| E . | - 🍞 | * | | | | | | | 27 | 3 9 | 3 ∠ | 99 439 | 29 |
|----------------|--------------|----------------------------------|---------------|--|----------------------------|---------------------------------------|------------------------------|----------|--------------|-------------|------------|--|---------------|
| | | | | Exempt Organ | ization Rusin | 229 | Income T | ах | Retur | n | | OMB No. 1545-068 | 87 |
| | Form | 990-T | | | roxy tax under | sect | ion 6033(e |)) | 190 | 6 | | 2018 | |
| | Departm | ent of the Treasury | ror care | | ov/Form990T for instr | | | | | <i>(</i> : | 0000 | to Rublic Inspect | ion for |
| | | Revenue Service | ▶ Do i | not enter SSN numbers | on this form as it may be | made | public if your org | anizat | ion is a 50 | 1(c)(3). | 501(| to Public Inspecti c)(3) Organizations | Only |
| | A 🗹 a | check box if iddress changed | | Name of organization (| Check box if name ch | anged a | nd see instructions | ;) | | | | identification nur s' trust, see instruct | |
| | | pt under section | Print | ELORIDA A&M UNIVE | | | | | - | (= | | | , |
| | _ | 01(c)(O3) | or | l | m or suite no If a PO box | k, see in: | structions | | | E Un | | 9-0977035 business activity o | code |
| | ☐ 40 | _ | Туре | | ovince, country, and ZIP o | foreign | nostal code | | | | e instru | - | |
| | = - | 9(a) | | TALLAHASSEE FL 32 | • | · · · · · · · · · · · · · · · · · · · | P C C C C C C C C C C | | | | | 624410 | |
| | | value of all assets d of year | F Gr | roup exemption num | | .) ▶ | | | | | | | |
| | | | G C | neck organization typ | pe ► 🗸 501(c) cor | ooratio | on 🗌 501(| (c) tru | st [| 401 | (a) trus | st 🗌 Other | trust |
| | | | | organization's unrelat | | | | | | | | or first) unrelate | |
| | | | | CHILD DAYCARE SEI | | | nly one, compl | | | | | | |
| | | | | at the end of the precomplete Parts III-V. | vious sentence, cor | npiete | Parts I and II, | com | piete a S | cnea | ule ivi | ior each addi | lionai |
| | | | | e corporation a subsid | ary in an affiliated gro | UD OF A | parent-subsidi | arv co | ontrolled a | roup? |) | ▶ ☐ Yes 🗸 | l No |
| | | | | and identifying numb | | | | | | | | | |
| | J Th | e books are in (| care of | > | | | Tele | | e numbe | r 🕨 | | | |
| | | | | le or Business Inc | 1 | | (A) Income | | (B) E | pense | s | (C) Net | - |
| | | Gross receipts | | | 50 Polonoo N | 1 | 470 557 | | | | | | |
| | ь 2 | Less returns and | | es <u> </u> | c Balance ► | 1c 2 | 170,557 | 50 | <u> </u> | | | | |
| | 3 | _ | - | t line 2 from line 1c. | | 3 | 170,557 | 50 | | | | 170,557 | 50 |
| | 4a | · · | | me (attach Schedule | | 4a | | | | | | | |
| | b | Net gain (loss) | (Form | 4797, Part II, line 17) | (attach Form 4797) | 4b | | | | | | | |
| က္က | С | Capital loss de | | | | 4c | | | | | | | |
| ≱ | 5 | , , | - | tnership or an S corpora | | | | | | | | | |
| \leq | 6 | Rent income (| | | | 7 | | | <u> </u> | | \vdash | | |
| SCANNED | 7 8 | | | ced income (Schedul , and rents from a controlled | | - | | | <u> </u> | | | | |
| | 9 | | • | ction 501(c)(7), (9), or (17) | • | | | | | | | | - |
| VOV | 10 | | | tivity income (Schedu | • • | 10 | | | | | | | |
| < 2 | 11 | Advertising inc | come (S | Schedule J) | | 11 | | | | | | | |
| رد در | 12 | • | | tructions; attach sched | · · | 12 | | | ļ | | | | |
| <u>~</u> | 13 | Total. Combin | | 3 through 12 | (Coo.motw.ootiono.fo | 13 | 170,557 | | | + fc | | 170,557 | 50 |
| 2019 | Part | | | t be directly connec | | | | | ns.) (Exc | epric | or Con | tributions, | |
| | 14 | | | cers, directors, and t | | | | | ,,CD. | | 14 | | |
| | 15 | Salaries and w | vages | | | | KEC | اعاد | ÄED. | المح | 15 | 64,417 | 22 |
| | 16 | • | | ance | | | | | | osc | 16 | 4,946 | 50 |
| | 17 | | | | | | 1~1 | ·Z ·I | 2019 | S | 17 | | |
| | 18 19 | • | | dule) (see instructions | • | | | <u> </u> | <u> </u> |] <u>œ</u> | 18 19 | | |
| | 20 | | | ons (See instructions | | | | ΣΝ | Į, ŲŢ | . I | 20 | | |
| | 21 | | | Form 4562) | • | | | | | | | | |
| | 22 | | | amed on Schedule A | | | | | | | 22b | | |
| | 23 | | | | | | | | | | 23 | | |
| | 24 | | | erred compensation p | | | | | | • | 24 | - | |
| | 25 26 | | | ograms | | | | | | • | 25 26 | | |
| | 20 27 | | | osts (Schedule J) . | | | | | | | 27 | | |
| | 28 | | | tach schedule) | | | | | | | 28 | 39,754 | 71 |
| | 29 | Total deducti | ons. A | dd lines 14 through 2 | 8 | | | | | | 29 | 109,118 | |
| | 30 | | | axable income before | | | | | | | 30 | 61,439 | 07 |
| | 31 | | | ating loss arising in tax | | | - | | | - | 31 | | igsqcut |
| | 32 For Po | | | axable income. Subti | | 30 | Cot No. 1100 | | <u></u> | • | 32 | 61,439 Form 990-T | |
| | ror Pa | ihei work Headci | iiON ACI | Notice, see instruction | nio. | | Cat No 1129 | IJ | | | | i onn ogo i | (E010) |

| Form 99 | 0-T (2018 |) | | | | F | Page 2 |
|---------|---------------|--|---|--------------------------|-----------------------------------|---------------------------------------|-----------|
| Part I | III T | otal Unrelated Business Taxable Income | _ | | | | |
| 33 | | of unrelated business taxable income computed from all unrelated trade | s or businesses (s | ee | | | |
| | | tions) | • | | 33 | 61,439 | 07 |
| 34 | Amour | nts paid for disallowed fringes | | . Ì | 34 | | |
| 35 | | tion for net operating loss arising in tax years beginning before Ja | | | | | |
| | | tions) | | | 35 | | |
| 36 | Total o | f unrelated business taxable income before specific deduction. Subtract | line 35 from the su | um [| | | |
| | of lines | 33 and 34 | | . | 36 | 61,439 | 07 |
| 37 | Specifi | c deduction (Generally \$1,000, but see line 37 instructions for exceptions | s) | . Ì | 37 | 1,000 | 00 |
| 38 | | ited business taxable income. Subtract line 37 from line 36. If line 37 is | | | | | |
| | enter t | he smaller of zero or line 36 | | . | 38 | 60,439 | 07 |
| Part I | | ax Computation | | | | • | |
| 39 | Organ | izations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | • | 39 | 12,692 | 21 |
| 40 | Trusts | Taxable at Trust Rates. See instructions for tax computation | n. Income tax | on [| | | |
| | the am | ount on line 38 from. 🗌 Tax rate schedule or 🔲 Schedule D (Form 104 | 1) | • | 40 | | |
| 41 | Proxy | tax. See instructions | | ▶ [| 41 | | |
| 42 | Alterna | ative minimum tax (trusts only) | | . [| 42 | | |
| 43 | Tax or | Noncompliant Facility Income. See instructions | | . [| 43 | | |
| 44 | Total. | Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | . [| 44 | 12,692 | 21 |
| Part ' | V T | ax and Payments | | | | | |
| 45a | Foreign | tax credit (corporations attach Form 1118, trusts attach Form 1116) . | 45a | | | | |
| b | Other of | credits (see instructions) | 45b | | | | |
| С | Genera | al business credit. Attach Form 3800 (see instructions) | 45c | | | | |
| d | Credit | for prior year minimum tax (attach Form 8801 or 8827) [| 45d | | | | |
| е | Total o | credits. Add lines 45a through 45d | | | 45e | | ı |
| 46 | Subtra | ct line 45e from line 44 | | . [| 46 | 12,692 | 21 |
| 47 | Other ta | ixes. Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 O | ther (attach schedule) | | 47 | | |
| 48 | Total t | ax. Add lines 46 and 47 (see instructions) | | . [| 48 | 12,692 | 21 |
| 49 | 2018 n | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (I | k), line 2 | . [| 49 | | |
| 50a | Payme | ints: A 2017 overpayment credited to 2018 | 50a | ſ | | | |
| b | 2018 e | stimated tax payments | 50b | | | | |
| С | Tax de | posited with Form 8868 | 50c | | | | |
| d | Foreign | n organizations: Tax paid or withheld at source (see instructions) . | 50d | | | | |
| e | Backup | o withholding (see instructions) [| 50e | | | | |
| f | Credit | for small employer health insurance premiums (attach Form 8941) $. $ | 50f | | | | |
| g | Other of | credits, adjustments, and payments: Form 2439 | | | | | |
| | ☐ Forr | n 4136 Total ▶ [| 50g | | | | |
| 51 | Total p | payments. Add lines 50a through 50g | | . [| 51 | | |
| 52 | | ted tax penalty (see instructions). Check if Form 2220 is attached | | | 52 | | |
| 53 | Tax du | ie. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow | ed | • | 53 | 12,692 | 21 |
| 54 | | ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amo | ount overpaid . | ▶ [| 54 | | _ |
| 55 | | e amount of line 54 you want | Refunded | > | 55 | 1 | |
| Part \ | <u>и</u> s | tatements Regarding Certain Activities and Other Information | (see instructions) | | | · · · · · · · · · · · · · · · · · · · | |
| 56 | | time during the 2018 calendar year, did the organization have an interest | | | | | No |
| | | financial account (bank, securities, or other) in a foreign country? If "Yes | | | | | |
| | | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," en | ter the name of the | e fore | eign count | ry | |
| | here • | | | | | | |
| 57 | | the tax year, did the organization receive a distribution from, or was it the grantor | of, or transferor to, a | a forei | gn trust? . | . _ | ✓ |
| | | " see instructions for other forms the organization may have to file. | | | | | |
| _58 | | he amount of tax-exempt interest received or accrued during the tax year | | | -, | | |
| Sian | true, c | penalties of perjury, I declare that I have examined this return, including accompanying schedules a orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | and statements, and to the n preparer has anv knowle | ne best edae F | of my knowle | edge and beli | et, it is |
| Sign | 1 1 | | (. ladla | | May the IRS | | |
| Here | | 10/15/19 Assurate | L CONVILLEN | | with the prep (see instruction | | |
| | Signat | vie of officer Date ' Title | | | | | |
| Paid | | Print/Type preparer's name Preparer's signature | Date | | ck 🔲 if | PTIN | |
| Prepa | arer | | | + | employed | <u> </u> | |
| Use C | Only | Firm's name | | Firm | 's EIN ► | | |

Firm's EIN ▶ Phone no

| | Florida A&M University | |
|----------------------------|---|-----------------------|
| | Exempt Organization Business Income Tax Return | ess Income Tax Return |
| | Attachment to Form 990-T | |
| | | |
| | | |
| Line 28 - Other Deductions | ductions | |
| | Independent contractors | 12,798 16 |
| | Utilities | 7,081 48 |
| | Supplies | 4,000 82 |
| | Travel | 1,896.10 |
| | Miscellaneous Expenses | 2,747 86 |
| | Transfers Out Within The Agency | 11,230 29 |
| | TOTAL: | |
| | | \$ 39,754 71 |

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