	4	200 T		Exempt Organization	on Business	Inc	ome Tax Re	turn	ı	01	MB No 1545-0047
1	Form	990-T			ax under sect			1	1		
	^		For cale	endar year 2019 or other tax year b			7	\mathcal{N}	N ₂₀		20 19
	~~~ <del>~</del> ~	ent of the Treasury	roi cale	■ Go to www.irs.gov/Form						_	
		Revenue Service	▶ Do i	not enter SSN numbers on this fo					(c)(3).	Open t 501(c)	o Public Inspection for (3) Organizations Only
•	<u>,                                    </u>	Check box if address changed		Name of organization (	k box if name changed a	and see	instructions)				dentification number
- 1		pt under section	D.:	ELORIDA A&M UNIVERSITY					(Empl	oyees'	trust, see instructions)
	_	01( c )( <b>\)</b> 3 )	Print or	Number, street, and room or suite	no If a P O box, see in	structio	ons			59-	0977035
	□ 40	)8(e) 220(e)	Type	1700 LEE HAL DR #201						a <b>ted b</b> i nstruc	usiness activity code
	□ 40	08A 🔲 530(a)	•	City or town, state or province, co	untry, and ZIP or foreigi	n postal	code		(See I	ristruc	uoris )
		29(a)		TALLAHASSEE FL 32307						5	511120
,	C Book at en	value of all assets d of year		roup exemption number (See							
		<del> </del>		neck organization type 🕨 🗓			501(c) trust	<u> </u>	401(a)		
				organization's unrelated trade							first) unrelated
				ADVERTISING INCOME		•	ne, complete Parts				
			•	at the end of the previous somplete Parts III-V.	entence, complete	e Paris	s i and ii, complet	e a S	medule	; IVI 10	or each additional
				e corporation a subsidiary in a	a affiliated aroun or	2 0210	nt cubaidiani contra	llod or	201103	_	□ Vas [7]Na
				and identifying number of the			in-subsidiary contro	illed gi	oup		1e3 E- 140
-				► UNIVERSITY CONTROLLI		JII. P	Telephone n	umber	• •		850-561-2888
İ				le or Business Income	-N		(A) Income		Expense	1	(C) Net
,	1a	Gross receipts	_								ļ
	b	Less returns a			c Balance ▶	1c					
	2	Cost of goods	sold (S	Schedule A, line 7) .	<b>.</b>	2					
	3	_		t line 2 from line 1c		3					
	4a	Capital gain ne	et incor	me (attach Schedule D) .		4a					
	b	Net gain (loss)	(Form	4797, Part II, line 17) (attach	Form 4797) .	4b					
	С	Capital loss de	eductio	n for trusts		4c					
	5	Income (loss)	from	a partnership or an S coi	rporation (attach						
		statement)				5					
	6	Rent income (	Schedu	ıle C)		6					<u>-</u>
	7	Unrelated deb	t-financ	ced income (Schedule E) .		7		_			
	8		•	s, and rents from a controlled orgar	·	8					
	9	Investment incor	ne of a s	ection 501(c)(7), (9), or (17) organi	zation (Schedule G)	9/					
	10	•	•	tivity income (Schedule I) .	/	10					
	11	Advertising inc		•		11	84250.00		1032	11.38	-18961.38
	12		-	structions; attach schedule)	. /	12					
	13	Total. Combin			<u>. /</u>	13	84250.00			11.38	
	Paru			Taken Elsewhere (See ins		tation	s on deductions.)	(Dear	uctions	mus	st be directly
021	14			the unrelated business inco cers, directors, and trustees						14	
20	14 15	•				·	· · · ·	<u>-</u> -	<del></del>	15	55724.37
90	16	Repairs and m	rayes Isintens	ance	•	ľ	RECEIVE	<b>=</b> υ		16	55724.37
63	17					- 1			ᄓᅅᆡ	17	19031.83
SEP.	18			dule) (see instructions) .		A008	OCT 2 6 2	กวก	030	18	13031.03
S	19					ં [≼	001202	020	101	19	
Q	20			Form 4562)			20 1		그뜨		
SCANNED	21			amed on Schedule A and els			OCHN,	UI		21b	
Ź	22									22	
X	23	Contributions	to/defe	rred compensation plans					[	23	_
20	24			ograms					[	24	4180.10
	25			nses (Schedule I)					[	25	
	26			osts (Schedule J) .						26	
	27	Other deduction	ons (att	ach schedule)					[	27	24275.08
	28			dd lines 14 through 27 .						28	103211.38
	29			axable income before net op						29	-18961.38
	30			perating loss arising in tax							_
		/							-	30	
	31 /			axable income. Subtract line				· ·		31	-18961.38
- 1	Ear Óa	nanwork Paduct	ion Act	Notice see instructions		0-4	N- 11001 I				Form <b>990-T</b> (2019)

Form 99	0-1 (2019											Page 2
Part		otal Unrelated										
32		f unrelated bus	iiness taxable ii	ncome con	nputed from all	unrelated trad	es or	businesses	(see	١.١		
•	ınstru¢ု	tions)							. 1	32	-18	3961.38
33	Amoun	ts paid for disal	lowed fringes .							33		
34	Charita	ble contribution	is (see instructio	ons for limit	ation rules) .					34		
35	Total u	nrelated busine	ss taxable incor	me before i	ore-2018 NOLs	and specific de	educti	on. Subtract	line			
	34 fron	n the sum of line	s 32 and 33						5	35	-18	3961.38
36	Deduct	tion for net op	perating loss a	rising in t	ax vears begin	nning before	Januar	v 1. 2018	(see			
	instruc			_	-			•		36		
37	Total o	f unrelated busi	ness taxable inc	come before	e specific deduc	ction Subtract	line 36	from line 35	7	37	-15	3961.38
38		c deduction (Ge							D	38		2301.30
39		ted business ta										
•		ne smaller of zei								39	.10	3961.38
Part		ax Computati								1 40	-16	301.30
40	_	zations Taxabl		one Multin	ly line 30 by 21	26 (0.21)			<b>•</b>	40		
41		Taxable at								40		.00
41		ount on line 39										
40										41		
42		tax. See instruc								42		
43		tive minimum ta								43		
44		Noncompliant								44		
45		Add lines 42, 43		40 or 41, w	nichever applie	<u>s</u>	• • •	· · · ·	•	45		.00
	_	ax and Payme					1	1				
46a	_	tax credit (corp				•	46a			1		
b		redits (see instr	,				46b	·-		1		
С		ıl business cred		•	•		46c					
d		for prior year mi					46d			<u>  </u>		
е		redits. Add line								46e		
47		ct line 46e from								47		.00
48	Other ta	xes Check if from	☐ Form 4255 [	☐ Form 8611	☐ Form 8697 ☐	Form 8866 🔲	Other	(attach schedu	ıle)	48		
49		ax. Add lines 47								49		.00
50	2019 n	et 965 tax lıabılı	ty paid from For	rm 965-A o	r Form 965-B, F	art II, column (I	k), line	3		50		
51a	Payme	nts. A 2018 ove	rpayment credit	ed to 2019	•		51a					
b	2019 e	stimated tax pay	yments	i			51b			]		
С	Tax de	posited with Foi	rm 8868				51c			}		
d	Foreign	organizations:	Tax paid or with	nheld at so	urce (see instruc	ctions)	51d			]		
е	Backup	withholding (se	ee instructions)				51e			] ]		
f	Credit	for small employ	yer health insura	ance premii	ıms (attach For	m 8941)	51f					
g	Other o	redits, adjustm	ents, and payme	ents [.] 🔲 F	orm 2439					1		
_	☐ For	n 4136		Other		Total ▶	51g					
52	Total p	ayments. Add		_		<del>-</del>				52		.00
53	Estima	ted tax penalty (	(see instructions	S) Check if	Form 2220 is at	tached		•		53		
54		e. If line 52 is le							<b>•</b>	54		.00
55		yment. If line 5						verpaid	<b>•</b>	55		
56	-	e amount of line 5	_					Refunde	d►	56	•	
Part '	VI S	tatements Re	garding Cert	ain Activit	ies and Othe	r Information	(see ı					
57		time during the							r oth	er autho	rity Yes	No
٠.		financial accour										
		Form 114, Rep										
	here ▶	•	<b>-</b>							<b>J</b>	```'   <del></del>	1
58		he tax year, did th	ne organization re	ceive a distr	ibution from or w	as it the grantor	of ort	ransferor to a	foreic	in trust?		1
30	_	" see instruction	_			_	OI, OI t	iansieror to, a	loreig	jii tiust	·	+ +
50		ne amount of ta		-	•						ł	
_59		penalties of perjury, I							e hest o	of my know	ledge and h	elief it is
Sign		orrect, and complete	Declaration of prepare	er (other than ta	xpayer) is based on a	I information of which	n prepare	er has any knowle	dge 🗖			
_		Done	Messo.	_	1 112/2012 - 1	m/0/~~	مالم	<b>M</b> 2	١.		discuss this discuss this eparer shown	
Here		ure of officer	1/2000	-	Date Date	THIS TOWN	וטיש	<u> </u>			ions)? <b>Ye</b> s	
	Signati		<del>V</del>	Is.	Date .	11110	1 -				DTIN	
Paid		Print/Type prepare	r's name	Prep	arer's signature		۱,	Date		k 🔲 if	PTIN	
Prepa	arer									mployed	<u> </u>	
Use (		Firm's name							Firm's	EIN ►		
	-	Comple estatues - 5							Dba-			

_		•
Pac	ıе	J

1 2 3 4a	Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach schedule)	1 2 3	6 7	Inventory a	at end of year	6	
3 4a	Purchases		7	-	<u>-</u>		
4a	Cost of labor	3		Cost of g	oods sold. Subtract line		
					5. Enter here and in Part		
	(attach schedule)			I, line 2		7	
		4a	8	Do the rul	es of section 263A (with	respect to	Yes No
b	Other costs (attach schedule)	4b		property p	roduced or acquired for re	esale) apply	
5	Total. Add lines 1 through 4b	5		to the orga	inization?		
	dule C—Rent Income (From Finstructions)	Real Property ar	nd Personal	Property I	Leased With Real Prop	perty)	
	ription of property	<u> </u>				<del></del>	
(1)	inputori or property		<del></del> -				
(2)						_	
(3)							
(4)							
(4)	2. Rent rec	eived or accrued					
(a) Ero	am namenal preparty (if the percentage of re-	th) From roal	and personal prop	orty (if the	3(a) Deductions directly of	onnected with	the income
	om personal property (if the percentage of rea personal property is more than 10% but not more than 50%)	percentage of rer	and personal prop nt for personal prop nt is based on prof	perty exceeds	in columns 2(a) and		
(1)							
(2)				•			
(3)							
(4)							
Total		Total			(h) T-4-1 de duestione		
	al income. Add totals of columns 2(a)	and 2(b) Enter			(b) Total deductions.  Enter here and on page 1  Part I, line 6, column (B)		
Sche	nd on page 1, Part I, line 6, column (A)  dule E—Unrelated Debt-Finar	nced Income (se	e instructions)		Fart I, line 6, column (b)		
<u> </u>			2. Gross inco	ome from or	3. Deductions directly conn debt-finance		llocable to
	Description of debt-financed p	roperty	allocable to d		(a) Straight line depreciation (attach schedule)		leductions chedule)
(1)		<u>-</u>					
(2)				-			
(3)							
(4)							
	acquisition debt on or of debt-financed debt-	rage adjusted basis or allocable to financed property ttach schedule)	6. Co 4 div by colu	ided	7. Gross income reportable (column 2 × column 6)	(column 6 x to	deductions ital of columns id 3(b))
(1)				%			•
(2)				%			
(3)				%	_		
(4)				%			
					Enter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7	id on page 1, column (B)
Totals Total d	dividends-received deductions includ	ed in column 8		. ▶	<b>&gt;</b>		000-T (2010

Schedule F—Interest, Ann	uilles	, noyailles, i			Organizations	Januzations (Se	e mstru(	ouons)	
1. Name of controlled organization		. Employer fication number		elated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)		ı							
(2)								ļ	
(3)								ļ	
(4)	L				<u> </u>				
Nonexempt Controlled Organi	zations	<u> </u>							
7. Taxable Income	-	. Net unrelated inc loss) (see instructi			otal of specified yments made	10. Part of column included in the coorganization's ground the coorganization of the column includes the c	controlling	connec	eductions directly cted with income in column 10
(1)								,	
(2)		·							
(3)							,		
(4)									
Totals					•	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Schedule G-Investment	Incon	ne of a Sect	ion 501	c)(7), (9),	or (17) Organi	zation (see inst	tructions	 s)	
1. Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
Totals .	•	Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B)
Schedule I—Exploited Exc	empt	Activity Inco	me. Ot	her Than	Advertising In	come (see inst	tructions	3)	
Description of exploited activ		2. Gross unrelated business incor from trade o business	me coni	Expenses directly nected with duction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	penses itable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)							<u> </u>		
Totals .		Enter here and page 1, Part line 10, col (A	i, pag	here and on je 1, Part I, 10, col (B)					Enter here and on page 1, Part II line 25
Schedule J-Advertising I	ncom	e (see instruc	tione)		<u> </u>				<u> </u>
Part I Income From P				Consoli	dated Basis				
Tarti moomo rromr	01100	T TOPOL	100 011 0		4. Advertising			_	7. Excess readership
1. Name of periodical		2. Gross advertising income	1 -	3. Direct rtising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	idership osts	costs (column 6 minus column 5, but not more than column 4)
(1) STRIKE MAGAZINE		84250	0.00	103211.38	8				
(2)							ļ		
(3)									
(4)									
Totals (carry to Part II, line (5))	•	84250	0.00	103211.38	-18961.38	.00		.00	.00
		1 04230		100211.00	10001.00				form <b>990-T</b> (2019)

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

	eriodicais Reporte line-by-line basis.)	d on a deparat	e Dasis (i oi ca	ich pendaica ii	sted iii i ait i	i, illi ili colarilis
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	<b>&gt;</b>					
	Enter here and or 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)	84250.0	103211.38				.00
Schedule K-Compensation	on of Officers, Dire	ctors, and Tru	stees (see instru	ictions)		
1. Name			2. Title	3. Percent of time devoted to business		ition attributable to ed business
40		Ì				

Form **990-T** (2019)

%

%

%

	Florida A&M University		
	Exempt Organization Business Income Tax Return		
	Attachment to Form 990-T		
Line 27 - Other Deductions			
	Independent contractors	5,840.00	
	Utilities		
	Supplies	9,245.13	
	Travel	3,973.18	
	Miscellaneous Expenses	5,216.77	
	TOTAL:		
		\$ 24,275.08	