EXTENDED TO MAY 15, 2020    Sexempt Organization Business Income Tax Return Conflict State Section (and proxy tax under section 6032(e))   Vol.   Vol	Form <b>990-T</b>	Exempt Orga	XTENDED TO 1	MAY sina	15, 20 See Inco	20 2ma -	Cav Bati	393	348481 1			
The control year 20 the time the same sequence of ULL 1 2 018	Form 9904		and proxy tax und	der s	ection 603	33(e))	19010		0040			
Secretary in the continuence   Secretary	·	For calendar year 2018 or other tax	year beginning $JUL 1$	, 20	18 , and e	inding JU	N 30, 2	019	<b>ZU 18</b>			
A Cinck-boort address changed and see instructions.]  8 Exempl world's agitting.  18 Series in which a series in the page of			_					c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
Section   Sec		Name of organization (	Name of organization ( Check box if harne changed and see instructions.)									
Solic (x) 30 Po   Graph   Gr	B Exempt under section	Print OGLETHORPE	UNIVERSITY	. IN	IC			ŀ				
1486   2096   2096   77		or Number, street, and roo	Number, street, and room or suite no. If a P.O. box, see instructions.									
Solicy   ATLANTA, CA 30.315   E. Group exemption number (See instructions.)	408(e)220(e)	1ype 4484 PEACH	rree road ni	3				(366	insubctions ;			
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It only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				1		<i>'-</i>		<del></del>				
Dusiness, the complete Parts I and III, complete a Schedule M for each additional trade or business, the complete Parts I and III, complete a Schedule M for each additional trade or business, the comporation a subsidiary in an affiniated group or a parent-subsidiary controlled group?  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name and identifying number of the parent corporation.  If yes, order the name of yes the parent corporation of yes.  If yes, order the name and identifying number of the parent corporation of yes.  If yes, order the name can be directly corporation of yes.  If yes, order the name can be directly corporation the parent corporation of		=	·			•		-				
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If Yes, enter the name and identifying number of the parent corporation.												
James books are in care of   PETER D. STOBIE, VP FOR BUSINESS Arelephone number   404-364-8322		-		nt-subs	sidiary controll	ed group?	•	► [] Y	es X No			
Description   Capabilities   Capab				וזם כ	CINECC	7 Talaah	ana aumhar	404	364 9322			
1 a Gross recepts or sales 4, 317. b Less returns and allowances class of the service of the ser				СВО								
Less returns and allowances   Capital Control Contro				I	(-,		L'STANGER CONTRACTOR	cotti Nati ta	I'm Americana Tabana and			
2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit. Subtract line 2 from fine 1c 4 Capital gain net income (latach Schedule D) 4 Ret gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) 6 Capital loss deduction for trusts 7 Income (loss) from 4797, Part II, Ine 17) (attach Form 4797) 6 Rent income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutuse, reysities, and rents from a controlled organization (Schedule C) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) 10 Expolited exempt activity income (Schedule I) 11 Advertising income (Schedule U) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Repairs and maintenance 17 Repairs and maintenance 18 Repairs and maintenance 19 Repairs and maintenance 20 Charlable contributions, (See instructions) 19 Taxes and licenses 10 Charlable contributions (See instructions) 21 Depreciation claimed on Schedule A and elsewhere on return 22 Depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions (See instructions of Immitation rules) 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Excess readership costs (Schedule I) 29 SEE STATEMENT 20 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Excess readership costs (Schedule I) 29 3, 587. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 423. 31 Unrelated business taxable income. Subtract line 31 from line 30 31 Unrelated business taxable income. Subtract line 31 from line 30	•		┥ .	1c	4	,317.						
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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  423.	28 Other deductions (at	ach schedüle)			SEE	STAT	ement 1 <sub>,</sub>	· 7( )				
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Form 990-	T(2018) OGLETHORPE UNIVERSITY, INC	<u> 58-0</u>	)568698	Page
Part	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	)	33	423
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 2	35	423
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		``	
	lines 22 and 24		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 2	37	1,000.
38	Unrelated business taxable Income. Subtract line 37 from line 36. If line 37 is greater than line 36.	Ţ	<del>411-</del>	1,000
30	actor the amelia of the ordina OC			0.
David	enter the smaller of zero or line 36	<del></del>	38	<u> </u>
	V. Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	1;		
	Tax rate schedule or Schedule D (Form 1041)		▶ 40	
41	Proxy tax. See Instructions		<b>►</b> 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		. 44	0.
Part \	Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		<b>「韓</b> 劉	·
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800 45c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d			
-	• • • • • • • • • • • • • • • • • • • •	•	45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(altach schedul		
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	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments			
C	Tax deposited with Form 8868			
d	Foreign organizations, Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
•	Form 4136 Other Total > 50g			
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	 b	► 53	
		. P	► 54	
54	Overpayment, If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			<del></del>
		funded >	<u>►   5</u> 5	
Part V			<del></del>	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authori	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fill			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here 🕨			_   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust?		_ X
	If "Yes," see instructions for other forms the organization may have to file.			7" Cur 12 3
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	Under penaltiles of perjury, I doctare that Thave examined this return, including accompanying schedules and statements, and to	the best of my k	nowledge and belief	, it is true,
Sign	correct, and complete Vettarayon of preparer (other than texpayer) is based on all information of which preparer has any knowled CFO, VP FOR	ige #	· · · · · · · · · · · · · · · · · · ·	
Here	14/20/2020 BUSINESS/FINAN		May the IRS discus	
+	Signature of officer Date Title	<del></del>	instructions)? X	. — .
		Charle		, 163 (10 ]
	The state of the s	Check	if PTIN	
Paid	1	self- employe	· ·	00534
Prepa	rer MARY JO ALEXANDER MARY JO ALEXANDER 04/18/20			02534
Use O	niv Firm's name ► MAULDIN & JENKINS LLC	Firm's EIN	<u>&gt; 58-0</u>	692043
	200 GALLERIA PKWY SE STE 1700			
	Firm's address > ATT.ANTA GA 30339-5946	Phone no	770-955-	-8600

Page 3

Schedule A - Cost of Good	s Sold Enter	method of invent	on, va	luation ► LOW	TED.	OF COST OR	MAR	KET
	1	0.		Inventory at end of year		OF CODE OR	6	0.
<ul><li>1 Inventory at beginning of year</li><li>2 Purchases</li></ul>	2	212.	1	Cost of goods sold Si		line 6	بً	<del>                                     </del>
3 Cost of labor	3	2200	1	from line 5. Enter here				
4a Additional section 263A costs			1	line 2	and m	i aiti,	7	307.
(attach schedule)	4a			Do the rules of section	2634 (	with reenact to	<u> </u>	Yes No
	* 4b	95.	1	property produced or a	•	•		100
	5	307.	1	the organization?	acquire	o lor resale) apply to		and a me there X
Schedule C - Rent Income					1 626	ed With Real Pro	nert	
(see instructions)	(i rom rica	roperty and		sonar r roporty	Lous	ca willi near re	рсп	31
Description of property							-	~-
(1)							•	<del></del> -
(2)								
(3)								
(4)								
	2. Rent receiv	red or accrued						•
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for pe	ersonal p	nal property (if the percent roperty exceeds 50% or if d on profit or income)	age	3(a) Deductions directl columns 2(a) a	y conne nd 2(b) (	cted with the income in (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see II	nstruc	tions)				
			9	Gross income from		3. Deductions directly cor to debt-finant		
1. Description of debt-fi	nanced property			Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	,,,	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property a schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8, Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)	1	- ' '		%				
(3)				%				
(4)	<u> </u>			%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totala						0		0.

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0.

Total dividends-received deductions included in column 8

	111111111111111111111111111111111111111	_, <u>,</u>	Evennt	Controlled O	raanizati	ione		(000		<del></del>
1 Name of accessoried accessories		<b>2</b> . Empl	<u>-</u>		<del> </del>	tal of specified	5 Dog	of column 4	that is	6. Deductions directly
Name of controlled organizate	lion	identifica numbi	ition (loss) (se			ments made	ınclude	of column 4 ed in the cont ation's gross	rolling	connected with income in column 5
		Humbi	ei				Organiza	illori s gross	income	in colonin 5
(1)				, · · -		··			_	
(2)										
(3)										
(4)					<u> </u>		<u> </u>			
Nonexempt Controlled Organi	zations				I		!			
7. Taxable Income	Y	nrelated income	(loss) 9 Tota	of specified pay	ments	10. Part of colu	nn 9 that	is included	11 Dec	ductions directly connected
••••••••		ee instructions)	<b>3.</b> 73.12	made		in the controlli	ing organi income	ization's		income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<b>&gt;</b>			0.		0.
Schedule G - Investme	nt Incor	ne of a S	ection 501(c)	(7), (9), or	(17) Oı	rganization	)			
(see instr	ructions)									
1. Desc	ription of incoi	me		2. Amount of	ıncome	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4. Set-		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals			•	Enter here and of Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited		Activity	Income, Othe	r Than Ad	lvertisi	ing Income	•			•
(see instru	ictions)	—		<u> </u>						<del></del>
Description of exploited activity	2. Gi unrelated income trade or b	business from	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a e cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<del></del>				$\rightarrow$			
(2)				†						
(3)							1			
(4)										
(4)	Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)	製造に		77 (4/34) 13 (20 (5)				Enter here and on page 1, Part II, line 26
Totals		0.	0.		Topic o	अंग स्थात	*		3.4	0.
Schedule J - Advertision	ng Incor	ne (see ins	structions)							
Part I* Income From I	Periodic	als Repo	rted on a Cor	rsolidated	Basis					
			T	1 4		<del></del>	<del></del>		—т	7. Excess readership
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) if a ga cols 5 th	of 2 minus ain, comput		ion	6. Reade costs		costs (column 6 minus column 5, but not more than column 4)
(1)				7.5.7.27.	A STATE	27				J. J
(2)					£24	ž				
(3)						á.				
(4)										
										-
Totals (carry to Part II, line (5))	<u> </u>	0	<u>·                                    </u>	).						0. Form <b>990-T</b> (2018)

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

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<del>-,</del>	-	
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	The Target	3 6 m 2 3 4	0.
		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)	▶	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		· %	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	<del></del>	<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	FORM 990-T OTHER DEDUCTIONS					
DESCRIPTION	1			AMOUNT		
AWARDS & HO	- ONORARIUMS				75.	
DUES & SUBS					44.	
EXHIBITION					27.	
FOOD & ENTE					44	
INSURANCE					31	
	OUS EXPENSE				27	
OFFICE SUPP					63	
POSTAGE & S					88	
PRINTING EX					60.	
TRAVEL EXPE					07	
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28		1,50	56.	
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2	
		LOSS				
		PREVIOUSLY	LOSS	AVAILABLE		
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR		
06/30/13	58,539.	0.	58,539.	58,539	€.	
06/30/14	66,316.	0.	66,316.	66,316	5.	
06/30/15	9,032.	0.	9,032.	9,032		
06/30/16	25,242.	0.	25,242.	25,242		
06/30/17	17,555.	0.	17,555.	17,555		
06/30/18	15,989.	0.	15,989.	15,989		
NOL CARRYOV	YER AVAILABLE THIS	YEAR	192,673.	192,673	3. —	
FORM 990-T	COST	OF GOODS SOLD - O	THER COSTS	STATEMENT		
DESCRIPTION	1			AMOUNT		
POSTAGE & S					20.	
		' A ITNE 45			95.	
TOTAL TO FO	RM 990-T, SCHEDULE	A, DINE 4D		<u> </u>	, , ,	