

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
 ▶ Go to [www.irs.gov/Form990T](http://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).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501 ( C ) ( 3 )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input checked="" type="checkbox"/> Check box if name changed and see instructions.)                  THE COMCAST NBCUNIVERSAL FOUNDATION (f/k/a THE COMCAST FOUNDATION)</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.                  ONE COMCAST CENTER, 48TH FLOOR</p> <p>City or town State ZIP code                  PHILADELPHIA PA 19103-2832</p> <p>Foreign country name Foreign province/state/county Foreign postal code</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  51-0390132</p> <p><b>E</b> Unrelated business activity codes (See instructions.)  900099</p>
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**C** Book value of all assets at end of year

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ INCOME FROM PARTNERSHIP FLOW-THROUGH INVESTMENT

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ COMCAST CORPORATION 27-0000798

**J** The books are in care of ▶ COMCAST CORPORATION Telephone number ▶ 215-286-1700

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c Balance ▶</b>	0		
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c	0		0
<b>4 a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts SEE STMT 1			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)	-953		-953
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	-953	0	-953

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			
<b>15</b>	Salaries and wages			
<b>16</b>	Repairs and maintenance			
<b>17</b>	Bad debts			
<b>18</b>	Interest (attach schedule)			
<b>19</b>	Taxes and licenses			
<b>20</b>	Charitable contributions (See instructions for limitation rules)			
<b>21</b>	Depreciation (attach Form 4562)	21		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
<b>23</b>	Depletion			
<b>24</b>	Contributions to deferred compensation plans			
<b>25</b>	Employee benefit programs			
<b>26</b>	Excess exempt expenses (Schedule I)			
<b>27</b>	Excess readership costs (Schedule J)			
<b>28</b>	Other deductions (attach schedule)			
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			0
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-953
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)			
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-953
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-953

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34 <input type="checkbox"/> <b>35c</b>		
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <input type="checkbox"/> <b>36</b>		
<b>37 Proxy tax.</b> See instructions. <input type="checkbox"/> <b>37</b>		
<b>38 Alternative minimum tax</b> <input type="checkbox"/> <b>38</b>		
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions. <input type="checkbox"/> <b>39</b>		
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies <input type="checkbox"/> <b>40</b>		0

**Part IV Tax and Payments**

<b>41 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <b>41a</b>			
<b>b</b> Other credits (see instructions) <b>41b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) <b>41c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) <b>41d</b>			
<b>e Total credits.</b> Add lines 41a through 41d <b>41e</b>			0
<b>42</b> Subtract line 41e from line 40 <b>42</b>			0
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <b>43</b>			
<b>44 Total tax.</b> Add lines 42 and 43 <b>44</b>			0
<b>45 a</b> Payments: A 2016 overpayment credited to 2017 <b>45a</b>	6,260		
<b>b</b> 2017 estimated tax payments <b>45b</b>	6,000		
<b>c</b> Tax deposited with Form 8868 <b>45c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) <b>45d</b>			
<b>e</b> Backup withholding (see instructions) <b>45e</b>			
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) <b>45f</b>			
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total <b>45g</b>		0	
<b>46 Total payments.</b> Add lines 45a through 45g <b>46</b>			12,260
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> <b>47</b>			
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed <b>48</b>			0
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <b>49</b>			12,260
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> 12,260 <b>Refunded</b> <b>50</b>			0

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 <input type="checkbox"/>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="checkbox"/>		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *Kristie Dunbar* | 11/9/18 **SECRETARY**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	
Firm's address <input type="checkbox"/>			Phone no.	

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	7	0
3	Cost of labor . . . . .	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
4 a	Additional section 263A costs (attach schedule) . . . . .	4a					
4 b	Other costs (attach schedule) . . . . .	4b					
5	<b>Total.</b> Add lines 1 through 4b . . . . .	5	0				

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶ 0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	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 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
<b>Totals</b>			0	0	

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>Totals</b>		0	0			0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0	0	0

THE COMCAST NBCUNIVERSAL FOUNDATION  
FEIN: 51-0390132  
FOR THE TAX YEAR ENDED: DECEMBER 31, 2017  
FORM 990-T  
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

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**PART I:**

**UNRELATED TRADE FOR BUSINESS INCOME**

	(a) Income (Loss)	(b) Expense	(c) Net
5) INCOME FROM PARTNERSHIP FLOW-THROUGH INVESTMENT	<u>(953)</u>	<u>0</u>	<u>(953)</u>
TOTAL OTHER INCOME	<u>(953)</u>	<u>0</u>	<u>(953)</u>

0331009 OUT

D1460594

FILED *JWB*  
Secretary of State  
State of California

10 JUN 18 2018 YST

# Delaware

The First State

Page 1  
EFFECTIVE  
DATE  
JUL 01 2018

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

'NBCUNIVERSAL FOUNDATION', A CALIFORNIA CORPORATION, WITH AND INTO "THE COMCAST FOUNDATION" UNDER THE NAME OF "THE COMCAST NBCUNIVERSAL FOUNDATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWELFTH DAY OF JUNE, A.D. 2018, AT 10:43 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JULY, A.D. 2018.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



*JWB*  
Jeffrey W. Bullock, Secretary of State

3048370 8100M  
SR# 20185095132

Authentication: 202881066  
Date: 06-14-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

01460594

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:43 AM 06/12/2018  
FILED 10:43 AM 06/12/2018  
SR 20185095132 - File Number 3048370

**STATE OF DELAWARE  
CERTIFICATE OF MERGER OF  
FOREIGN CORPORATION INTO  
A DOMESTIC CORPORATION  
AND NAME CHANGE**

Pursuant to Title 8, Section 256 of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

**FIRST:** The name of the surviving corporation is currently The Comcast Foundation (which name will be changed as shown below in Article THIRD), a Delaware corporation, and the name of the corporation being merged into this surviving corporation is NBCUniversal Foundation, a California nonprofit public benefit corporation.

**SECOND:** The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations pursuant to Title 8, Section 256 of the General Corporation Law of the State of Delaware.

**THIRD:** The name of the surviving corporation is hereby changed to The Comcast NBCUniversal Foundation.

**FOURTH:** The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation, subject to a change in its name as shown above in Article THIRD.

**FIFTH:** The merger is to become effective as of the close of business on July 1, 2018.

**SIXTH:** The Agreement of Merger is on file at 1701 John F Kennedy Blvd., Philadelphia, PA 19103, an office of the surviving corporation.

**IN WITNESS WHEREOF**, said surviving corporation has caused this certificate to be signed by its authorized officer, this 13th day of June, 2018.

**THE COMCAST FOUNDATION**

By:   
Name: Dalila Wilson-Scott  
Title: President

*(mirrored text from reverse side)*  
STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
1701 JOHN F. KENNEDY BLVD.  
PHILADELPHIA, PA 19103

8105 5 9 WFL



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 22 2018

Date: \_\_\_\_\_ VST

*Alex Padilla*  
ALEX PADILLA, Secretary of State



# Delaware

The First State

Page 1

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Title: President