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	e,	990-T	Ex	cempt Orgai						rn		lo 1545-0047
	Form	990-1		•			der section	•	• •	[		0.40
	•	•	For calendar year 2019 or other tax year beginning $06/01$ , 2019, and ending $05/31$ , 20 $20$							20 2 0	21	019
		ment of the Treasury			-		nstructions and t				Open to Pu	ublic Inspection for
	internal	Revenue Service	Do Do	not enter SSN numbe			· · · · · · · · · · · · · · · · · · ·		<del></del>			ublic Inspection for Organizations Only cation number
,	^ _	Check box if address changed		Name of organization	( Check be	ux II nai	ne changed and see	insuuction	5)		yees' trust, see	
	R Eye	mpt under section	1	ROLLINS CO	LEGE							
		501( C )( <del>0</del> 3_)	Print	Number, street, and r	<del></del>	lf a P O	box see instructions			59-0	624440	
	$\Box$	408(e) 220(e)	or	, , ,			,					ss activity code
		408A 530(a)	י אף י	1000 HOLT A	AVENUE - (	CB 2	715		. ~	(See in	structions)	
	$\Box$	529(a)		City or town, state or	province, country	y, and Z	IP or foreign postal of	ode	1	1		
		k value of all assets		WINTER PAR	K, FL 327	89-4	499			7211	10 523	3900
		nd of year	<b></b>	up exemption numb	<del></del>					_		
				eck organization type				501(c	) trust	401(a)	trust	Other trust
				inization's unrelated t	rades or busine	esses	<b>≥</b> 2		Describ	e the only	(or first) ur	related
		ide or business hei							complete Parts			describe the
		· ·		end of the previous	s sentence, co	mplete	Parts I and II, con	nplete a S	ichedule M for ea	ch additior	nal	
- \		de or business, th										Tv. IVI.
	•			corporation a subsid	•	_		losidiary (	controlled group?		▶∟	Yes X No
				identifying number of ILLIAM SHORT	or the parent co	porau		Telenhor	ne number ▶ 40	7-646-	-2125	
				or Business Inco	ome		(A) Incom		(B) Exper	_		(C) Net
				14,262,678			( , ,		(2) = = = = =			<u>,,,,,,,</u>
						1c	14,262	,678.			/	
	2	Cost of goods so	ld (Sched	lule A, line 7)	<u> </u>	2	2,519	,969.				
	3		ubtract line 2 from line 1c				1	1,742,709.				
7707	4a	Capital gain net i	ncome (attach Schedule D) 4a									
Σí	b	Net gain (loss) (Fo	orm 4797,	rm 4797, Part II, line 17) (attach Form 4797)								
Ø	c	Capital loss dedu	action for t									
	5		from a partnership or an S corporation (attach statement) 5									
ZYZ	6							_/_				
-	7			come (Schedule E)		7					i	
3	8	·		ents from a controlled organ	•	`-					<del> </del> -	_
	9 10			11(c)(7), (9), or (17) organi								
	11			ncome (Schedule I)		11/			·		-	
<u>.</u>	12			ctions, attach schedu		6	<u> </u>				1	
5	13			ough 12		13	11,742	,709.			1 1	1,742,709.
				Taken Elsewhe					deductions)(	Deducti		
				he unrelated bus					, \			
	14	Compensation of	f officers,	directors, and truste	es (Schedule K	)				14		
	15	Salaries and wag	es	<u>. /</u> .		·-··	<u> </u>			15	,	2,899,872.
	16	Repairs and mair	ntenance		RE(	التاز	<u> (FL)</u> .			16		134,277.
	17	bad debis		/			· · · · · · · · · · · · · · · · · · ·			17	ļ	201 161
	18	•	•	(see instructions)	ICAL: TIET	·1·0	-2021 · S		ATCH 2			381,161.
	19			<b>/</b>	198	:	····· 🥰 :		829,675	19		802,315.
	20 21	•		1 4562) I on Schedule A and	elsewhere	<u>ات</u> ا	·	0 1a	027,01			829,675.
		•			1					21b	<u> </u>	
	22											
	22 23			compensation plans						23		
		Contributions to	deferred	compensation plans								366,323.
	23	Contributions to Employee benefi	deferred typrogram	compensation plans					.,	24		366,323.
	23 24	Contributions to Employee benefi Excess exempte	deferred t/program xpenses (	compensation plans s						24 25		366,323.
	23 24 25	Contributions to Employee benefit Excess exempt e Excess readershit Other deductions	deferred typrogram xpenses ( p costs (S s (attach	compensation plans is					ATCH 3	24 25 26		
	23 24 25 26	Contributions to Employee benefit Excess exempte Excess readershi Other deductions Total deductions	deferred typrogram xpenses ( up costs (S s (attach :	compensation plans is					ATCH. 3	24 25 26 27		3,852,157. 9,265,780.
	23 24 25 26 27	Contributions to Employee benefice Excess exempte Excess readershire Other deductions Total deductions Unrelated business	deferred typrogram xpenses ( p costs (S s (attach : Add line ess taxal	compensation plans is	net operating	· · · · · · · · · · · · · · · · · · ·	deduction Subti			24 25 26 27 28 13 29		3,852,157. 9,265,780.
	23 24 25 26 27 28	Contributions to Employee benefic Excess exempte Excess readershi Other deductions Total deductions Unrelated busing Deduction for ne	deferred typrogram xpenses ( p costs (S s (attach s s Add line ess taxal et operatir	compensation plans is	net operating	loss	deduction Subtror after January 1,		ATCH 3	24 25 26 27 28 13 29 30		366,323. 3,852,157. 9,265,780. 2,476,929. 2,476,929.

9048997 GIZ

	Par	Total Unrelated Business Taxable Income				
	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1			
		instructions)	32	2,4	176,9	29.
	33	Amounts paid for disallowed fringes	33	_		
	34	Charitable contributions (see instructions for limitation rules) ATCH. 4	34		32,2	264.
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
		34 from the sum of lines 32 and 33	35	2,4	144,6	65.
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	Ť			
	•		2			
	37	Instructions)	36 37	2 /	144,6	65
		Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	<del>- ï -</del>	2,		00.
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	<del>                                     </del>	1,(	<del>,,,,,</del>
	39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37.				
	<u> 11</u>	enter the smaller of zero or line 37	39	2,4	143,6	65.
	Par	t IV Tax Computation		,		
	40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	,	513,1	.70.
	41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		ļ		
		the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
	42	Proxy tax See instructions	42			
	43	Alternative minimum tax (trusts only)	43			
	44	Tax on Noncompliant Facility Income. See instructions	44			
ш			<del></del>	,	513,1	70
,,,		Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		JIJ, .	70.
	Par		- +	<del> </del>		
		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	! !			
		Other credits (see instructions)				
	С	General business credit Attach Form 3800 (see instructions)		Į.		
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1		
		Total credits. Add lines 46a through 46d	46e	1 :	323,3	361.
	47	Subtract line 46e from line 45	47		189,8	309.
	48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	<del> </del>	,	
		a	<del></del>	<del>                                     </del>	189,8	200
	49	Total tax. Add lines 47 and 48 (see instructions)	49	<del>                                     </del>	109,0	09.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	<b></b>		
	51 a	Payments A 2018 overpayment credited to 2019				
	b	2019 estimated tax payments		ŀ		
	С	Tax deposited with Form 8868				
	d	Foreign organizations Tax paid or withheld at source (see instructions)	1			
		Backup withholding (see instructions)	1			
		Credit for small employer health insurance premiums (attach Form 8941)	1			
		Other credits, adjustments, and payments Form 2439	1 1			
	9					
			<u> </u>		167 '	007
	52	Total payments Add lines 51a through 51g	52	ļ	467,2	297.
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	<u> </u>		
	54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
	55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	<u> </u>	277,	188.
10	156	Enter the amount of line 55 you want  Credited to 2020 estimated tax ▶277, 488. Refunded ▶	56	1		
-	Pai	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)	*****		
	57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		r authority	Yes	No
	٠.			-	-	
				ave to file		
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		gn country	١	
				gn country	х	
	58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreig		Х	Х
	58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN	foreig		х	Х
	58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ► SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file	foreig		X	Х
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ► SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ► \$1,386.  Under Availies of perling, I declare that I have examined this return, including accompanying schedules and statements, and to the least of perling.	foreig	ıst?		
	<u>59</u>	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ► SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ► \$1,386.  Under advances of perfury, I declare that I have examined this return, fictuding accompanying schedules and statements, and to the frue, correct and compile Declarement of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	foreign tru	my knowledge	and bel	ef, it s
	<u>59</u> Sig	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ► SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ► \$1,386.  Under partitions of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the function of the context of the preparer to the than tax payer) is based on all information of which preparer has any knowledge  Materials of the property of the preparer to the than tax payer) is based on all information of which preparer has any knowledge.	foreign tru	my knowledge	and bel	ef, it s
	<u>59</u>	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$1,386.  Under partitions of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the function of the property of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge with the preparer than taxpayer is based on all information of which preparer has any knowledge.	foreign tru	my knowledge	and bel	ef, it s
	<u>59</u> Sig	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$1,386.  Under partitions of perfuy, I declare that I have examined this return, including accompanying schedules and statements, and to the function of the property of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Title  Tracks upen	foreign tru	my knowledge in IRS discuss preparer s ctions) <sup>2</sup> X Y	and bel	ef, it s
	59 Sig Her	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Under Accounts If "Yes," enter the name of the name of the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Under Accounts If "Yes," enter the name of the name of the name of the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Under Accounts If "Yes," enter the name of the name of the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Which is a supplied of present of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Preparer's signature  Check Tax MUNION Accounts	ign tru	my knowledge IRS discuss preparer s ctions) <sup>2</sup> X Y	and bel	eturn pelow No
	Sig Her	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ► SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ► \$1,386.  Under paralles of perlay, I declare that I have examined this return, ficluding accompanying schedules and statements, and to the frue, correct and complete Declarement of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check Self-ce	gn tru	my knowledge  RS discuss preparer s ctions) <sup>2</sup> X Y  If PTIN ed P004	and bel	eturn pelow No
	Sig Her Paid Prep	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Under Exemption of prefly, I declare that I have examined this return, fictuding accompanying schedules and statements, and to the fire, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   Preparer's signature   Date	gn tru	my knowledge  IRS discuss e preparer s ctions) <sup>2</sup> X Y  PTIN ed P1004	and bell this hown less 14681	return pelow No
	Sig Her Paic Prep Use	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax exempt interest received or accrued during the tax year \$1,386.  Under Exemption of prefly, I declare that I have examined this return, fictuding accompanying schedules and statements, and to the fire, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   Preparer's signature   Date	gn tru	my knowledge  RS discuss preparer s ctions) <sup>2</sup> X Y  If PTIN ed P004	and bell this hown less 14681	return pelow No
9x2	Sig Her Paid Prej Use	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$1,386.  Under advances of perform, I declare that I have examined this return, including accompanying schedules and statements, and to the frue, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  KATHRYN L ENNIS CPA  Firm's name  WITHUMSMITH+BROWN, PC  Firm's address  200 S ORANGE AVE., STE 1200, ORLANDO, FL 32801-3400 Phone	gn tru	my knowledge  IRS discuss e preparer s ctions) <sup>2</sup> X Y  PTIN ed P1004	and bell this hown less 4681	return pelow No
9X2	Sig Her Paic Prep Use	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$1,386.  Under advances of perform, I declare that I have examined this return, including accompanying schedules and statements, and to the frue, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  KATHRYN L ENNIS CPA  Firm's name  WITHUMSMITH+BROWN, PC  Firm's address  200 S ORANGE AVE., STE 1200, ORLANDO, FL 32801-3400 Phone	gn tru	my knowledge  RS discuss preparer s ctions)? X Y  If PTIN ed P004 22-202 407-849-	and bell this hown less 44681270921569	return pelow No

1 Description of debt-financed property		I allacable to dabt fac-acd l	, , ,				
		allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
1)							
2)							
3)				·			
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	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)		%	= - :				
3)		%					
(4)		%					
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals							
Total dividends-received deduct	tions included in column 8	<u> </u>					

Form **990-T** (2019)

Form 990-T (2019)	ROLLINS	COLLEGE	Ξ					5	9-0	624440 Page <b>4</b>
Schedule F - Interest, Annu	uities, Royalties	s, and Re	ents Fro	om Contro	lled Or	ganizat	ions (see	e instructi	ons)	
	<u>-</u>			ntrolled Org			,			
Name of controlled organization	2 Employer identification numb	er 3	Net unrela	ated income instructions)	4 Total	of specified nts made	ıncluded	f column 4 the in the contro on's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)	<del>-</del>									
(3)										
(4)										
Nonexempt Controlled Organiz	ations			•						
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made	ed	ınclud	t of column ed in the co ation's gross	ntrolling		Deductions directly     nected with income in     column 10
(1)										
(2)										
(3)										
(4)										
) Totals					•	Enter I	columns 5 a nere and on , line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 501	(c)(7)	(9) or (17	Orga	nization	/soo unci	ructions)		
1 Description of income	2. Amount of		(0)(1),	3 Deduction of the directly correctly correctl	tions inected	IIIZALION	4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	_			(0110077001						p100 001 47
(2)			<del></del>				•			
(3)										<u> </u>
(4)							· · · · · ·		$\overline{}$	
(4)	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exe	mpt Activity In	come, O	ther Th	an Advert	sing In	come (s	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direc connecto product unrela business	ctly ed with tion of ated	4 Net incor from unrelat or business 2 minus col If a gain, o cols 5 thre	ed trade (column umn 3) ompute	from ac	s income tivity that inrelated s income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>						<del></del>
(2)	1									
(3)				<del> </del>						
(4)								<del>-</del>		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,			Į				Enter here and on page 1, Part II, line 25
Totals	<u> </u>									
Schedule J-Advertising In										
Part I Income From Peri	iodicals Report	ted on a	Consol	idated Bas	sis	,				
1 Name of periodical	2 Gross advertising income	3 Dı advertisir		4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute	1	culation ome	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)								1		
(3)										
(4)										
•				1						
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2019

ROLLINS COLLEGE

59-0624440 , Page **5** Form 990-T (2019) 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 )

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 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		

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		•	

Form **990-T** (2019)

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{06/01}{}$  , 2019, and ending

► Go to www.irs gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization ROLLINS COLLEGE

Employer identification number 59-0624440

Unrelated Business Activity Code (see instructions) ▶ 523900

Describe the unrelated trade or business ► AGGREGATED QUALIFYING PARTNERSHIP INTERESTS

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a		-	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 5	5	-411,713.		1-411,713
6	Rent income (Schedule C)	6		Ï	
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12	J.		
3	Total. Combine lines 3 through 12	13	-411,713.		411,713

connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	
28	Total deductions Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-411,713.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-411,713.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

HOTEL, RESTAURANT, AND CONFERENCE CENTER

9048997

Δ	מידידי	СПМЕИД	2	

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE

381,161.

PART II - LINE 18 - INTEREST

381,161.

## ATTACHMENT 3

# FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ADVERTISING	116,743.
INSURANCE	199,706.
SUPPLIES	259,628.
LAUNDRY & LINEN	106,501.
UTILITIES	399,033.
GUEST SERVICES	435,838.
MAINTENANCE & CLEANING	29,854.
RENTALS	59,869.
UNIFORMS	14,000.
BANK & CREDIT CARD FEES	4,240.
TRAVEL	15,336.
OFFICE EXPENSE	211,440.
MANAGEMENT FEES	601,860.
SMALLWARES	19,212.
COMMISSIONS	783 <b>,</b> 900.
PROFESSIONAL AND LEGAL FEES	23,584.
DUES AND SUBSCRIPTIONS	117,985.
SECURITY .	9,737.
HUMAN RESOURCES	30,100.
INFORMATION TECHNOLOGY	57 <b>,</b> 249.
AGENCY FEES	44,816.
RESERVATIONS	47,413.
AMORTIZATION	99,079.
CONTRACT SERVICES	165,034.

PART II - LINE 27 - OTHER DEDUCTIONS

3,852,157.

АТТА	CHMENT	4	
	· · · · · · · · · · · · · · · · · · ·		

# FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME .  UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	11,742,709. -411,713.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	9,265,780. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	247,693.
CHARITABLE CONTRIBUTION	32,264.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	32,264.

3504LU 765H 9048997 PAGE 11

ATTACHMENT 5

### QUALIFYING PARTNERSHIP INTERESTS

## SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

DAVIDSON KEMPNER INST'L PARTNERS NEWBURY EQUITY PARTNERS, LP NORTHGATE IV, LP PARK STREET CAPITAL NRF III PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP WESTBROOK REAL ESTATE FUND IX THE ENERGY & MINERALS GROUP FUND III, LP RCP FUND VIII, LP LANDMARK EQUITY PARTNERS XV, LP GREENSPRING GLOBAL PARTNERS VIII-B, LP	579. 6,529. 516. 28,364. 6,534. -28,577. -58,535. 141,364. 6,459. -1,293.
ABERDEEN GLOBAL PARTNERS, LP	33,021.
MERCER PRIVATE INVESTMENT PARTNERS LP	-1,106.
NEWLIN ENERGY PARTNERS II, LP	137,313.
ABERDEEN ENERGY & RESOURCE PARTNERS III, LP	-13,363.
GREENSPRING GLOBAL PARTNERS VI, LP	-208.
GREENSPRING OPPORTUNITIES V, LP	-3,660.
TRILANTIC CAPITAL PARTNERS VI (NORTH AMERICA) LP	-79,037.
AG REALTY FUND IX LP	-28,449.
ENERGY TRUST PARTNERS V LP	-558,164.
TMOONE (TOOK) PROMERSHIPS THE CORRESPONDENCES	411 712
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	

# **General Business Credit**

► Go to www irs gov/Form3800 for instructions and the latest information

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return

OMB No 1545-0895 -

59-0624440

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

Identifying number

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT	)	
	(See instructions and complete Part(s) III before Parts I and II )		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2	_	
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	
Part II	Allowable Credit		<del>_</del> _
7	Regular tax before credits		
	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44.      Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return      Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return	7	513,170
8	Alternative minimum tax  Individuals Enter the amount from Form 6251, line 11	- 8	0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9_	513,170
b	Foreign tax credit         10a         275,624           Certain allowable credits (see instructions)         10b           Add lines 10a and 10b	- 10c	275,624
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	237,546
12	Net regular tax Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See instructions	,	
14	Tentative minimum tax  • Individuals Enter the amount from Form 6251, line 9		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		** *
15	Enter the greater of line 13 or line 14	15	53,137
16	Subtract line 15 from line 11 If zero or less, enter -0	16	184,409
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	<u> </u>
17	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		
			1

Page 2

<b>Part</b>	Allowable Credit (continued)		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- on	line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	53,137
20	Subtract line 19 from line 11 If zero or less, enter -0	20	184,409
21	Subtract line 17 from line 20 If zero or less, enter -0	21	184,409
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	184,409
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	184,409
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	47,737
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	47,737
37	Enter the smaller of line 29 or line 36	37	47,737
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51  Corporations Form 1120, Schedule J, Part I, line 5c		47, 700
	• Estates and trusts Form 1041, Schedule G, line 2b	38	47,737 Form <b>3800</b> (2019)

Form	3800 (2019)			Page 3
	(s) shown on return		Identifying number	
Pai	t III General Business Credits or Eligible Small Business Credits (see ins	structi	ons)	
Con	plete a separate Part III for each box checked below. See instructions			
Α	X   General Business Credit From a Non-Passive Activity   E   Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Smal	l Busi	ness Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved			
	If you are filing more than one Part III with box A or B checked, complete and attach first an a			
	III with box A or B checked Check here if this is the consolidated Part III	<u></u>		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for through entity	each	from a pass-through entity, enter the EIN	appropriate amount
1 a		1a		· · · · · · · · · · · · · · · · · · ·
b		1b		
C	/	1		
d	7/	1d	<u> </u>	
e	, , , , , , , , , , , , , , , , , , , ,	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
9 h		1g 1h		
i	' '' '' '' '' '' '' '' '' '' '' '' '' '	1i		
	New markets (Form 8874)  Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	 1i		
, k		<u>''</u>		<del></del>
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	1 Low sulfur diesel fuel production (Form 8896).	1m		
r	B : II I : (E : 0000)	1n		
		10		
	E (C ) (E 0000)	1p		
r	Alternative motor vehicle (Form 8910)	1r		
		1s		
t	Enhanced oil recovery credit (Form 8830)			·-·
·		1u		
`				<del></del>
v	Employer differential wage payments (Form 8932)	1w		
)	Carbon oxide sequestration (Form 8933)	1x		
<b>y</b>	0 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2	Qualified plug-in electric vehicle (carryforward only)			
	a Employee retention (Form 5884-A)	1aa		
t	b General credits from an electing large partnership (carryforward only)	1bb		
	z Other Oil and gas production from marginal wells (Form 8904) and certain			· · · · · · · · · · · · · · · · · · ·
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	, , , , , , , , , , , , , , , , , , , ,	4a		
ı	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
(	Low-income housing (Form 8586, Part II)	4d		
•	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
1	1 7 1 1 7 1 1			47,73
9	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
l	Small employer health insurance premiums (Form 8941)			
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j	1	

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

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

6

5

OMB No 1545-0172 4562 **Depreciation and Amortization** 2020 (Including Information on Listed Property) Attach to your tax return Department of the Treasury Attachment Sequence No 179 Internal Revenue Service (99) ► Go to www irs gov/Form4562 for instructions and the latest information Name(s) shown on return Business or activity to which this form relates Identifying number Rollins-Alfond Inn Langford RCI 46-1775419 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,020,000 00 2 Total cost of section 179 property placed in service (see instructions) 2 115,016 50 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,550,000 00 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 0 00 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 1,020,000 00 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 106,873 41 106,873 41 Televisions and Server 8,143 09 8,143 09 **Banquet Tables** Listed property Enter the amount from line 29 7 7 0 00 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 115,016 50 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 115,016 50 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 0 00 1,020,00<u>0</u>00 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 115,016 50 12 Carryover of disallowed deduction to 2021 Add lines 9 and 10, less line 12 13 13 0 00 Note Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property ) (See Instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax 14 year (see instructions) 14 0 00 15 15 Property subject to section 168(f)(1) election 0 00 16 Other depreciation (including ACRS) 16 0.00 MACRS Depreciation (Don't include listed property ) (See instructions ) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 714,658 02 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, 18 check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (e) Convention (f) Method (a) Classification of property year placed in (business/investment use (g) Depreciation deduction penod service only-see instructions) 19a 3-year property 0 00 0 00 5-year property 0 00 0.00 7-year property 0 00 0 00 10-year property 0 00 0 00 15-year property 0.00 0 00 20-year property 0.00 0.00 0 00 25 yrs S/L 0 00 25-year property Residential rental 0 00 27 5 yrs S/L 0.00 MM 0.00 S/L 0 00 property MM 27 5 yrs Nonresidential real 0.00 MM S/L 0 00 39 yrs property 0 00 S/L 0 00 MM Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 0.00 S/I 0.00 12-year 0.00 12 yrs S/L 0 00 b 30-year 0.00 30 yrs MM S/L 0 00 40-year 0.00 40 yrs MM S/L 0 00 Part IV Summary (See instructions) Listed property Enter amount from line 28 21 0.00 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 829,674 52 For assets shown above and placed in service during the current year, enter the 23

23

portion of the basis attributable to section 263 A costs

0 00

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only

Sect	24a, 24b, non A-Depreciation							-								
	<del></del>			restment use claimed?		<u> </u>	<del></del>	<del></del>	<u> </u>	f "Yes," is the	evidence	wntten?	☐ Ye	s 🗆	No.	
	(a) /pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or ot basis		Basis fo	(e) r depreciati ss/investme se only)	on R	(f) ecovery penod	( Me	g) hod/ ention	Dep	(h) reciation duction		(i) Etected section 179 cost	
25	Special deprecia	ation allowance		listed propert	y placed	I in servic	e during	the tax ye	ear and		T					<u> </u>
	used more than					)					25		0 00			
26	Property used n	nore than 50% i	1 "							1						
			%		0 00			00					0.00			0 00
			%		0 00			00					0.00			0.00
	Description and 5	2004	%	· · · · · · · · · · · · · · · · · · ·	0 00		0	00					0_0_			0 00
27	Property used 5	0% or less in a		siness use	0.00	ı —				T						
				0 00			00		S/L -			0.00				
		<del> </del>	%		0 00			00		S/L -			0 00			
20	A dd =====	and the line	%	<u> </u>	0 00			00		S/L -	<del></del>		0.00			
28 29	Add amounts in		_				page i				28		0.00			0.00
23	Add amounts in	column (i), ime	20 Enterne	ere and on line					Wahala				29			0 00
C	anlata this costion fo	r voludos usad	hu o colo pro	analar aadaa		n B–Infoi										
	plete this section fo		-													
	u provided vehicles t			er the question:					kception		g this se		iose venici			
30	during the year	Total business/investment miles driven during the year (don't include commuting			(a) (b)  Vehicle 1 Vehicle 2				(c) Vehicle 3		Ve	(d) Vehicle 4 V		(e) (f) Vehicle 5 Vehicle		
	miles)			_					<u> </u>							
31 32	Total commuting Total other pers		• •	ar L									-	···		
	driven			_	_											
33	Total miles drive	en during the ye	ear Add lines	s 30		ĺ							Ì			
	through 32			-					<del> </del>	Т			ļ	1	<u> </u>	T
34	Was the vehicle	-	ersonal use		Yes	No No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty h							ļ	<del></del>			+			ļ	ļ
35	Was the vehicle		by a more tr	nan	,								}			
36	5% owner or rel	•								-			+		<del> </del>	
	Is another vehic	ele available for		C–Questions	for Em	nlovers V	liho Prov	ude Vehic	les for l	lee by The	ır Empl	2006	ļ		<u> </u>	
Ans	wer these questions	to determine if				•				-	•	-	n 5%			
	ers or related person		<del></del>													ı
37	Do you maintain employees?	a written policy	statement th	at prohibits all	persona	al use of v	ehicles, ir	ncluding c	ommutin	ng, by your					Yes	No
38	\ \frac{1}{2}															
39	Do you treat all		•	•			,	C OWING								<del>                                     </del>
40	Do you provide	more than five	vehicles to y			n informat	ion from	your emp	oloyees a	about the us	se of the	vehicles,				
41	and retain the in Do you meet the			nualified autor	mahila d	omonetre	tion uses	(\$00.00	taiction	. 1					<b> </b>	1
41	Note If your ar		-	-				•		•						
Par	t VI Amortia		, 53, 40, 01 4	113 163, 00	in t comp	nete Gect	1011 15 101	ine cover	reu verm							
				T								(e)				
	De	(a) (b) Date amortization begins			ortization	(c) Amortizable amount			(d) Code section		Amortization			(f) mortization for this year		
		costs that hear	ns during voi	ur 2020 tax ye	ar (see	ınstructioi	ns)					political				
42	Amortization of	Wata that begin														0.0
42	Amortization of	wsis that begin							0 00							<u>U U</u>
42	Amortization of	Wata that begin							0 00							
42	Amortization of  Amortization of												43		76	0 00 0 00 3,706 7