts III with box A checked	1	2,158
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with	.	1 405
	box C checked See instructions for statement to attach	4	1,435
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with	_	
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	3,593
Part II			·
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	7	
	applicable line of your return		
	• 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	1 1	
	• Individuals Enter the amount from Form 6251, line 11	8	
	• Corporations Enter -0	├ ° ┼	
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	0
10a	Foreign tax credit		
	Certain allowable credits (see instructions).	i	
	Add lines 10a and 10b	10c	0
·	Add mics for and for the first transfer and mics for any and mics for any and mics for any and mics for any any and mics for any any any and mics for any		
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
	Instructions]	
14	Tentative minimum tax		
	• Individuals Enter the amount from Form 6251, line 9	1	
	• Corporations Enter -0]	
	• Estates and trusts Enter the amount from Schedule I]	
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11 If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	0
.,	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization		
For Pape	erwork Reduction Act Notice, see separate instructions.		Form 3800 (2018)

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- on	line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11 If zero or less, enter -0	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	0
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 2018 See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0
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 2018 See instructions	33	
34	Carryforward of business credit to 2018 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 2019 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	0
37	Enter the smaller of line 29 or line 36	37	0
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 Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		
	• Estates and trusts Form 1041, Schedule G, line 2b	38	0
			Form 3800 (2018)

_		~
Page	е,	J

Name(s) shown on return		Identifying number	
THE	CORPORATION OF MERCER UNIVERSITY		58-056616	7
Part	General Business Credits or Eligible Small Business Credits (see ins	truction	s)	
	plete a separate Part III for each box checked below See instructions		- /	
. r	X General Business Credit From a Non-Passive Activity E Reserved			
- 7.3 ⊢	General Business Credit From a Passive Activity F Reserved			
В	¬ ••••••••••••••••••••••••••••••••••••	I D	C	auala
		Busine	ss Credit Carryfon	wards
D [General Business Credit Carrybacks H Reserved			
	you are filing more than one Part III with box A or B checked, complete and attach first an a			
II	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)
Note.	On any line where the credit is from more than one source, a separate Part III is needed for e		from a pass-through	Enter the appropriate amount
	hrough entity .		entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
· b	Reserved	1b	*****	
С	Increasing research activities (Form 6765)	1c		3,593
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	-	
	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
ما لا	Employer-provided child care facilities and services (Form 8882) (see	''		
^		1k		
	Instructions for limitation)	11		
		1m		
	Low sulfur diesel fuel production (Form 8896)			
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		
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		
x	Carbon oxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
-	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	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			
_	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		3,593
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		3,030
_	Investment (Form 3468, Part III) (attach Form 3468)	4a		·
4a				
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	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	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		(
c	Add lines 2 3 and 5 and enter here and on the applicable line of Part II	6		3,593

Name(s) shown on return		Identifying number	
THE	CORPORATION OF MERCER UNIVERSITY		58-056616	7
∤Part	General Business Credits or Eligible Small Business Credits (see ins	tructions	s)	
	plete a separate Part III for each box checked below. See instructions			
	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
c		Busine:	ss Credit Carryfon	vards
ď	General Business Credit Carrybacks H Reserved		,	
	you are filing more than one Part III with box A or B checked, complete and attach first an a	dditional	Part III combining	amounts from all Parts
	I with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for entity	each	f claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		1
С	Increasing research activities (Form 6765)	1c	47-1245315	2,103
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)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	<u></u>	
;'	New markets (Form 8874)	1i		
:	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
. J	Employer-provided child care facilities and services (Form 8882) (see	-'-		
k		ابا		
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	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		
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		<u>-</u>
w	Employer differential wage payments (Form 8932)	1w		
	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	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			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		2,103
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
_	Investment (Form 3468, Part III) (attach Form 3468)	4a		· · · · · · · · · · · · · · · · · · ·
4a		4b		
ь	Work opportunity (Form 5884)	-		
C .	Biofuel producer (Form 6478)	4c		
d	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	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4 <u>j</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		2,103

Increasing research activities (Form 6765)...........

Employer credit for paid family and medical leave (Form 8994)......

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Other

i

i

55

4j

4z

Da	۰.	3

Form 3800 (2018) Identifying number Name(s) shown on return 58-0566167 THE CORPORATION OF MERCER UNIVERSITY General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions Reserved Α General Business Credit From a Non-Passive Activity В General Business Credit From a Passive Activity F Reserved C Х General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (c) (a) Description of credit (b) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) Reserved 1b Increasing research activities (Form 6765) 1,435 1c 1d Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 1f Indian employment (Form 8845) 1g h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 m Low sulfur diesel fuel production (Form 8896)......... 1m 1n Distilled spirits (Form 8906) Energy efficient home (Form 8908)...... 1p Energy efficient appliance (carryforward only) 1q 1r Alternative fuel vehicle refueling property (Form 8911) 1s 1t t 1u Agricultural chemicals security (carryforward only) 1v Carbon oxide sequestration (Form 8933)........... 1x 1y Qualified plug-in electric vehicle (carryforward only) 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 1zz other credits (see instructions) 1,435 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 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 Biofuel producer (Form 6478).......... 4c Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 4e 4f f Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . . . 4h

Small employer health insurance premiums (Form 8941)

Employer credit for paid family and medical leave (Form 8994)......

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Other

5

h

j

1.435

4i

4j

4z

58-0566167

ATTACHMENT 1

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

INCOME (LOSS) FROM PARTNERSHIPS

-270,018.

INCOME (LOSS) FROM PARTNERSHIPS

-270,018.

ATTACHMENT 2

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

PROFESSIONAL FEES

10,000.

PART II - LINE 28 - OTHER DEDUCTIONS

10,000.

58-0566167

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ADVERTISING EXPENSES PROFESSIONAL FEES

145,655. 2,562.

PART II - LINE 28 - OTHER DEDUCTIONS

148,217.