| | 2 | С |
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| | 4a | С |
| | b | GCNC |
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| 7 | 8 | In |
| 9 | 9 | In |
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| ANNEC | | |
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| 3 | 4.0 | _ |

| Form | 990-T | E | cempt Organi | ization | Bus | siness In der sectio | come | Tax R | eturi 190 | n | OMB No | 1545-0687 |
|----------|---|-------------|---|---------------|----------|-------------------------|---------------|--------------|--------------|--------------|--|---|
| . 0.,,, | | Far colo | arru p) ndar year 2018 or other 1 | | | | | | | | න(| 140 |
| D | | rorcale | Go to www.irs.g | | | | | | | <u>'~-</u> | | ا لا ١٥ |
| | lment of the Treasury ม Revenปีe Service | ▶ Do | | | | | | | | (3) | Open to Pul 501(c)(3) O | blic Inspection for ganizations Only |
| Α _ | Check box if address changed | *** | Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions) | | | | | | | ation number | | |
| B Exe | empt under section. | . , | MOREHOUSE CO | LLEGE | | | | | | | | |
| Х | 501(C)(2 3) | Print | Number, street, and roo | m or suite no | lf a P O | box, see instructi | ions | | | 58-05 | 66205 | |
| | 408(e) 220(e) | or Type | | | | | | | | | ated busines: structions) | s activity code |
| | 408A530(a) | | 830 WESTVIEW | | | | | | | (2 | , | |
| | 529(a) | ` | City or town, state or pi ATLANTA, GA | | y, and a | ZIP or foreign post | al code | | | 52599 | 20 | |
| | end of year | E Gro | up exemption number | | rone) | | | | | - 32393 | | |
| 34 | 11,301,774. | | ck organization type | | | | 501(0 |) trust | 1 [| 401(a) | trust | Other trust |
| | | | inization's unrelated trad | | | | 1 100.(0 | | escribe | | (or first) uni | |
| | | _ | RTNERSHIP INVE | | | | If only one, | | | - | | describe the |
| fir | st in the blank spa | ce at the | end of the previous s | entence, co | mplete | Parts I and II, c | complete a S | chedule M | I for each | n addition | al | |
| tra | ade or business, the | en comple | ete Parts III-V | | | | | | | | | |
| | • | | corporation a subsidia | - | - | | -subsidiary (| controlled o | group?. | | ▶∟ | Yes X No |
| | | | identifying number of t | the parent co | rporati | on 🕨 | | | - 101 | CO 1= | - | |
| | | | RALD HECTOR | | | (4) (| | ne number | | | 1 2 | |
| | | | or Business Incon | ne | | (A) Inco | ome | (B) | REC | | (ED ' | C) Net |
| 1a b | Gross receipts or s | | | C Balance ▶ | 1c |] | | | | | 5 | ≀ / |
| 2 | | | ule A, line 7) | J . | | | | \$ | MAY | 2.9 | 0:0 5 | |
| 3 | - | • | 2 from line 1c | | 3 | | | | *11/ 11 | | JØ | |
| 4a | • | | ttach Schedule D) | | 4a | | | | 00 | <u> </u> | | |
| b | | | Part II, line 17) (attach Fo | | 4b | | | | OGL | プ こ | 4 | |
| C | Capital loss deduc | ction for t | rusts | | 4c | | | | | | | |
| 5 | | | r an S corporation (attach state | | 5_ | - | -2,442. | ATC | :H 1 | | | -2,442. |
| 6 | | | | | 6 | | | ļ | _/ | | | |
| 7 | | | come (Schedule E) . | | 7 | | | | | | | |
| 8 9 | · · · · · · · · · · · · · · · · · · · | | nts from a controlled organizat | | | | | | | | , , , | • |
| 10 | | | 1(c)(7), (9), or (17) organization ncome (Schedule I) | | 10 | | | | | | <u>'</u> | |
| 11 | • | | lule J) | | 11 | | | | | | <u> </u> | |
| 12 | | | tions, attach schedule) | | 12 | | | | | | | |
| 13 | Total. Combine lin | es 3 thr | ough 12 | <u> </u> | 13 | | 2,442. | | | | | -2,442. |
| Par | | | Taken Elsewhere | | | | | | ns.) (E | xcept fo | or contrib | utions, |
| | | | be directly conne | | _ | related busi | ness inco | me.) | | | 1 | |
| 14 | Compensation of | officers, | directors, and trustees | (Schedule K) | <i>/</i> | · · n···· | ام الما | | | . 14 | | |
| 15 | Salaries and wage | s | | //. | | ··K46·(| autie | | • • • • | . 15 | | |
| 16 17 | Repairs and main | enance | | / | | 09 â | 206 P | Q | • • • • | . 16 | | |
| 18 | Interest (attach so | hedule) (| (see instructions) | <i>.</i> ; | • • • | , | ·. : • · · · | 77 | | • | | |
| 19 | Taxes and licenses | . | | | | | | | | . 19 | | |
| 20 | Charitable contrib | utions (S | See instructions for limi | tation rules) | | | ATT. | ACHME | NT 4 | . 20 | | |
| 21 | Depreciation (atta | ch Form | 4562) | | | [| 21 | | | | | |
| 22 | | | on Schedule A and els | | | | | | | 22b | | |
| 23 | Depletion | | | | | , | | | | . 23 | | |
| 24 | | | compensation plans . | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 27 | | | Schedule I) | | | | | | | l l | | |
| 27 28 | | | chedule J) | | | | | | | 27 | | 3,500. |
| 28 29 | | | s 14 through 28 | | | | | | | | | 3,500. |
| 30 / | // | | le income before ne | | | | | | | | | -5,942. |
| 31 | | | g loss arising in tax ye | | | | | | | 31 | | |
| 32_ | | | e income Subtract line | | - | | | | . 10 | | | -5,942. |
| For P | aperwork Reducti | on Act N | lotice, see instructions | | | | | | T | / | Form | 990-T (2018) |
| UNE / 41 | ° 1658040 JSA 98 | 5 | | | V 1 | 8-7.6F | : | 58799 | | | | 1 |

| Form | 990-T (2018) | | | | Page 2 |
|----------|---|--|------------------------|---------|----------------|
| Pai | t III Total Unrelated Business Taxable Income | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | | | |
| | instructions). | 33 | | -5, | 942. |
| 34 | Amounts paid for disallowed fringes | 34 | | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see | | | | |
| | Instructions) | 35 | | | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | | | | |
| | of lines 33 and 34 | 36 | | -5, | 942. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36. | | | | |
| | enter the smaller of zero or line 36 | 38 | | -5, | 942. |
| Pai | t IV Tax Computation |) | | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | 39 | | | |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on | | | | |
| | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) | 40 | | | |
| 44 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | | | |
| 41 | Proxy tax. See instructions | 42 | | | |
| 42 43 | Tax on Noncompliant Facility Income. See Instructions | | | | |
| 44 | | | | | |
| Pai | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | | | |
| | | Т | | | |
| | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | - | | | |
| | Other credits (see instructions) | 4 | | | |
| | General business credit Attach Form 3800 (see instructions) | - | | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | - | | | |
| е | Total credits. Add lines 45a through 45d | 45e | | | |
| 46 | Subtract line 45e from line 44 | 46 | | | |
| 47 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) . | 47 | | | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | | | 0 |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | | | |
| 50 a | Payments A 2017 overpayment credited to 2018 | _ | | | |
| b | 2018 estimated tax payments |]] | | | |
| С | Tax deposited with Form 8868 | | | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) |] [| | | |
| | Backup withholding (see instructions) |] | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f |] [| | | |
| g | Other credits, adjustments, and payments Form 2439 | 1 | | | |
| • | Form 4136 Other Total ▶ 50g | 1_1 | | | |
| 51 | Total payments. Add lines 50a through 50g | 51 | | | |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 52 | | | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | | |
| 55 | Enter the amount of line 54 you want | | | | |
| | tVI Statements Regarding Certain Activities and Other Information (see instruction | | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or | | authority | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m | | - 1 | | \vdash |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | - | | | |
| | here | ror cigir | Country | - | x |
| | | | | | x |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | ign trust | | | ^ |
| E0 | If "Yes," see instructions for other forms the organization may have to file | | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I | hast of m | v knowledge | and hel | liot it i |
| 0: | true, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge | Jest Of III | , knowledge (| and bei | 101, IL I |
| Sig | - D CERRID WEGERS | • | RS discuss | | |
| Her | | | preparer sh | | _ |
| | | e instructio | ons) ⁹ X Ye | s | No |
| Dai: | Print/Type preparer's name Preparer's signature Date Chec | k∐ ıf | PTIN | | |
| Paid | DAVID E STARK | employed | P008 | 9202 | :4 |
| • | Only Firm's name KPMG LLP | s EIN ► | 13-556 | 5207 | ' |
| 026 | Only Firm's address >300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 27401 Phon | enn 33 | 6-275-3 | 3394 | |

| Form 990-T (2018) | <u> </u> | | | | | | Page 3 |
|--|----------------------|--------------------------------------|---|--|---|---|-----------------|
| Schedule A - Cost of G | oods Sold. Er | iter method | d of inventory valuation | <u> </u> | | | |
| 1 Inventory at beginning of | year . 1 | | 6 Inventory | at end of year | ar | 6 | |
| 2 Purchases | 2 | | 7 Cost of | goods so | id. Subtract line | | |
| 3 Cost of labor | 3 | | 6 from | line 5 En | iter here and in | | |
| 4a Additional section 263A c | osts | | Part I, line | 2 | | 7 | |
| (attach schedule) | | | 8 Do the | rules of | section 263A (w | th respect to Y | es No |
| b Other costs (attach schedu | | | | | or acquired for | | . _ |
| 5 Total. Add lines 1 through | | | to the org | anization? | | | X |
| Schedule C - Rent Incom | e (From Real P | roperty a | nd Personal Property | Leased V | Vith Real Proper | ty) | |
| (see instructions) 1. Description of property | | | | | | | |
| | | | | <u> </u> | | | |
| (1) | | | _ | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | 2. Rent recei | ved or accru | | | | | |
| | | 1 | | | · | | |
| for personal property is more than 10% but not percentage of | | | rom real and personal property age of rent for personal propert of the rent is based on profit of | exceeds in columns 2(a) and 2(b) (attach schedule) | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | | Total | | | | | |
| (c) Total income. Add totals of chere and on page 1, Part I, line 6 | | | | | (b) Total deduction Enter here and on Part I, line 6, colum | page 1, | |
| Schedule E - Unrelated D | • | | e instructions) | | | | |
| | | | 2. Gross income from or | 3. 0 | | nected with or allocable to | 5 |
| 1. Description of de | bt-financed property | | allocable to debt-financed | (a) Straight line depreciation | | (b) Other deductions | |
| | | | property | property (attach schedul | | (attach schedule) | |
| (1) | | | | | | | |
| (2) | | • • • | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | | 6 Column 4 divided by column 5 | 4 divided /. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | | |
| (1) | | · · | % | | | | |
| (2) | | | % | | | | |
| (3) | •• | | % | + | | | |
| (4) | - | | % | | | | |
| Totals | | | | | e and on page 1, le 7, column (A) | Enter here and on p Part I, line 7, columi | age 1, n (B) |
| Total dividends-received deduct | | | | | ▶ | | |

Form **990-T** (2018)

| Schedule F-Interest, Annu | | | | ntrolled Or | | | (- | | | | |
|---|---|--------------------------------|---|--|--|-------------------|--|---|------|--|--|
| Name of controlled organization | 2. Employer identification numb | iei | 3. Net unrela (loss) (see ii | | 4. Total payme | of specifints mad | ied includ | Part of column 4 that included in the controlling organization's gross incompanies. | | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | _ | | | | | |
| (2) | | | | | | | | <u></u> | | 1 | |
| (3) | · | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organiz | | | | | | , | D | 0 11 -1 | 1 4. | • Dadication disable | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruc | | 1 | Total of specific ayments made | | inc | uded in the | mn 9 that is controlling ross income | | Deductions directly innected with income in column 10 | |
| (1) | | | <u> </u> | | | | | | | | |
| (2) | | | <u> </u> | | | | | | | | |
| | | | ļ | | | | | | ļ | | |
| (4) | | | <u> </u> | | | | ld columns | | | dd columns 6 and 11 | |
| Totals | ncome of a Sec | ction 50 | 1(c)(7), | (9), or (17 | | Pa | | nstructions) | | ter here and on page 1, int I, line 8, column (B) 5. Total deductions | |
| 1. Description of income | 2. Amount of | income | | directly cor (attach sch | nected | | | Set-asides ach schedule) | | and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) (4) | | | | | | | | | | *************************************** | |
| Totals ▶ Schedule I – Exploited Exe | Enter here and Part I, line 9, c | olumn (A) | | an Advert | sing Ir | come | (see ins | tructions) | | Enter here and on page 1 Part I, line 9, column (B) | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | dir connec produ unre | penses ectly cted with ction of elated is income | 4. Net incor from unrelat or business 2 minus col If a gain, or cols 5 thro | ed tradé (column umn 3) ompute | from is n | ross income activity tha ot unrelated ness income | ome 6. Expenses attributable to ated | | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | *************************************** | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals ▶ | Enter here and on page 1, Part I, line 10, col (A) | page 1 | ere and on I, Part I, , col (B) | | | | | | | Enter here and on page 1, Part II, line 26 | |
| Schedule J- Advertising In Part I Income From Peri | | | Consoli | idated Bas | is | | | | | | |
| Name of periodical | 2. Gross advertising income | 3. [| 3. Direct advertising costs | | ising s) (col ol 3) If mpute ugh 7 | If income costs | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | 1 | | | • | | | | |
| (3) | | | | 1 | | | | | | | |
| (4) | [| _ | | 1_ | | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | | • | | | | | | | | , | |
| | ·l | | | | | | | | | Form 990-T (2018 | |

Page 5

| Part II | Income From Periodicals | Reported on a | Separate | Basis | (For each | periodical | listed | n Part II, | fill in | columns |
|---------|-------------------------------|---------------|----------|-------|-----------|------------|--------|------------|---------|---------|
| | 2 through 7 on a line-by-line | ne basis) | | | | | | | | |

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | - | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | | =::: | : | | | |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form **990-T** (2018)

ATTACHMENT 1

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

FLOW THROUGH FROM PARTNERSHIPS

-2,442.

INCOME (LOSS) FROM PARTNERSHIPS

-2,442.

ATTACHMENT 2

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

PROFESSIONAL FEES

3,500.

PART II - LINE 28 - OTHER DEDUCTIONS

3,500.

MOREHOUSE COLLEGE EIN 58-0566205

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS ARRISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

NOL SCHEDULE

| YEAR GENERATED | AMOUNT |
|---|----------|
| *************************************** | |
| GENERATED C/20/2006 | 16.053 |
| GENERATED 6/30/2006 | 16,853 |
| GENERATED 6/30/2007 | 1,937 |
| GENERATED 6/30/2008 | 24,742 |
| GENERATED 6/30/2009 | 58,111 |
| GENERATED 6/30/2010 | 63,046 |
| GENERATED 6/30/2011 | 177,684 |
| GENERATED 6/30/2012 | 201,162 |
| GENERATED 6/30/2013 | 103,621 |
| GENERATED 6/30/2014 | 43,895 |
| GENERATED 6/30/2015 | 45,481 |
| GENERATED 6/30/2016 | 148,313 |
| GENERATED 6/30/2017 | 55,352 |
| UTILIZED 6/30/2018 | (10,378) |
| CHARITABLE CONTRIBUTION CONVERTED TO NOL - 06/30/2018 | 282 |
| NOL AVAILABLE IN 6/30/2019 | 930,101 |
| | |

.

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS ARRISING IN TAX YEARS AFTER JANUARY 1, 2018

GENERATED 6/30/2019 5,942
CHARITABLE CONTRIBUTION CONVERTED TO NOL - 06/30/2019 1

NOL AVAILABLE IN 6/30/2019 5,943

ATTACHMENT 3

EIN: 58-0566205

NONE

| FORM 990-T, PART II, LINE 20 - CHARITABLE CONTRIB | UTIONS |
|---|----------|
| | ======== |
| CHARITABLE CONTRIBUTION CARRYFORWARD | |
| YEAR GENERATED | AMOUNT |
| | |
| GENERATED 6/30/2019 | 1 |
| CHARITABLE DEDUCTION AVAILABLE 6/30/2019 | 1 |
| AMOUNT UTILIZED AMOUNT CONVERTED TO NOL | - 1 |
| | |

CHARITABLE DEDUCTION AVAILABLE 6/30/2019