Form. <b>990-T</b>	E	Exempt Organization Bus	ine	ss Income 1	ax Return	<b>)</b>	OMB No 1545-0687
· •	For 67	(and proxy tax unde	r se າກ	Ction 6033(e))	y 31 201	8	2017
•	Por ca	► Go to www irs.gov/Form990T for ins				<u> </u>	2011
Department of the Treasury Internal Revenue Service	<u> </u>	Do not enter SSN numbers on this form as it may be					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name ch	anged	and see instructions.)		(Empl	oyer identification number loyees' trust, see ictions )
B Exempt under section	Print	SOUTHERN ADVENTIST UNIV	JER	SITY		6	2-0536733
X 501(c)03 )	or	Number, street, and room or suite no. If a P O box,					ated business activity codes
408(e) 220(e)	Туре	P.O. BOX 370				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iaudololia į
408A 530(a)		City or town, state or province, country, and ZIP or COLLEGEDALE, TN 37315-	foreig	n postal code		] 323	100 424000
529(a) C Book value of all assets	1.	E Group exemption number /See instructions \		70		525	100 424000
at end of year 172,302,3	231.	G Check organization type   X 501(c) corpo		501(c) trust	401(a)	trust	Other trust
		ary unrelated business activity SI		STATEMENT 1			
		poration a subsidiary in an affiliated group or a parent			<b>▶</b> [	Ye	es X No
		tifying number of the parent corporation.		, , , , ,			
J The books are in care o		THE UNIVERSITY		Teleph	one number $ ightharpoonup 4$	23-	
Part I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses	S	(C) Net
1a Gross receipts or sa	les	5,275,946.					
b Less returns and allo	wances	<b>c</b> Balance ►	1c	5,275,946.			
2 Cost of goods sold (	Schedule	e A, line 7)	2	3,822,640.			1 452 206
<ol><li>Gross profit. Subtrait</li></ol>		F	3	1,453,306.			1,453,306.
4a Capital gain net inco			4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		<b> </b>	4c_				· · · · · · · · · · · · · · · · · · ·
		ups and S corporations (attach statement)	6				
<ul><li>6 Rent income (Sched</li><li>7 Unrelated debt-finan</li></ul>		me (Schedule F)	7				
		and rents from controlled organizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt ac			10	-			
11 Advertising income	Schedul	e J)	11				
12 Other income (See ii	nstructio	ns, attach schedule)	12				
13 Total. Combine line	s 3 throu	gh 12	13	1,453,306.			1,453,306.
		ot Taken Elsewhere (See instructions for					
		utions, deductions must be directly connected	with	the unrelated busines	s income )	T1	
•	-	rectors, and trustees (Schedule K)		`^E\ E\	ì	14	704 941
15 Salaries and wages		i	KE	CEIVED	l	15 16	704,841.
16 Repairs and mainte	nance	7		78		17	3,721.
<ul><li>17 Bad debts</li><li>18 Interest (attach sch</li></ul>	اعليام	<u> </u>	ΑP	R 1 6 2019 🧣	i	18	3,,22
19 Taxes and licenses		<u> </u> Υ		82		19	80,725.
		e instructions for limitation rules)	C	DEN, UT		20	
21 Depreciation (attac	•			21	35,678.		- "
·		n Schedule A and elsewhere on return		22a		22b	35,678.
23 Depletion						23	
24 Contributions to de	ferred co	mpensation plans ,				24	41,498.
25 Employee benefit p	rograms					25	197,796.
26 Excess exempt exp	•	-				26	
27 Excess readership		•	•		DMDNIII 2	27	300 743
28 Other deductions (a		·		SEE ŠTAT	EMENT 3	28	389,742.
29 Total deductions.		•	luna O	0 from line 12		29 30	<15,513.>
		ncome before net operating loss deduction. Subtract	mie 2	SEE STAT	EMENT 4	31	<u> </u>
		n (limited to the amount on line 30) ncome before specific deduction. Subtract line 31 fro	m line			32	<15,513.>
		y \$1,000, but see line 33 instructions for exceptions)		, 50		33	1,000.
		e income Subtract line 33 from line 32 If line 33 is gi		than line 32, enter the sn	naller of zero or		
line 32		335.035 35 No. 11 11 35 No. 10 gi			38	34	<15,513.>
	or Pape	work Reduction Act Notice, see instructions			010		Form <b>990-T</b> (2017)

Form 920-1	(2017) SOUTHERN ADVENTIST UNIVERSITY 62-05	36733	Page 2
Part I			
35	Organizations Taxable as Corporations See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
•	(1)  \$   (2)  \$   (3)  \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
U	(2) Additional 3% tax (not more than \$100,000)		
	Income tax on the amount on line 34	35c	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from.	-	
36		36	
	Tax rate schedule or Schedule D (Form 1041)	37	
37	Proxy tax See instructions		
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	0.
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	<u> </u>
Part I		<del></del>	
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  41a	<b>-</b>	
b	Other credits (see instructions)	-	
C	General business credit. Attach Form 3800 45c 41c 254,697	<b>-</b>	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>- </b> ,	054 605
е	Total credits Add lines 41a through 41d		<u>254,697.</u>
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
44	Total tax. Add lines 42 and 43	44	0.
45 a	Payments: A 2016 overpayment credited to 2017		
b	2017 estimated tax payments	_	
С	Tax deposited with Form 8868 45c		
d	Foreign organizations Tax paid or withheld at source (see instructions)  45d		
	Backup withholding (see instructions) 45e	7 1	
f	Credit for small employer health insurance premiums (Attach Form 8941)  45f	7	
	Other credits and payments Form 2439	7	
•	Form 4136 Other Total > 45g		
46	Total payments Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want Credited to 2018 estimated tax	50	
Part \			<del></del>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
٠.	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country		
	here		x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$ {x}$
32	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Laday possible of populary I declare that I have examined this return, including accompanying schedules and statements, and to the best of my king.	nowledge and belie	f it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here		May the IRS discus the preparer shown	
			Yes No
		ıf PTIN	
	Print/Type preparer's name Preparer's signature Date Check self- employe		
Paid	MARY MOOTHING MARY MOOTHING 04/09/19		47446
Prepa	FUNDAMENTAL PROMINE PRINTARIO C. COMPANY T. T. D. Survice SIN I	<del></del>	504608
Use C	Only Firm's name ► BROWN, EDWARDS & COMPANY, L.L.P. Firm's EIN	- 34-0	20400
	1715 PRATT DRIVE, SUITE 2700  Firm's address   BLACKSBURG, VA 24060  Phone no	540-345	_0036
	Firm's address ► BLACKSBURG, VA 24060 Phone no		
		Forn	n <b>990-T</b> (2017)

723711 01-22-18

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory v	aluation > COS	T					
1 Inventory at beginning of year		,017,554.	<del>-</del>	Inventory at end of year	ir		6	82	7,90	68.
2 Purchases	2 3	,633,054.	7	Cost of goods sold. Si	ubtract I	ine 6				
3 Cost of labor	3		1	from line 5 Enter here	and in F	Part I,				
4a Additional section 263A costs			1	line 2			7	3,82	2,64	<u>40.</u>
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to				
5 Total. Add lines 1 through 4b		,650,608.		the organization?						X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued				3(a)Deductions directly	, conne	stad with the	income in	•
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for pe	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	columns 2(a) ai	nd 2(b) (	attach schedi	ite)	
(1)										
(2)										
(3)								_		
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1 Part I line 6, column (B)	<b>&gt;</b>			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)						
			2	Gross income from		3 Deductions directly con to debt-finance			ble	
1. Description of debt-fir	nanced properly			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other di (attach so		;
(1)				<del></del>						
(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 nced property n schedule)	•	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(	8 Allocable column 6 x to 3(a) an		
(1)				%						
(2)	-			%						
(3)				%						
(4)				%						
				<u>-</u>		nter here and on page 1, Part I, line 7 column (A)		nter here and Part I, line 7,		
Totals				•		0				0.
Total dividends-received deductions in	cluded in column	18								0.
			_							

			, Royaltie		Controlled O					
1. N	Name of controlled organiza	ation	2 Employe identification number	3. Net uni (loss) (see	related income e instructions)	4. Tota	al of specified nents made	5. Part of column included in the colorganization's gros	ntrolling	6. Deductions directly connected with income in column 5
(1)			_							
(2)										
(3)										
(4)										
	pt Controlled Organ	ızatıons	-							<del></del>
7.	Taxable Income		elated income (lo	9. Total	of specified payr made	nents	in the controlli	nn 9 that is included ng organization's income		ductions directly connected in income in column 10
(1)		<u> </u>	_							
(2)										
(3)	<u> </u>									
(4)										
							Enter here and	ons 5 and 10 on page 1, Part I olumn (A)		Id columns 6 and 11 lere and on page 1 Part I, line 8, column (B)
Totals			<del>-</del>			▶		0,		0
Schedu	ile G - Investme	ent Incom ructions)	e of a Sec	ction 501(c)(	(7), (9), or	(17) Or	ganization			
		cription of income	- <del></del>		2 Amount of	income	3 Deduction directly conne- (attach sched	cted 4 Set	l-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							,	<del></del>	<del></del>	, , , , , , , , , , , , , , , , , , , ,
(2)										
(3)								-		
(4)					-					<del></del>
· · · · · · · · · · · · · · · · · · ·	·		_		Enter here and o Part I, line 9 col		*			Enter here and on page Part I, line 9, column (B)
Totals				•		0.	· .			0
Schedu	lle I - Exploited (see instri	_	activity Inc	come, Othe	r Than Ad	vertisii	ng Income	!		
	Description of xploited activity	2 Gros unrelated bu income fr trade or bus	siness di	3. Expenses rectly connected with production of unrelated rusiness income	4 Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	nat attribu	penses stable to sumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	<del></del>									
(4)		1								
Totals		Enter here a page 1, Pa line 10, col	art I,	nter here and on page 1, Part I, line 10, col (B)		. * * ,	2 * .			Enter here and on page 1, Part II, line 26
	ıle J - Advertisi	ng Incom			L					
Part I					solidated	Basis				
			2. Gross	3 Direct	4 Adverti	sing gain	5 Circulati	on 6 Read	dership	7 Excess readership costs (column 6 minus
	Name of periodical		dvertising income	advertising costs		in, compute		cos		column 5, but not more than column 4)
(1)					-i '	,				
(2)						<b>k</b>				
(3)	<del> </del>			<del></del>		•				
(4)					, ',		<del>                                     </del>			
		į.						1	I	

Part II Income From Perio columns 2 through 7 on a	•	-	rate Basis (For eac	ch periodical listed i	n Part II, 1	fill in	
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 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							·
(3)	·						
(4)							
Totals from Part I	0.	0.		*			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	n of Officers,	Directors, an	d Trustees (see in:	structions)			
1. Name			2 Title	3. Percent of time devoted business			sation attributable ated business
(1)		1			%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, II	ne 14				<b>&gt;</b>		0.
							Form 990-T (2017)

# Internal Revenue Service

**Alternative Minimum Tax - Corporations** 

► Attach to the corporation's tax return

► Go to www irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Employer identification number

		SOUTHERN ADVENTIST UNIVERSITY				62-0536733
_		Note: See the instructions to find out if the corporation is a small corporation exempt			ľ	
		from the alternative minimum tax (AMT) under section 55(e)				
1		Taxable income or (loss) before net operating loss deduction			1	<15,513.
2		Adjustments and preferences.				
	a	Depreciation of post-1986 property			2a	
	b	Amortization of certified pollution control facilities			2b	
	C	Amortization of mining exploration and development costs			2c	
	d	Amortization of circulation expenditures (personal holding companies only)			2d	
	е	Adjusted gain or loss			2e	
	f	Long-term contracts			2f	
	g	Merchant marine capital construction funds			2g	
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
	i	Tax shelter farm activities (personal service corporations only)			2i	
	j	Passive activities (closely held corporations and personal service corporations only)			2j	
	k	Loss limitations			2k	
	ı	Depletion			21	
		Tax-exempt interest income from specified private activity bonds			2m	
	N	Intangible drilling costs			2n	
	0	Other adjustments and preferences			20	· · · · · · · · · · · · · · · · · · ·
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20			3	<15,513.>
4		Adjusted current earnings (ACE) adjustment:				
		ACE from line 10 of the ACE worksheet in the instructions	4a	20,165.		
	b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	ļ	25 670		
		negative amount. See instructions	46	35,678.		
		Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	26,759.		
	a	Enter the excess, if any, of the corporation's total increases in AMTI from prior				
		year ACE adjustments over its total reductions in AMTI from prior year ACE				
		adjustments See instructions Note: You must enter an amount on line 4d	٠	140 160		
		(even if line 4b is positive) SEE STATEMENT 6	4d	140,169.	1	
	е	ACE adjustment				
		If line 4b is zero or more, enter the amount from line 4c      If line 4b is zero or more, enter the amount from line 4c      If line 4b is zero or more, enter the amount from line 4c	Ĵ			26,759.
5		<ul> <li>If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount</li> <li>Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT</li> </ul>	J		4e	11,246.
6		Alternative tax net operating loss deduction. See instructions	СT	ATEMENT 5	6	10,121.
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a		<del>-</del>	┡	10,121.
•		interest in a REMIC, see instructions	163100	ai	7	1,125.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ine 8c)		<del>- '-</del>	1,1231
Ī	а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	00,			
	-	group, see instructions. If zero or less, enter -0-	8a	0.		
	b	Multiply line 8a by 25% (0.25)	8b	0.	1	
		Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	led		1	
		group, see instructions. If zero or less, enter -0-			8c	40,000.
9		Subtract line 8c from line 7. If zero or less, enter -0-			9	0.
10		Multiply line 9 by 20% (0 20)			10	0.
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions			11	
12		Tentative minimum tax. Subtract line 11 from line 10			12	0.
13		Regular tax liability before applying all credits except the foreign tax credit			13	
14		Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here	and or	1		
		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	l		14	0.
JW	Α	For Paperwork Reduction Act Notice, see separate instructions				Form 4626 (2017)

## Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions <15,513.> 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment: 35,678. 2a a AMT depreciation b ACE depreciation. (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 2b(5) 168(f)(1) through (4) 2b(6) (6) Other property (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7) 35,678. c ACE depreciation adjustment Subtract line 2b(7) from line 2a 2c Inclusion in ACE of items included in earnings and profits (E&P). 3a a Tax-exempt interest income 3b b Death benefits from life insurance contracts 3с c All other distributions from life insurance contracts (including surrenders) 3d d Inside buildup of undistributed income in life insurance contracts e Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) 3e for a partial list) 3f f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e Disallowance of items not deductible from E&P a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P.L. 113-295, Div. A. section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 4d 1382(c) e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e 4f 5 Other adjustments based on rules for figuring E&Pa Intangible drilling costs 5a 5b **b** Circulation expenditures 5c c Organizational expenditures 5d d LIFO inventory adjustments 5e e Installment sales f Total other E&P adjustments Combine lines 5a through 5e 6 Disallowance of loss on exchange of debt pools 7 Acquisition expenses of life insurance companies for qualified foreign contracts 8 9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of 10 20,165. Form 4626

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

BOOKSTORE, PRINT/COPY SHOPS, GROCERY STORE, WELLNESS BUSINESS, CELL TOWER THAT PROVIDES PRODUCTS AND SERVICES PRIMARILY TO STUDENTS AND FACULTY AND STUDENT EMPLOYMENT OPPORTUNITIES.

TO FORM 990-T, PAGE 1

FOOTNOTES STATEMENT 2

FORM 990-1		· OTHER DEDUCTI	ONS	STATEMENT	3 
DESCRIPTIO	DN			AMOUNT	
ADVERTISIN	<del></del> IG			14,10	06.
BANK CHARG				73,19	
BUILDING F	RENT			<48,13	
CONTRACT I	ABOR			15,13	
INSURANCE			•	29,00	
MANAGEMENT				94,21	
MISCELLANE				5,16	
GENERAL EX OFFICE SUP				23,00 4,53	
CUSTODIAL	FLIES			11,4	
TELEPHONE				2,56	
TRAVEL				1,23	
UTILITIES				155,87	
SMALL EQUI	PMENT EXPENSES			5,91	
COPY SERVI	CES			2,41	11.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		389,74	12.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		389,74	12.
TOTAL TO F		LINE 28  OPERATING LOSS D	EDUCTION	389,74	12.
		OPERATING LOSS D	EDUCTION	STATEMENT	== ==
FORM 990-T	NET .	OPERATING LOSS D  LOSS PREVIOUSLY	LOSS	STATEMENT	== ==
FORM 990-T		OPERATING LOSS D		STATEMENT	== ==
FORM 990-T	LOSS SUSTAINED	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR	4
	NET .	OPERATING LOSS D  LOSS PREVIOUSLY	LOSS	STATEMENT	4
FORM 990-T TAX YEAR 05/31/11 05/31/16	LOSS SUSTAINED  241,592.	DERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.	LOSS REMAINING 146,686.	STATEMENT  AVAILABLE THIS YEAR  146,686	4
FORM 990-T TAX YEAR 05/31/11 05/31/16	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS	DERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.	LOSS REMAINING 146,686. 155,454. 302,140.	STATEMENT  AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T TAX YEAR 05/31/11 05/31/16 NOL CARRYO	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR	LOSS REMAINING 146,686. 155,454. 302,140.	AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T TAX YEAR 05/31/11 05/31/16 NOL CARRYO	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR  IVE MINIMUM TAX NO	LOSS REMAINING  146,686. 155,454.  302,140.	AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T TAX YEAR 05/31/11 05/31/16 NOL CARRYC	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR	LOSS REMAINING 146,686. 155,454. 302,140.	AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T TAX YEAR 05/31/11 05/31/16 NOL CARRYC FORM 4626	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS  ALTERNATI	LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR  LOSS PREVIOUSLY APPLIED	LOSS REMAINING  146,686. 155,454.  302,140.  OL DEDUCTION  LOSS REMAINING	AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T  TAX YEAR  05/31/11  05/31/16  NOL CARRYO  FORM 4626  TAX YEAR  05/31/11	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS  ALTERNATI  LOSS SUSTAINED  241,592.	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR  IVE MINIMUM TAX NO LOSS PREVIOUSLY APPLIED  135,864.	LOSS REMAINING  146,686. 155,454.  302,140.  OL DEDUCTION  LOSS REMAINING  105,728.	AVAILABLE THIS YEAR  146,686 155,454	4
FORM 990-T TAX YEAR 05/31/11 05/31/16 NOL CARRYC	LOSS SUSTAINED  241,592. 155,454.  OVER AVAILABLE THIS  ALTERNATI	LOSS PREVIOUSLY APPLIED  94,906. 0.  YEAR  LOSS PREVIOUSLY APPLIED	LOSS REMAINING  146,686. 155,454.  302,140.  OL DEDUCTION  LOSS REMAINING	AVAILABLE THIS YEAR  146,686 155,454	4

•	NET POSITIVE	ACE ADJUSTMENT F	ROM PRIOR YEARS	STATEMENT
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
05/31/14 05/31/16	56,351. 33,932.	0.	56,351. 33,932.	56,351. 33,932.
05/31/17	49,886.	0.	49,886.	49,886.
AVAILABLE FO	OR CREDIT		140,169.	140,169.

Internal Revenue Service Name(s) shown on return

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Sequence No 179 Identifying number

### Business or activity to which this form relates SOUTHERN ADVENTIST UNIVERSITY FORM 990-T PAGE 1 62-0536733 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 510,000. Maximum amount (see instructions) 31,256. 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,030,000. 3 Threshold cost of section 179 property before reduction in limitation 4 0. 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0-510,000. Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Flected cost 6 SEE STATEMENT 7 31.256. 31,256. 7 Listed property Enter the amount from line 29 31,256. 31,256. R 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 277,554. 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 O. 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 308,810. 13 Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 ▶ 13 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) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property ) (See instructions ) Section A 17 35,678. 17 MACRS deductions for assets placed in service in tax years beginning before 2017 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property year placed in service ousiness/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property c d 10-year property 15-year property 20-year property f 25 yrs S/L g 25-year property MM S/L 27 5 yrs h Residential rental property ММ S/L 27 5 yrs ММ S/L 39 yrs Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20a Class life \$/L b 12-year 12 yrs 40 yrs ММ S/L 40-year Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 35,678. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SOUTHERN ADVENTIST UNIVERSITY 62-0536733 Page 2 Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	evider	nce written?		Yes No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g Meth Conver	od/	(h) Depreciation deduction		(ı) Elected section 179 cost
25 Special depreciation allo	wance for q	ualified listed pr	operty placed in s	ervice during the t	ax year an	d				<u> </u>
used more than 50% in	a qualified b	usiness use					25			
26 Property used more tha	n 50% in a c	ualified busines	suse							
		%								
		%								
		%								_
27 Property used 50% or le	ess in a quali	fied business us	e							
		%				S/L·				
		%				S/L·				
		%				S/L·				
28 Add amounts in column	(h), lines 25	through 27 Ente	er here and on line	21, page 1		<u>.                                      </u>	28			
29 Add amounts in column	(i). line 26 E	nter here and or	line 7, page 1						29	

## Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

		(:	a)	(Ł	o)	(4	c)	(4	d)	(4	- ∋)	(1	)
30	Total business/investment miles driven during the year (don't include commuting miles)	Vet	ncle	Veh	icle	Veh	nicle	Veh	ncle	Veh	ncle	Veh	icle
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles								-			]	
	driven									<u> </u>		<u> </u>	
33	Total miles driven during the year							]					
	Add lines 30 through 32									<u> </u>			
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					l							
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?						L						
36	Is another vehicle available for personal												
	use?			i l									

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 27, 29, 20, 40, or 41 is "Vos." don't complete Section R for the covered vehicles		

	11 your answer to 07, 00, 00, 40,	01 41 13 103, 0011100	implete occitori bitori	tric covered verner		<del></del>
Part VI	Amortization					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amorti	zation of costs that begins durir	ng your 2017 tax year				
43 Amorti	zation of costs that began before	re your 2017 tax year			43	
44 Total.	Add amounts in column (f) See	the instructions for whe	re to report		44	

716252 01-25-18

FORM 4562 TOTALS PART I - SECTION 179 EXPENSE		STATEMENT 7
(A) DESCRIPTION OF PROPERTY	(B) COST	(C) ELECTED COST
SERVER -	1,000.	1,000.
OPEN SIGN	94.	
RECEIPT PRINTER & SCANNER	2,269.	
VERIFONE SIGNATURE CAPTURE DEVICE	1,011.	
LASER SCANNER FOR REGISTER	864.	
6 COMPUTERS & MONITORS	4,632.	
PRINTER	270.	
LABELER/MONARCH 1110/ 6 DIGITS	120.	
STAND/ 5-TIER/ MOBILE/ ESPRESSO/ 24LX13-1/2W	240.	
SEABORN DELI FREEZER (REPLCD 3HP UNIT OUT BACK)	5,100.	
1 - COMPUTER MOUSE	18.	
LABELER/MONARCH 1110' 6 DIGITS	120.	120.
NESTING TABLES (3) \$194.97	195.	195.
STAND/ 5-TIER/ MOBILE/ ESPRESSO/ 24LXX13-1/2W	1,236.	1,236.
2 - SLATWALL DISPLAYS	420.	
1 WOOD TABLE	300.	
25 GLASS SHELVES	300.	
1 - FULL GLASS LIGHTED SHOWCASE	718.	
INDUSTRIAL BACK-PACK VACUUM	172.	
DONUT CASE	1,300.	1,300.
CORP WATTMETE, MODEL 3127-040 CONNECTICUT		
MICROWAVE COR	2,925.	
1 TREN TK-EX4 USB KVM CAT EXTENDER & SWITCH	249.	
HP ELITE DESK 800 G3 & ADAPTER	560.	
TRIP SMART 1500LCD 1500VA LJ UPS-OFFLINE	251.	251.
NAUTEL TRANSMITTER POWER PROTECTION 1101-464 APEX		4 44
IV X5	1,948.	
2 UPS UNITS FOR MAIN STUDIO	549.	
1 POWER EDGE R530 SERVER	4,395.	4,395.
TOTAL TO FORM 4562, PART I, LINE 6	31,256.	31,256.

**General Business Credit** 

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

OMB No 1545-0895 Attachment Sequence No 22

Identifying number

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

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

SOUT	HERN ADVENTIST UNIVERSITY		62-0536733
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)	
	(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 2017 See instructions	3	
4	Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	254,697
5	Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with		
	box D checked. See instructions		
6			254,697
Part			,
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the		
	sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return.	7	
	applicable line of your return	<del>  '</del>	
	• 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		İ
8	Alternative minimum tax		
Ū	• Individuals Enter the amount from Form 6251, line 35		
	Corporations Enter the amount from Form 4626, line 14	8	o
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	<u> </u>	<del>-</del>
	2010100 and hadde Enter the amount non-concession (1.57m 1011), line of		
9	Add lines 7 and 8	9	
10a	Foreign tax credit .   10a	1	
b	Certain allowable credits (see instructions)	1	
С	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	o
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) . 13	_	
14	Tentative minimum tax		
	• Individuals. Enter the amount from Form 6251, line 33		
	Corporations Enter the amount from Form 4626, line 12	_	
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	
17	Enter the <b>smaller</b> of line 6 or line 16	17	0
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	,	

Par	Allowable Credit (Continued)			
Note	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and	enter	-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		
20	Subtract line 19 from line 11 If zero or less, enter -0-	20		
21	Subtract line 17 from line 20 If zero or less, enter -0-	21		
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 2017 See instructions .	24	0	
25	Add lines 22 and 24	25	0	
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		
28	Add lines 17 and 26	28		
29	Subtract line 28 from line 27 If zero or less, enter -0-	29		
30	Enter the general business credit from line 5 of all Parts III with box A checked	30		
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 2017 See instructions	33		
34	Carryforward of business credit to 2017 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	254,697	
35	Carryback of business credit from 2018 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	254,697	
37	Enter the <b>smaller</b> of line 29 or line 36	37	0	
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			
	<ul> <li>Individuals Form 1040, line 54, or Form 1040NR, line 51</li> <li>Corporations Form 1120, Schedule J, Part I, line 5c</li> </ul>	,		
	• Estates and trusts Form 1041, Schedule G, line 2b	38		

					- 0	
	300 (2017)		Idon	tifung gumber	Page 3	
·				Identifying number		
Part III General Business Credits or Eligible Small Business Credits (see instructions)				62-0536733	<del>_</del>	
	lete a separate Part III for each box checked below (see instructions)	11150	ructions)			
	General Business Credit From a Non-Passive Activity E Reserved					
A ∐ B □	General Business Credit From a Passive Activity  F Reserved  F Reserved					
c $\square$	· · · · · · · · · · · · · · · · · · ·	Rucin	ess Credit Carn	ufonwarde		
_	General Business Credit Carrylorwards  General Business Credit Carrybacks  H Reserved	Duşiri	less Credit Carry	yioiwaius		
	you are filing more than one Part III with box A or B checked, complete and attach first	t an a	additional Part III	combining amounts	from	
	Parts III with box A or B checked Check here if this is the consolidated Part III			Tombining amounts	<u>▶</u> □	
(a) Description of credit			(b) If claiming the cre	credit Enter the appropriat		
	On any line where the credit is from more than one source, a separate Part III is needed for enrough entity	ach	from a pass-throu entity, enter the E	gh amount	mate -	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		254,69	7	
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c				
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e			<u> </u>	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g			<u> </u>	
h	Orphan drug (Form 8820)	1h			<del> </del>	
i	New markets (Form 8874)	1i			┼	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>			<del>-</del>	
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k				
i	Biodiesel and renewable diesel fuels (attach Form 8864)	11			+	
m	Low sulfur diesel fuel production (Form 8896)	1m			+	
n	Distilled spirits (Form 8906)	1n			+-	
0	Nonconventional source fuel (carryforward only) .	10			+	
р	Energy efficient home (Form 8908)	1p			†	
q	Energy efficient appliance (carryforward only) .	1q			<del> </del>	
r	Alternative motor vehicle (Form 8910)	1r			+-	
s	Alternative fuel vehicle refueling property (Form 8911)	1s			1	
ť	Enhanced oil recovery credit (Form 8830)	1t			1	
u	Mine rescue team training (Form 8923)	1u	<del></del>		1	
v	Agricultural chemicals security (carryforward only)	1v			$\top$	
w	Employer differential wage payments (Form 8932)	1w			1	
x	Carbon dioxide sequestration (Form 8933)	1x			1	
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		,,,,,,		
z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa		1aa				
bb		1bb				
zz		1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		254,69	7	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		254,03	<del>' </del> -	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			<del>                                     </del>	
b	Work opportunity (Form 5884)	4b			+	
c	Biofuel producer (Form 6478)	4c			<del>                                     </del>	
d	Low-income housing (Form 8586, Part II)	4d		-	<del> </del>	
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		<del> </del>	$\top$	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		*	$\dagger$	
g g	Qualified railroad track maintenance (Form 8900)	4g		<u> </u>	<del>                                     </del>	
h	Small employer health insurance premiums (Form 8941)	4h			$\dagger$	
i	Increasing research activities (Form 6765)	41			<del>                                     </del>	

Reserved

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

j

z 5

6

4

4z

5

6

## SOUTHERN ADVENTIST UNIVERSITY

EIN: 62-0536733

YEAR END: May 31, 2018

2017 FORM 3800 ATTACHMENT FOR PART 1, LINE 4:

TYPE OF CREDIT: INVESTMENT CREDIT: SOLAR ENERGY CREDIT

TAX YEAR OF ORIGINATION: 2011

AMOUNT OF CREDIT REPORT ON ORIGINAL RETURN: 254,697

AMOUNT OF CREDIT ALLOWED ON ORIGINAL RETURN:

AMOUNT OF CREDIT USED FOR 2017 CARRYFORWARD: 254,697