

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
THE CORPORATION OF MERCER UNIVERSITY

% WILLIAM G SOLOMON  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1501 MERCER UNIVERSITY DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
MACON, GA 31207

**D** Employer identification number  
58-0566167

**E** Telephone number  
(457) 301-2710

**G** Gross receipts \$ 425,653,528

**F** Name and address of principal officer:  
William D Underwood  
1501 MERCER UNIVERSITY DRIVE  
MACON, GA 31207

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: [www.mercer.edu](http://www.mercer.edu)

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1833

**M** State of legal domicile: GA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
Mercer University's mission is to teach, TO LEARN, TO CREATE, TO discover, to inspire, to empower, and to serve.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	49
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	48
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	4,641
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	507
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	173,320
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	16,950

	Prior Year		Current Year	
<b>8</b> Contributions and grants (Part VIII, line 1h)	95,864,783	105,236,428		
<b>9</b> Program service revenue (Part VIII, line 2g)	283,972,535	286,911,700		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,888,395	6,354,784		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,297,706	8,030,113		
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,023,419	406,533,025		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	92,396,326	92,405,170		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	169,223,295	175,901,163		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,982,030				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	108,897,171	110,077,553		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	370,516,792	378,383,886		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,506,627	28,149,139		
	Beginning of Current Year		End of Year	
	<b>20</b> Total assets (Part X, line 16)	808,696,382	834,032,550	
<b>21</b> Total liabilities (Part X, line 26)	351,943,147	354,505,553		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	456,753,235	479,526,997		

## Part II Signature Block

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-05-13  
JAMES NETHERTON EXEC VP-ADMIN & FIN.  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2021-05-12  
Check  if self-employed PTIN: P01226647  
Firm's name ▶ KPMG LLP Firm's EIN ▶  
Firm's address ▶ 300 North Greene Street Suite 400 Greensboro, NC 27401 Phone no. (336) 275-3394

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

MERCER UNIVERSITY'S MISSION IS TO TEACH, TO LEARN, TO CREATE, TO DISCOVER, TO INSPIRE, TO EMPOWER AND TO SERVE. IN FULFILLING THIS MISSION, THE UNIVERSITY SUPPORTS UNDERGRADUATE, GRADUATE, AND PROFESSIONAL LEARNING AS WELL AS BASIC RESEARCH AND ITS APPLICATION IN SERVICE TO OTHERS. AS A UNIVERSITY COMMITTED TO EXCELLENCE AND INNOVATION, MERCER CHALLENGES MEMBERS OF ITS COMMUNITY TO MEET AND EXCEED HIGH STANDARDS IN THEIR TEACHING, LEARNING, RESEARCH, SCHOLARSHIP AND SERVICE. FOUNDED BY BAPTISTS IN 1833, MERCER IS AN INDEPENDENT UNIVERSITY THAT REMAINS GROUNDED IN A TRADITION THAT EMBRACES FREEDOM OF THE MIND AND SPIRIT, CHERISHES THE EQUAL WORTH OF EVERY INDIVIDUAL, AND COMMITS TO SERVING THE NEEDS OF HUMANKIND. AS A REFLECTION OF THIS HERITAGE: O WE ENCOURAGE OUR STUDENTS TO DISCOVER AND DEVELOP FULLY THEIR UNIQUE COMBINATION OF GIFTS AND TALENTS TO BECOME LEADERS WHO MAKE A POSITIVE DIFFERENCE IN THE WORLD. O WE SEEK TO INSPIRE MEMBERS OF OUR COMMUNITY TO LIVE VIRTUOUS AND MEANINGFUL

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 107,667,425 including grants of \$ ) (Revenue \$ 249,699,560 )

See Additional Data

**4b** (Code: ) (Expenses \$ 92,346,790 including grants of \$ 92,346,790 ) (Revenue \$ )

See Additional Data

**4c** (Code: ) (Expenses \$ 58,263,295 including grants of \$ ) (Revenue \$ 37,212,140 )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 105,474,063 including grants of \$ 58,380 ) (Revenue \$ 7,086,460 )

**4e Total program service expenses** ▶ 363,751,573

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance documents, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (GA)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: WILLIAM G SOLOMON 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 (478) 301-2771







**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	118,057		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	79,725,490		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	25,392,881		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	6,423,686		
	<b>h Total.</b> Add lines 1a-1f . . . . .		105,236,428		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> TUITION AND FEES		900099	249,699,560	249,699,560		
<b>b</b> AUXILIARY SERVICES		900099	37,212,140	37,212,140		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			286,911,700			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		8,209,582		-193,549	8,403,131	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	5,927,820			
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>	5,103,005			
		<b>c</b> Rental income or (loss)	<b>6c</b>	824,815	0		
	<b>d</b> Net rental income or (loss) . . . . .			824,815			824,815
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	11,028,882			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	12,608,977	274,703		
		<b>c</b> Gain or (loss)	<b>7c</b>	-1,580,095	-274,703		
	<b>d</b> Net gain or (loss) . . . . .			-1,854,798		15,147	-1,869,945
	<b>8a</b> Gross income from fundraising events (not including \$ 118,057 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		87,244			
			<b>8b</b>	256,599			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-169,355		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0			
			<b>9b</b>	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		813,690			
<b>10b</b>			877,219				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				-63,529			-63,529
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS		900099	5,359,970	5,008,248	351,722		
	<b>b</b> CONTRACTUAL PAYMENTS		900099	1,829,354	1,829,354		
	<b>c</b> AMORTIZATION OF BOND PREMIUM/DISCOUNT		900099	175,743	175,743		
	<b>d</b> All other revenue . . . . .			73,115	73,115		
	<b>e Total.</b> Add lines 11a-11d . . . . .			7,438,182			
<b>12 Total revenue.</b> See instructions . . . . .			406,533,025	293,998,160	173,320	7,125,117	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	58,380	58,380		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	92,346,790	92,346,790		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,615,514	3,924,348	1,381,622	309,544
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	130,075,661	119,144,078	9,519,780	1,411,803
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	7,585,064	6,938,121	534,489	112,454
<b>9</b> Other employee benefits . . . . .	24,352,108	22,275,075	1,715,997	361,036
<b>10</b> Payroll taxes . . . . .	8,272,816	7,567,213	582,953	122,650
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	365,471	104,594	260,877	
<b>c</b> Accounting . . . . .	313,580		313,580	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,547,831	24,971,815	1,398,132	177,884
<b>12</b> Advertising and promotion . . . . .	1,343,449	1,239,319	103,475	655
<b>13</b> Office expenses . . . . .	11,248,402	10,171,918	914,725	161,759
<b>14</b> Information technology . . . . .	4,063,512	2,750,016	1,291,600	21,896
<b>15</b> Royalties . . . . .	14,705	14,705		
<b>16</b> Occupancy . . . . .	657,927	656,727	1,200	
<b>17</b> Travel . . . . .	4,618,647	4,287,100	239,169	92,378
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	10,151,271	10,151,271		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	17,210,056	17,210,056		
<b>23</b> Insurance . . . . .	4,840,839	4,075,051	765,788	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OPERATIONS & MAINTENANCE	17,296,086	16,973,957	321,391	738
<b>b</b> LOAN ADMINISTRATION	2,727,444	2,727,444		
<b>c</b> PROGRAMS & EVENTS	2,617,793	2,047,415	412,184	158,194
<b>d</b> DUES & MEMBERSHIP	1,064,803	645,576	417,129	2,098
<b>e</b> All other expenses	4,995,737	13,470,604	-8,523,808	48,941
<b>25</b> Total functional expenses. Add lines 1 through 24e	378,383,886	363,751,573	11,650,283	2,982,030
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	30,237,308	<b>2</b>	43,752,808
	<b>3</b> Pledges and grants receivable, net . . . . .	3,090,790	<b>3</b>	2,478,847
	<b>4</b> Accounts receivable, net . . . . .	10,353,393	<b>4</b>	14,381,600
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	6,533,635	<b>7</b>	22,658,104
	<b>8</b> Inventories for sale or use . . . . .	813,570	<b>8</b>	794,008
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	676,647,674		
	<b>b</b> Less: accumulated depreciation	317,519,337		
	<b>11</b> Investments—publicly traded securities . . . . .	200,784,866	<b>11</b>	191,552,215
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	179,724,796	<b>12</b>	182,938,365
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	11,009,499	<b>13</b>	10,125,345
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	5,677,838	<b>15</b>	6,222,921
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	808,696,382	<b>16</b>	834,032,550	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,344,358	<b>17</b>	12,669,346
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	4,472,513	<b>19</b>	9,052,193
	<b>20</b> Tax-exempt bond liabilities . . . . .	233,631,402	<b>20</b>	226,241,279
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	60,587,347	<b>23</b>	69,741,565
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	37,907,527	<b>25</b>	36,801,170
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	351,943,147	<b>26</b>	354,505,553
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	169,669,639	<b>27</b>	194,610,815
	<b>28</b> Net assets with donor restrictions . . . . .	287,083,596	<b>28</b>	284,916,182
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	456,753,235	<b>32</b>	479,526,997	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	808,696,382	<b>33</b>	834,032,550	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	406,533,025
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	378,383,886
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	28,149,139
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	456,753,235
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,906,561
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,468,816
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	479,526,997

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566167

**Name:** THE CORPORATION OF MERCER UNIVERSITY

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

Instruction: The University has 12 colleges and schools. The Universitys programs include liberal arts, business, engineering, education, medicine, nursing, pharmacy, law, theology, music and health professions. These expenses are related to the direct instruction of higher education. The University serves over 9,000 degree seeking students in the 12 colleges and schools. The University bestowed over 2,600 degrees for the 2019-2020 school year. The Peace Corps has named Mercer among the top five Peace Corp Prep Certificate granting institutions in the United States. The program had a record 12 students offered appointment to the Peace Corps. The Universitys instruction provides a focus on undergraduate research. The University has been recognized among the 50 leading universities in the United States for undergraduate research. 54% of the Universitys seniors are engaged in individualized research with faculty. The University had 202 students who were to present at regional and national conferences in 2020.

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**Form 990, Part III, Line 4b:**

Scholarships: These expenses are related to the support provided to the Universitys students based on donor stipulation, need and merit. The University provides scholarship aid within 4 categories. Mercer based aid scholarships are based on academic credentials and the scholarships are renewable up to 4 years. Talent based aid scholarships are either athletic scholarships or music scholarships. Need based aid scholarships are based on economic need. Competitive aid scholarships are based on merit. Over 90% of the Universitys students received scholarships and discounts.

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### **Form 990, Part III, Line 4c:**

Auxiliary Services: The Universitys Auxiliary Services facilitates the creation of community, extends the learning environment beyond the classroom and enhances the quality of campus life through the delivery of quality goods and services including residence, dining services, clinic operations, as well as athletic and retail operations for over 9,000 students. Auxiliary Services maintains the Bear card system which provides for a variety of different dining options and easier access for students to pay for those options. Auxiliary Services also provides mail and document services as well as cable access for the Universitys student residences.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$	44,981,475	including grants of \$	17,809	(Revenue \$	)
Research						

(Code: )	(Expenses \$	28,819,808	including grants of \$		(Revenue \$	7,086,460 )
Academic Support						



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$	26,751,075	including grants of \$	(Revenue \$
Student Services				)

(Code: )	(Expenses \$	2,651,461	including grants of \$	(Revenue \$
Institutional Support				)

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 2,270,244 including grants of \$ 40,571 ) (Revenue \$ )  
Public Service

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN HAWKINS ..... ASSOCIATE PROFESSOR	55.0 ..... 0.0					X		492,756	0	63,801
JEAN SUMNER ..... DEAN/PROFESSOR	55.0 ..... 0.0				X			411,566	0	58,023
LERA COX ..... DEAN/PROFESSOR	55.0 ..... 0.0					X		368,736	0	63,801
WILLIAM UNDERWOOD ..... PRESIDENT/PROFESSOR OF LAW	55.0 ..... 0.0	X		X				344,179	0	63,711
JAMES NETHERTON ..... EXEC VP - ADMIN & FINANCE	55.0 ..... 0.0			X				327,731	0	63,803
JULIAN HUTCHINS ..... MEDICAL LAB DIR/ASST PROFESSOR	55.0 ..... 0.0					X		316,803	0	74,449
DAVID DAVIS ..... PROVOST/PROFESSOR	55.0 ..... 0.0			X				310,423	0	78,368
JOHN KING JR ..... PROFESSOR	55.0 ..... 0.0					X		305,064	0	49,390
JEFFREY STEPHENS ..... MEDICAL DIR/CHAIR OF INT MED	55.0 ..... 0.0					X		280,242	0	70,696
JOHN PATTERSON ..... SR VP - UNIV ADVANCEMENT	55.0 ..... 0.0			X				263,036	0	72,406

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENNY ELKINS ..... SR VP - ENROLLMENT MGMT/PROF	55.0 ..... 0.0			X				278,268	0	55,699
WILLIAM SOLOMON IV ..... SR VP & GENERAL COUNSEL	55.0 ..... 0.0			X				244,198	0	61,268
ANDREA MITCHELL ..... EXECUTIVE DIRECTOR	55.0 ..... 0.0				X			238,851	0	60,842
LARRY BRUMLEY ..... SR VP - MARKETING COMM	55.0 ..... 0.0			X				235,865	0	57,534
KELLIE APPEL ..... SR VP - STRATEGIC INITIATIVES	55.0 ..... 0.0			X				225,680	0	60,323
ANITA GUSTAFSON ..... DEAN/PROFESSOR OF HISTORY	55.0 ..... 0.0				X			152,120	0	56,719
JULIA DAVIS ..... AVP FINANCE & TREASURER	55.0 ..... 0.0			X				163,375	0	19,609
Cathy Adams ..... Board Chair	1.0 ..... 0.0	X						0	0	0
Curtis G Anderson ..... Director	1.0 ..... 0.0	X						0	0	0
William H Anderson II ..... Director	1.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara Baugh ..... Director	1.0 ..... 0.0	X						0	0	0
G Holmes Bell IV ..... Director	1.0 ..... 0.0	X						0	0	0
Thomas P Bishop ..... Director	1.0 ..... 0.0	X						0	0	0
Carolyn McAfee Bruner ..... Director	1.0 ..... 0.0	X						0	0	0
Malcolm S Burgess Jr ..... Director	1.0 ..... 0.0	X						0	0	0
G Marshall Butler Sr ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Charles L Cantrell III ..... Director	1.0 ..... 0.0	X						0	0	0
James Earl Carter Jr ..... Director	1.0 ..... 0.0	X						0	0	0
Ashley A Copelan ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Milton L Cruz ..... Director	1.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Heather Darden ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Patricia B Dash ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Dwight J Davis ..... Director	1.0 ..... 0.0	X						0	0	0
Hon Nathan Deal ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Hon Sarah L Doyle ..... Director	1.0 ..... 0.0	X						0	0	0
Hon W Homer Drake Jr ..... Director	1.0 ..... 0.0	X						0	0	0
Dr James C Elder Jr ..... Director	1.0 ..... 0.0	X						0	0	0
Gene Gabbard ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Nancy A Grace ..... Director	1.0 ..... 0.0	X						0	0	0
Benjamin W Griffith III ..... Director	1.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Andrew Haggard ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Robert F Hatcher ..... Director	1.0 ..... 0.0	X						0	0	0
Dr Roy Head ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Dr James N Hollingsworth Jr ..... Director	1.0 ..... 0.0	X						0	0	0
David E Hudson ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Genelle Jennings ..... Director	1.0 ..... 0.0	X						0	0	0
Dr Stanley Demetrius Jones ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Dr Shaun King ..... Director	1.0 ..... 0.0	X						0	0	0
Dr Spencer B King III ..... Director	1.0 ..... 0.0	X						0	0	0
J Curtis Lewis III ..... Director	1.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David E Linch ..... Director	1.0 ..... 0.0	X						0	0	0
Julie Whidden Long ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
A Rabun A Matthews III ..... Director	1.0 ..... 0.0	X						0	0	0
J Thomas McAfee III ..... Director	1.0 ..... 0.0	X						0	0	0
Hon M Yvette Miller ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Jackie Baugh Moore ..... Director	1.0 ..... 0.0	X						0	0	0
Hon Maxine Cynthia Morris ..... Director	1.0 ..... 0.0	X						0	0	0
William A Moye ..... Director	1.0 ..... 0.0	X						0	0	0
J Reg Murphy ..... Director	1.0 ..... 0.0	X						0	0	0
Mary Diane Owens ..... Director	1.0 ..... 0.0	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
W Carl Reynolds ..... Director	1.0 ..... 0.0	X						0	0	0
Peter Robinson ..... Director	1.0 ..... 0.0	X						0	0	0
Dr Joe Sam Robinson Jr ..... Director	1.0 ..... 0.0	X						0	0	0
Honorable W Louis Sands ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Richard A Schneider ..... Director	1.0 ..... 0.0	X						0	0	0
Edward Schutter Jr ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Chris R Sheridan Jr ..... Director	1.0 ..... 0.0	X						0	0	0
J Daniel Speight ..... Director Until 11/7/19	1.0 ..... 0.0	X						0	0	0
Dr Barbara Brown Taylor ..... Director	1.0 ..... 0.0	X						0	0	0
James William Thomas Jr ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hon Marc Treadwell ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
William Bradley Turner Jr ..... Director From 11/8/19	1.0 ..... 0.0	X						0	0	0
Raymond M Warren III ..... Director	1.0 ..... 0.0	X						0	0	0
Jerry S Wilson ..... Director	1.0 ..... 0.0	X						0	0	0

**SCHEDULE A**  
 (Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**Name of the organization**  
 THE CORPORATION OF MERCER UNIVERSITY

**Employer identification number**  
 58-0566167

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	76,797,917	86,283,552	88,302,455	95,719,142	105,236,428	452,339,494
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	76,797,917	86,283,552	88,302,455	95,719,142	105,236,428	452,339,494
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						1,352,899
<b>6 Public support.</b> Subtract line 5 from line 4.						450,986,595

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	76,797,917	86,283,552	88,302,455	95,719,142	105,236,428	452,339,494
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,873,916	6,550,868	8,208,725	9,751,338	14,137,402	44,522,249
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					16,950	16,950
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	4,781,397	4,464,507	4,301,764	7,305,257	931,747	21,784,672
<b>11 Total support.</b> Add lines 7 through 10						518,663,365
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,387,483,090

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	86.952 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.701 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME AMOUNTS REPORTED AS OTHER INCOME ON LINE 10 INCLUDE GROSS INCOME FROM FUNDRAISING EVENTS AND GROSS SALES OF INVENTORY.

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization THE CORPORATION OF MERCER UNIVERSITY	Employer identification number 58-0566167
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		224,231
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			224,231
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1	Lobbying Expenses Mercer University retains two consultants, Hurt, Norton, & ASSOCIATES, INC. AND RM2 CONSULTANTS, TO PROMOTE LEGISLATION WHICH WOULD PROVIDE MERCER UNIVERSITY WITH FEDERAL FUNDS FOR USE OF VARIOUS UNIVERSITY PROJECTS AND PROGRAMS. ADDITIONALLY, A UNIVERSITY STAFF PERSON WORKED TO SECURE STATE APPROPRIATIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE CORPORATION OF MERCER UNIVERSITY

Employer identification number 58-0566167

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table with 2 columns: Held at the End of the Year. Rows 2a-d for total number of easements, total acreage, and number of easements on certified historic structures.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	376,609,510	345,981,665	319,135,024	275,593,608	251,100,662
<b>b</b> Contributions . . . . .	4,582,017	12,243,092	12,590,662	7,195,711	3,324,432
<b>c</b> Net investment earnings, gains, and losses	-2,374,397	13,947,116	22,797,059	31,313,290	-8,961,233
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	17,379,775	-4,437,637	8,541,080	-5,032,415	-30,129,747
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	361,437,355	376,609,510	345,981,665	319,135,024	275,593,608

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 29.770 %
- b** Permanent endowment ▶ 70.230 %
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		20,333,239		20,333,239
<b>b</b> Buildings . . . . .		503,481,180	202,054,621	301,426,559
<b>c</b> Leasehold improvements		246,876	145,738	101,138
<b>d</b> Equipment . . . . .		120,668,610	95,136,279	25,532,331
<b>e</b> Other . . . . .		31,917,769	20,182,699	11,735,070
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				359,128,337

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CASH & CASH EQUIVALENTS	1,145,427	F
(B) HEDGED EQUITY FUNDS OF FUNDS	33,295,122	F
(C) PRIV EQTY & VENTURE CAP FUNDS	22,687,663	F
(D) REAL ASSETS	48,240,973	F
(E) MISCELLANEOUS INVESTMENTS	601,460	F
(F) REMAINDER INTEREST TRUSTS	5,840,237	F
(G) INTEREST IN PERPETUAL TRUSTS	71,127,483	F
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	182,938,365	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	36,801,170

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566167

**Name:** THE CORPORATION OF MERCER UNIVERSITY

### Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ACCRUED POSTRETIREMENT BENEFITS	875,128
CAPITAL LEASE OBLIGATIONS	126,610
DUE TO RELATED ENTITY	113,811
ANNUITY OBLIGATIONS	2,802,455
ASSET RETIREMENT OBLIGATIONS	4,722,416
INTEREST RATE SWAPS	3,287,239
OTHER LIABILITIES	2,632,834
ADVANCES FROM FEDERAL GOVERNMENT	12,367,505
ADVANCES FROM STATE GOVERNMENT	9,873,172

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part II, Line 5	<p>Conservation Easement Policy The University does not have a formal policy but there is an established procedure. It has been our consistent practice to comply with all of the requirements set forth by the Georgia State Historical Preservation Division and all other rules and guidelines in effect for historical properties owned or leased by the University that are subject to conservation easements or preservation covenants. The conservation easements and preservation covenants held by the University expressly require that the subject properties must be preserved in accordance with all applicable rules and guidelines in effect for such properties. Specifically, the covenants require:(1) that the University ensure the continued maintenance, repair, and administration of the property so as to preserve the architectural, historical, or archaeological integrity of the same in order to protect and enhance those qualities that made the site eligible for listing in the National Register of Historic Places; (2) that no visual or structural alterations will be made to the property without prior written permission of the State Historical Preservation Division; and (3) that the State Historical Preservation Division, its agents, and designees shall have the right to inspect the property at all reasonable times in order to ascertain whether or not the conditions of the covenant are being observed. Thus, in practice, the University is complying with all legal requirements regarding the monitoring, inspection, handling of violations, and enforcement of the conservation easements and preservation covenants it holds, and the written documents memorializing the University's preservation covenants expressly require compliance with these legal requirements, as well.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 9	<p>Conservation Easement Reporting When Mercer University received the funds for the Grand Opera House, they were reported as auxiliary revenue and auxiliary expenses. Funds spent on capital items were reported on the balance sheet as a building renovation. Funds received for the Hardeman building were recorded as private gifts/grants and operations expenses. Funds spent on capital items were reported on the balance sheet as a building renovation. There is no footnote describing Mercer University's accounting for conservation easements in the audited financial statements for the year ended June 30, 2020.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	Endowment Fund The corpus is held in perpetuity. The earnings (unrealized, realized, and earnings) are used to pay investment fees for the individual funds, pay the investment advisor, and fund the annual approved spending allocation. The spending allocation funds the specific expense for which the donor provided the endowment fund.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 (ASC 740) Footnote The University is recognized as an organization exempt from federal income tax under Section 501(a) of the Internal Revenue Code (the Code) as an organization described in Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal income tax. The University's management has reviewed its tax positions and determined that it does not have material unrecognized tax positions that should be reflected in the consolidated financial statements for fiscal year 2020 or 2019.

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury

Name of the organization

THE CORPORATION OF MERCER UNIVERSITY

Employer identification number

58-0566167

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	



**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	PUBLICATION OF NONDISCRIMINATORY POLICY Mercers racially nondiscriminatory policy toward students is publicly available on their website.
SCHEDULE E PART I, LINE 6A	GOVERNMENT FINANCIAL AID & ASSISTANCE THE UNIVERSITY PARTICIPATES IN THE FOLLOWING PROGRAMS: FEDERAL PELL GRANTS, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG), FEDERAL DIRECT SUBSIDIZED AND UNSUBSIDIZED STAFFORD LOANS, FEDERAL PERKINS LOANS, HEALTH PROFESSIONS STUDENT LOANS, FEDERAL PARENT AND GRAD (PLUS) LOANS, OTHER VARIOUS FEDERAL LOAN PROGRAMS, FEDERAL TEACH GRANT, FEDERAL WORK STUDY PROGRAM, AND VETERANS EDUCATION PROGRAMS. THE UNIVERSITY ALSO RECEIVES VARIOUS FEDERAL GRANTS AND CONTRACTS FOR ACADEMIC AND SCIENTIFIC RESEARCH.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
THE CORPORATION OF MERCER UNIVERSITY

**Employer identification number**  
58-0566167

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .					606,618
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					606,618

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566167

**Name:** THE CORPORATION OF MERCER UNIVERSITY

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	MERCER ON MISSION	317,487
Central America and the Caribbean			Program Services	MERCER ON MISSION	42,780

**Form 990 Schedule F Part I - Activities Outside The United States**

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Sub-Saharan Africa			Program Services	MERCER ON MISSION	37,428
South Asia			Program Services	MERCER ON MISSION	24,908



**Form 990 Schedule F Part I - Activities Outside The United States**

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Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	54,697
Central America and the Caribbean			Program Services	STUDY ABROAD	75,512

**Form 990 Schedule F Part I - Activities Outside The United States**

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Middle East and North Africa			Program Services	STUDY ABROAD	18,202
South Asia			Program Services	STUDY ABROAD	17,622

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	INTERNSHIP	17,982



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Author's Lunch</u> (event type)	<u>First Pitch</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	63,104	50,600	91,597	205,301
<b>2</b> Less: Contributions . . . . .	47,757	10,000	60,300	118,057
<b>3</b> Gross income (line 1 minus line 2) . . . . .	15,347	40,600	31,297	87,244
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	63,062	36,690	156,847	256,599
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				256,599
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-169,355

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE CORPORATION OF MERCER UNIVERSITY

Employer identification number 58-0566167

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include UGA RESEARCH FOUNDATION INC and United Way of Central Georgia Inc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT FINANCIAL AID ASSISTANCE	6124	92,346,790			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	Monitoring Use of Grants ASSISTANCE TO MERCER UNIVERSITY STUDENTS IN THE FORM OF SCHOLARSHIPS ARE AWARDED FOR THE PURPOSE OF AIDING WITH THE COST OF ATTENDING THE UNIVERSITY, I.E. FOR TUITION, HOUSING, AND MEALS. SCHOLARSHIPS ARE BASED ON ACADEMIC ACHIEVEMENT, NEED, AND OTHER DONOR REQUIREMENTS SUCH AS LOCATION OF RESIDENCE. MERCER UNIVERSITY HAS CRITERIA FOR THE ELIGIBILITY REQUIREMENTS NEEDED TO AWARD A SCHOLARSHIP. ACADEMIC SCHOLARSHIPS ARE BASED ON SAT SCORES AND GRADE POINT AVERAGES AND ARE AWARDED BY THE OFFICE OF ADMISSIONS. NEED BASED GRANTS ARE MADE BY THE OFFICE OF FINANCIAL PLANNING AND ARE MADE UTILIZING THE FEDERAL NEED FORMULA (FAFSA APPLICATION). STUDENTS MUST BE ENROLLED FULL-TIME TO RECEIVE UNIVERSITY SCHOLARSHIPS/GRANTS. GENERALLY SPEAKING, FAFSA DATA IS VERIFIED FOR STUDENTS WHO ARE SELECTED FOR VERIFICATION BY THE FEDERAL STUDENT AID PROGRAM.



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CORPORATION OF MERCER UNIVERSITY

Employer identification number  
58-0566167

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE, PERSONAL SERVICES, AND CLUB DUES WILLIAM UNDERWOOD, MERCER UNIVERSITY PRESIDENT, RECEIVED A PROVISION OF HOUSING, INCLUDING CUSTODIAL SERVICES, FOR BUSINESS USE. THIS WAS NOT TREATED AS TAXABLE COMPENSATION. JAMES NETHERTON, EXECUTIVE VICE PRESIDENT OF ADMINISTRATION AND FINANCE, RECEIVED A CORPORATE MEMBERSHIP TO A SOCIAL CLUB. THIS WAS NOT TREATED AS TAXABLE INCOME.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CORPORATION OF MERCER UNIVERSITY

Employer identification number

58-0566167

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, and various expenditure categories.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership... and Are there any lease arrangements...

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %		0 %		0.100 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0 %		0 %		0.100 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0.200 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .			X					
<b>c</b> No rebate due? . . . . .	X				X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
<b>b</b> Name of provider . . . . .	0		0		1271 Counterparty Co		0	
<b>c</b> Term of hedge . . . . .						330 %		
<b>d</b> Was the hedge superintegrated? . . . . .						X		
<b>e</b> Was the hedge terminated? . . . . .						X		

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	BOND A: REFUNDING ISSUE FOR SERIES 1999 BONDS (ISSUED 6/15/1999) AND SERIES 2003 BONDS (ISSUED 1/15/2003). BOND B: CONSTRUCTION AND CAPITAL IMPROVEMENTS TO CAMPUS BUILDINGS - \$27,286,984 AND REFUNDING FOR SERIES 2006 BOND (ISSUED 5/19/2006) - \$6,706,397. BOND C: REFUNDING ISSUE FOR SERIES 2006A BOND (ISSUED 5/19/2006), SERIES 2006C BOND (ISSUED 5/19/2006), AND SERIES 2011 BOND (ISSUED 10/19/2011).

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B	BOND B: SIX MONTH EXCEPTION TO REBATE PER IRC SECTION 148(f)(4)(B)



<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 2C	BOND A: DATE REBATE COMPUTATION WAS PERFORMED - 2/16/2014 BOND C: DATE REBATE COMPUTATION WAS PERFORMED - 5/30/2016 BOND D: DATE REBATE COMPUTATION WAS PERFORMED - 10/01/2018

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CORPORATION OF MERCER UNIVERSITY

Employer identification number  
58-0566167

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		11,370	FMV
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .	X	1	22	FMV
9 Securities—Publicly traded . . . . .	X	45	2,102,976	FMV
10 Securities—Closely held stock . . . . .	X	1	3,000,000	FMV
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .	X	3	1,285,710	FMV
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	1	10,792	FMV
19 Food inventory . . . . .	X	2	1,910	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	2	4,800	FMV
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>MUSIC</u> )	X	1	4,033	FMV
26 Other ▶ ( <u>EQUIPMENT</u> )	X	2	2,073	FMV
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE M, LINE 32A	USE OF THIRD PARTIES MERCER UNIVERSITY USES THIRD PARTY STOCK BROKERS TO PROCESS NON-CASH CONTRIBUTIONS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

THE CORPORATION OF MERCER UNIVERSITY

Employer identification number

58-0566167

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1a	<p>Voting Board Members The affairs of the Corporation are managed and controlled by a Board of Trustees, consisting of forty-five (45) regular members who serve for terms of five (5) years each. In addition, during the tax year beginning July 1, 2019 and ending June 30, 2020, there were three (3) Life Trustees serving on the Board of Trustees. The President of the University also serves as an ex officio member of the Board of Trustees. Each of these members of the Board of Trustees has the power to vote. During the intervals between meetings of the Board of Trustees, the Executive Committee possesses and may exercise all the powers of the Board in the management and direction of the business and affairs of the Corporation in all cases in which specific direction has not been given by the Board. The Bylaws of the Corporation provide that the Executive Committee shall consist of the Chairman of the Board and the President ex officio and not less than seven (7) additional members chosen from the membership of the Board. All of the members of the Executive Committee are voting members of the Board of Trustees.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1b	Independent Board Members The President of the University, who serves as an ex officio voting member of the board of trustees, is compensated as an officer of the corporation, and is thus the only member of the corporation's governing body who is not considered to be independent.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	REVIEW OF FORM 990 Prior to filing, the Form 990 was reviewed in detail by the Executive Committee of the Board of Trustees. A copy of the finalized Form 990 was then distributed to all members of the Board of Trustees prior to filing.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
form 990, part vi, section b, line 12c	<p>Compliance with Written Conflict of Interest Policy At each annual meeting of the Board of Trustees, each Trustee, officer, and key employee of the University is required (a) to review the institution's Conflict of Interest Policy for Trustees, Officers, and Key Employees; (b) to disclose any possible personal, familial or business relationships that reasonably could give rise to a conflict of interest involving the University; and (c) to acknowledge by his or her signature that he or she is in accordance with the letter and spirit of the Conflict of Interest Policy. All Trustees, officers and key employees are required to list on a Disclosure Form for Trustees, Officers, and Key Employees those substantive relationships that they maintain (or members of their families maintain) with organizations that do business with the University, or that otherwise could be construed to potentially affect their independent, unbiased judgment in light of their decision-making authority or responsibility. In the event a Trustee, officer or key employee is uncertain as to the appropriateness of listing a particular relationship, the Chair of the Board of Trustees and/or the President is consulted. They, in turn, may elect to consult with legal counsel, the Executive Committee, or the Board of Trustees in executive session. These disclosure forms are collected by the Secretary of the Corporation, and copies are provided annually to the University's independent auditors. Trustees, officers, and key employees who have declared or been found to have a conflict of interest are required to refrain from participating in consideration of proposed transactions, unless for special reasons the Board or administration requests information or interpretation. Persons with conflicts are not allowed to vote or be present at the time of the vote on such transactions. Whenever the Board of Trustees holds a meeting at which (a) a Trustee's, officer's, or key employee's financial interest in a matter is disclosed, (b) a determination regarding the existence of a conflict of interest is made, or (c) a transaction or arrangement with respect to which a Trustee, officer, or key employee has a conflict of interest is considered, the Board's consideration of these issues is documented in the minutes of the meeting. In the interim between annual meetings, each Trustee, officer, and key employee has an ongoing obligation to notify the Board of Trustees promptly of any actual, apparent or potential conflict of interest as it arises.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 15a & 15B	<p>DETERMINING COMPENSATION The Executive Committee of the Board of Trustees has established a Compensation Committee, comprised of the Chair of the Board of Trustees, the Chair of the Executive Committee, and the Chair of the Finance, Investment and Property Committee, each of whom is an independent voting member of the University's governing body. On an annual basis, the Compensation Committee establishes the compensation arrangements for the President of the University, and also reviews the compensation arrangements for each University officer and other key employee who is in a position to exercise substantial influence over the affairs of the University to ensure that such compensation arrangements are reasonable. In carrying out this process, the Compensation Committee obtains and relies upon appropriate comparability data and concurrently documents the basis for its deliberations and decisions. No person having a conflict of interest with respect to the compensation arrangement for any University officer or key employee is present during the discussion and approval of such compensation arrangements.</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	<p>Making Documents Available to the Public The University makes its governing documents (i.e ., Articles of Incorporation and Bylaws) and its conflict of interest policy available to the general public by posting them on the institution's Web site (<a href="http://www.mercer.edu">http://www.mercer.edu</a>).</p> <p>On an annual basis, the University makes its audited financial statements available to the general public by continuing disclosure through the Electronic Municipal Market Access (EMMA) system of the Municipal Securities Rulemaking Board (<a href="http://emma.msrb.org">http://emma.msrb.org</a>).</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN SPLIT-INTEREST OBLIGATIONS 214,589 CHANGE IN FV OF I NTEREST RATE SWAPS (1,026,611) NET CHANGE IN BENEFICIAL TRUSTS (656,794) ----- TOTA L (1,468,816)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIPS MEMBERS OF THE BOARD CAROLYN MCAFEE BRUNER AND J. THOMAS MCAFEE, III have a family relationship. MEMBERS OF THE BOARD NANCY A. GRACE AND DAVID E. LINCH have a family relationship. MEMBERS OF THE BOARD BARBARA BAUGH AND JACKIE BAUGH MOORE HAVE A FAMILY RELATIONSHIP.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CORPORATION OF MERCER UNIVERSITY

**Employer identification number**

58-0566167

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> SAVANNAH CTR FOR MED EDU & RESEARCH LLC 1400 COLEMAN AVENUE MACON, GA 31207 47-1772525	Real Estate	GA	Mercer Univ	Excluded	-599,494	7,089,611		No	0	Yes		51.000 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> REMAINDER INTERST TRUSTS (30) 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207	CHAR TRUST	GA	MERCER UNIV	TRUST					
<b>(2)</b> PERPETUAL TRUSTS (12) 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207	CHAR TRUST	GA	MERCER UNIV	TRUST					

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b>	Dividends from related organization(s) . . . . .		No
<b>g</b>	Sale of assets to related organization(s) . . . . .		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-0566167  
**Name:** THE CORPORATION OF MERCER UNIVERSITY

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Mercer Medicine LLC 1501 MERCER UNIVERSITY DRIVE Macon, GA 31207 20-4846017	Practice Plan	GA		0	Mercer Univ
Abram properties LLC 1501 MERCER UNIVERSITY DRIVE Macon, GA 31207 58-0566167	Property Inv	GA		0	Mercer Univ
Aliel Park Investments LLC 1501 MERCER UNIVERSITY DRIVE Macon, GA 31207 58-0566167	property Inv	GA		0	Mercer Univ
Preschool Properties LLC 1501 MERCER UNIVERSITY DRIVE Macon, GA 31207 58-0566167	Property Inv	GA		0	Mercer Univ
DLESLIE LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	REAL ESTATE	GA		0	Mercer Univ
Pio Nono Stabilization LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	REAL ESTATE	GA		0	Mercer Univ
BELL HOUSE MANAGER LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	TAX CREDITS	GA	150,000	2,486,869	Mercer Univ
TATTNALL ARTS MANAGER LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 47-2402459	TAX CREDITS	GA	232,239	3,231,522	Mercer Univ
Mercer GSA LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	Real estate	GA	5,377,595	42,534,973	Mercer Univ
Historic Capricorn Studios Manager LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	TAX CREDITS	GA	0	3,689,757	Mercer Univ
Historic New York Caf Manager LLC 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207 58-0566167	TAX CREDITS	GA	86	999,956	Mercer Univ