Form <b>99</b>	0-Т	Ex	cempt Organi						rn	OMB No 1545-0687
rom OO	• •	<b>.</b>		-		der section	•	• •		മെ <b>4</b> മ
	_	For cale	ndar year 2018 or other t	-					20 1 9	<u> 2018</u>
Department of the Internal Revenue	-	<b>▶</b> Do	► Go to www.irs.go not enter SSN numbers						.,,,  -	Open to Public Inspection for 501(c)(3) Organizations Only
A Checi	k box if	7 50	Name of organization (			me changed and se				yer identification number
addre	ss changed		``			ŭ		•	(Emplo	yees' trust, see instructions )
8 Exempt unde	er section		PHILLIPS EXE	TER ACA	DEMY					
X 501( C	<b>)(Q</b> 3)	Print	Number, street, and roor	m or suite no	lf a P O	box, see instruction	ons		02-02	222174
408(e)	220(e)	or Type							1	ated business activity code
408A	530(a)	1,400	20 MAIN STRE	ET					(See ins	structions)
529(a)			City or town, state or pr	ovince, countr	y, and 2	ZIP or foreign posta	l code			
C Book value of at end of year			EXETER, NH 0	3833-24	60				52599	90 531120
_			up exemption number	<del>` ,                                   </del>			<del></del>	<del></del>		<del></del>
	83549.		ck organization type				501(c		_ 401 <u>(</u> a)	
			nization's unrelated trac RTNERSHIP INVE		sses				•	(or first) unrelated
							•	•		than one, describe the
	•		end of the previous se ete Parts III-V	entence, co	mpiete	Parts Land II, Co	ompiete a S	chequie ivi for ea	cn addition	ıaı
			corporation a subsidiar	ry in an affil	ıated o	roup or a parent-	subsidiary c	controlled group?	_	Yes X No
_			identifying number of t	•	_		ouboidial y c	onitionica group		
			CRRIL A. DWYER			<del></del>	Telephon	e number ▶ 60	3-777-	3436
Part I Ur	related	Trade o	or Business Incom	ne		(A) Inco	me	(B) Expen	ses	(C) Net
1a Gross r	eceipts or s	ales								
	rns and allowa		<b>-</b>	<b>c</b> Balance ▶	1c					
2 Cost of	goods sol	d (Schedi	ule A, line 7)	λV. · · · ·	2					
			2 from line 1c	-	3					
			ttach Schedule D)		4a					
-			Part II, line 17) (attach Fo		4b_			/		
			rusts		4c	-4 04	5,843.	ATCH 1		-4,045,843.
,			an S corporation (attach state	,	<u>5</u>	-4,04	3,943.	AICH I		-4,043,643.
			come (Schedule E)		7			<del>-</del>		<del></del>
_			nts from a controlled organizati							
-	•		1(c)(7), (9), or (17) organizatio		9		<u></u>			
			ncome (Schedule I)		10					
			lule J)		1/					
			tions, attach schedule)		12					
			ough 12				5,843.			-4,045,843.
			Taken Elsewhere	` /				, ,	Except for	or contributions,
de	eduction	s must	be directly connec	cted with t	he ur	related busin	ress <sub>i</sub> nco	me)	<del></del> -	
14 Compe	nsation of	officers,	directors, and trustees	(Schedule K)	RE	CEINED	<u> </u>			143,885.
15 Salarıe	s and wage	s	/ .	-ایات	<del></del>				15	143,003.
16 Repairs	s and main hte	tenance	/ . 		· MA	<b>7 ·2·0</b> 2020.	-[았] · ·		16	
17 Bad de 18 Interes	t (attach s	· · · · ·	see instructions)	· · ·   🗗 ·						
19 Taxes a	and license:	s			OG	DEN UT				38,698.
20 Charita	ble contrib	utions (S	See instructions for limit	tation rules)	<del></del>		· · · · ·		20	
			4562)							
			on Schedule A and els						22b	
23 Depleti	on	<b>/</b>							23	
			compensation plans .							12,950.
			3							10,290.
			Schedule I)						_	
			chedule J)						27	1,681,810.
/			chedule)						(g) 28 29	1,887,633.
			s 14 through 28 le income before ne					29 from line 1	3 30	-5,933,476.
,			ie income before ne gloss arising in tax ye						30 31	3,333,1.0.
,			e income Subtract line					, I-	`. '{I	-5,933,476.
For Paperwo	rk Reduct	ion Act N	lotice, see instructions					<del>-</del> <del>-</del> -\	ング	Form <b>990-T</b> (2018)
8X2740 1 000 6520	ว7∟ <sup>ร</sup> ชิ47	4			V 1	8-7.6F			9	Page 1
										-

Sign Here

Print/Type preparer's name

Date CFO

Preparer's signature

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

Paid	
Preparer	
Use Only	

GWENDOLYN SPENCER

FIRM'S name ► PRICEWATERHOUSECOOPERS LLP

FIRM'S address ► 101 SEAPORT BLVD., SUITE 500, BOSTON,

04/27/2020

Date

MA 02210

 self-employed
 P00641463

 Firm's EIN ►
 13-4008324

 Phone no
 617-530-5000

Check

Form 990-T (2018)

_		
Pai	ne.	١

Form 990-1 (2018)									Page 3
Schedule A - Cost of Go		nter metho	d of invent						
1 Inventory at beginning of y	· -					ar	6		
2 Purchases				7 Cost of	goods so	old. Subtract line			
3 Cost of labor	3			6 from	line 5 Er	nter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith respect to	Yes	No
<b>b</b> Other costs (attach schedu	le) . 4b				•	or acquired for		1 1	i
5 Total. Add lines 1 through				to the org	anization?	<u></u>	<u> </u>		Х
Schedule C - Rent Income	(From Real	Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)	·		_						
Description of property									
(1)				<u></u> _					
(2) .									
(3)									
(4)									
	2. Rent rec	eived or accru	ed						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	age of rent fo	d personal property or personal property s based on profit or	exceeds		rectly connected with a) and 2(b) (attach so		me
	<del></del>	<b>+</b>	-				<del></del>		
(2)			·						
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and	2(b) Enter			-	(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	, column (A)	<u> ▶</u>				Part I, line 6, colum			
Schedule E - Unrelated D	ebt-Financed	Income (se	e instruct	ions)					
4. Danasakan at dal	4.64			income from or	3. [	Deductions directly con debt-finance		ble to	
1. Description of det	от-ппапсео ргорепу		1	to debt-financed property		ht line depreciation ich schedule)	(b) Other ded (attach sche		
(1)									
(2)									
(3)									
(4)		_	_						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average ad of or alloo debt-finance (attach sc	able to d property	4	. Column divided column 5		income reportable n 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of column	
(1)	<u> </u>			%					
(2)				%					
(3)				%					
(4)				%					
					Enter her Part I, lin	re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, co	on page olumn (B	· 1, 3)
Totals	ione included in						<u>.</u>		

Form **990-T** (2018)

Form 990-T (2018)		EXETER							222174 Page
Schedule F-Interest, Ann	uities, Royalties	s, and Rent	s From Cont	rolled O	rganizati	ons (se	e instructio	ns)	
		Exem	pt Controlled	Organizati	ons				
Name of controlled organization	2. Employer identification numb	)EI	et unrelated income s) (see instructions)		of specified ents made	included	of column 4 th in the contro tion's gross in	iling	6. Deductions direct connected with incon in column 5
(1)			-						
(2)									
(3)				1					
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9 Total of spe payments m		includ	rt of columned in the co	ontrolling		Deductions directly inected with income in column 10
(1)									
(2)									
(3)									
(4)									
7-44	_			•	Enter	columns 5 a nere and on , line 8, colu	page 1,	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment II	ncome of a Sec	tion 501/c			L nization	(soo ins	tructions)		
Genedale G-investment ii	The of a sec	1011 30 1(0	<del></del>	ductions	IIIZAUOII				5. Total deductions
1 Description of income	2 Amount of	income	directly	connected schedule)			at-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)						<u></u>			
(2)									
(3)									
(4)	Enter here and Part I, line 9, c			<u></u>		<u> </u>			Enter here and on page Part I, line 9, column (I
Totals									
Schedule I-Exploited Exc		come Oth	er Than Adve	rtisina li	ncome (s	ee instri	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	es 4. Net in from unror busine 2 minus 1 f a gair	come (loss) elated trade ess (column column 3) i, compute through 7	5. Gross from act	s income tivity that inrelated s income	6. Experattributa	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del>                                     </del>			•	<del> </del>		<del>                                     </del>		
(2)					<del>                                     </del>		† —		<del>                                     </del>
(3)					-		<del>                                     </del>		
(4)	<del></del>				†· <b>-</b>		<del>                                     </del>		
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,		1		<b>1</b>		Enter here and on page 1, Part II, line 26
Totals ► Schedule J- Advertising In		uctions)							_ <del></del>
Part I Income From Per			nsolidated F	lasis		_			
monie rom rei	iodicais Report	eu on a ou	/iisondated E	<u> </u>	<u> </u>				<del></del>
1 Name of periodical	2 Gross advertising income	3. Direct advertising o	gain or 2 minus a gain,	vertising (loss) (col s col 3) If compute through 7		culation ome	6 Reade		7. Excess readersh costs (column 6 minus column 5, bi not more than column 4)
(1)	<del>                                     </del>		-				-		<u> </u>
(2)	<del> </del>						† <del>-</del>	-	7
(3)	<del>                                     </del>						<b>†</b>		7
(4)	1		<del></del> -						┪
<u>, , ,                                  </u>	<del>   </del>		-		<del>                                     </del>				<del> </del>
Totals (carry to Part II, line (5))						_	<u> </u>		Form <b>990-T</b> (20

PHILLIPS EXETER ACADEMY

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

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.) 4. Advertising 7. Excess readership costs (column 6 gain or (loss) (col 2. Gross 5 Circulation 3. Direct 6. Readership minus column 5, but 1 Name of periodical advertising 2 minus col 3) If advertising costs income costs a gain, compute not more than ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 1 Name 2. Title time devoted to unrelated business (1) % (2) % (3) % (4) %

Form 990-T (2018)

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

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

▶ 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).

Name of organization

PHILLIPS EXETER ACADEMY

Employer identification number

02-0222174

06/30,2019

Unrelated business activity code (see instructions) ► 531120

Ра	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 170, 158.				
b	Less returns and allowances c Balance ▶	1c	170,158.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	170,158.	,	170,158
4 a	Capital gain net income (attach Schedule D)	4a			
ь	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)	5			
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)				
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			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)				
13	Total. Combine lines 3 through 12		170,158.		170,158.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	35,054.
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	2,682.
20	Charitable contributions (See instructions for limitation rules)	-	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	23,506.
23	Depletion	23	
24	Contributions to deferred compensation plans	I	3,229.
25	Employee benefit programs		5,721.
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	80,479.
29	Total deductions. Add lines 14 through 28	29	150,671.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	19,487.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30		19,487.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

# FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIP INVESTMENTS

-4,045,843.

INCOME (LOSS) FROM PARTNERSHIPS

-4,045,843.

#### ATTACHMENT 2

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

٦

INV. MANAGEMENT FEE	1,450,280.
TAX PREPARATION FEE	100,125.
CONSULTANTS	78,763.
DATABASE SUBSCRIPTIONS	29,170.
PROFESSIONAL DEVELOPMENT	183.
TRAVEL	23,075.
MISCELLANEOUS	214.

PART II - LINE 28 - OTHER DEDUCTIONS

1,681,810.

PHILLIPS EXETER ACADEMY 02-0222174

FORM 990-T FYE: JUNE 30, 2019

FORM 990-T - PART II - LINE 35 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

	0 11 20 11 11 11 11 11 11 11 11 11	11 11 11 11 11 11 11 11 11 11 11 11 11		6 11 11 11 11 11 11 11 11 11 11 11 11 11		
11,177,960	1,656	19,487	11,195,791	13,831,381	TOTAL	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
898,063		ı	898,063	898,063	6/30/2037	6/30/2017
286,831		•	286,831	286,831	6/30/2036	6/30/2016
423,697		•	423,697	423,697	6/30/2035	6/30/2015
ı		1	1	•	6/30/2034	6/30/2014
•		•	1	1	6/30/2033	6/30/2013
750,052		•	750,052	750,052	6/30/2032	6/30/2012
ı		•	1	1	6/30/2031	6/30/2011
3,475,225		•	3,475,225	3,475,225	6/30/2030	6/30/2010
2,034,301		1	2,034,301	2,034,301	6/30/2059	6/30/2009
3,309,791	1,656	19,487	3,327,622	5,595,744	6/30/2028	6/30/2008
•		1	ı	367,468	6/30/2027	6/30/2007
TO NEXT YEAR	SEC 170(D)(2)(B)	AMOUNT USED	AVAILABLE	ORIGINAL NOL	DATE	GENERATED
NOL CARRYOVER	CONTRIBUTIONS		AMOUNT		NOL EXPIRATION	DATE
	CONVERTED					

PHILLIPS EXETER ACADEMY

02-0222174

FORM 990-T

FYE: JUNE 30, 2019 NET OPERATING LOSS GENERATED FROM PARTNERSHP INVESTMENT ACTIVITY

FORM 990-T - PART II - LINE 31 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

5,933,476	1	5,933,476	5,933,476	TOTAL	
5,933,476	1	5,933,476	5,933,476	DOES NOT EXPIRE	6/30/2019
TO NEXT YEAR	AMOUNT USED	AVAILABLE	ORIGINAL NOL	DATE	GENERATED
NOL CARRYOVER		AMOUNT		NOL EXPIRATION	DATE

	02-	022	217	4
--	-----	-----	-----	---

#### ATTACHMENT 5

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

HEATING COSTS - RINK

ELECTRIC COSTS - RINK

PROPERTY INSURANCE

REPAIRS & MAINTNENACE

48,536.

23,545.

1,870.

6,528.

PART II - LINE 28 - OTHER DEDUCTIONS

80,479.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

PHII	LLPS EXELER ACADEMI				,	02-0222174
<b>Part</b>	Short-Term Capital Gains and Losses	(See instructions.	.)			
-	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part I, line	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
1a	whole dollars  Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	(sales pice)	(or other basis)	column (g)		the result with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked		3			
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	-923,386.				-923,386.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5_	<u> </u>
6	Unused capital loss carryover (attach computation)				6	( )
	Net short-term capital gain or (loss) Combine lines			<u></u>	7	-923,386.
Part		(See instructions)		1/37.		1430
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part II, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b -	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	-231,972.				-231,972.
11	Enter gain from Form 4797, line 7 or 9				11	612,899.
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 37	'		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	380,927.
e II l	Julian y Ori ar to raily ii				Γ	
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capit				17_	
18	Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital losses in the	· -	oroper line on other ret	uiiis	18	<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No

Name(s) shown on return PHILLIPS EXETER ACADEMY Social security number or taxpayer identification number

02-0222174

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page

for one or more of the boxes, con			•				
(A) Short-term transactions (B) Short-term transactions (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis	•	•	•	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below	If you enter an a enter a co See the sepa	any, to gain or loss. amount in column (g), de in column (f) arate instructions	
(Example 100 sh XYZ Co)	(Mo , day, yr )	acquired   disposed of		and see Column (e) in the separate instructions	(f) Code(s) from	(g) Amount of adjustment	from column (d) and combine the result with column (g)

(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP INVESTMENTS			-923,386.				-923,386.
· · · · · · · · · · · · · · · · · · ·							
<u> </u>					_		
	<del></del>						
	+						
							<u> </u>
2 Totals Add the amounts in columnegative amounts) Enter each to Schedule D, line 1b (if Box A about the share in checked) or line 2 (if Box C	ital here and include is checked), line	ude on your e 2 (if Box B	-923,386				-923,386.

above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

ent ocquence no iza	ent	Sequence N	No '	12/	١.	Page	2
---------------------	-----	------------	------	-----	----	------	---

E arm	9040	(2018)	

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Attachm Social security number or taxpayer identification number

02-0222174

PHILLIPS EXETER ACADEMY

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f) irate instructions	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP INVESTMENTS			-231,972				-231,972
							,
			<u> </u>				
						·	
		} 					
						<u> </u>	
2 Totals Add the amounts in column negative amounts) Enter each to Schedule D, line 8b (if Box D abo	tal here and inclive is checked), line	ude on your	-231,972.				-231,972.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

## **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

Attachment Sequence No

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

Identifying number

PHILLIPS EXETER ACADEMY 02-0222174 Business or activity to which this form relates SUMMARY 4562 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,000,000. Total cost of section 179 property placed in service (see instructions). . . . . . . . . . 2 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 1,000,000. (b) Cost (business use only) 6 (a) Description of property Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . . . . 1,575. 8 9 1,575. 10 10 NONE Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . NONE Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . . 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 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 22,325. 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (a) Depreciation deduction (business/investment use placed in period only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 1,181. 27 5 yrs мм S/L h Residential rental property 27 5 yrs MM S/L мм S/L 39 yrs i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L мм S/L c 30-year 30 yrs 40 yrs MM S/L d 40-year

23,506.

Part IV Summary (See instructions.)

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

21

Pa	entertainment rec	(Include automo creation, or amusem	biles,	certai	n oth	er ve	hicles,	certa	in air	craft,	and	proper	ty use	ed for
		icle for which you ar		the s	tandard	milead	ge rate	or ded	ducting	lease (	expense	e, comp	olete on	ıly 24a.
	24b, columns (a) the	rough (c) of Section A	all of S	ection	B, and S	Section	C if ap	olicable						
		ciation and Other Info											1 7	
248	a Do you have evidence to sup		nent use	claimed	2 Y	es	No 2	4b If "	Yes," is t		nce writt	en?	Yes	No
		(b) (c)  te placed service Investment us percentage		( <b>d)</b> or other b		(e) sis for depr siness/invi use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elected s	ection 179
25	Special depreciation allow the tax year and used mor	wance for qualified lise than 50% in a qualified	sted pro	operty	placed se See	in serv	vice du	ring	-	. 25		_		
26	Property used more than							<u></u>	<u></u>	.				
			%	-									Γ	
			%											
			%											
27	Property used 50% or less	s in a qualified business	suse											
			%						S/L -		ļ		_	
			%						S/L -				1	
		L	%						S/L		<u> </u>		-	
28	Add amounts in column (h	i), lines 25 through 27	Enter	here ar	nd on lir	ne 21, p	page 1.			. 28	L		├	
<u> 29</u>	Add amounts in column (i)	· · · · · · · · · · · · · · · · · · ·							<del></del>	<u></u>	<u></u>	. 29	L	
C			on B - I						"	-1-4		lf		b.alaa
	mplete this section for vehicle our employees, first answer the												rovided	venicles
			·	a)		b)	<del></del>	c)		d)	Τ	e)		<del></del> -
30	Total business/investment	miles driven during		icle 1		ıcle 2		icle 3		icle 4		ıcle 5		cle 6
	the year (don't include cor	mmuting miles)		_									<del> </del> -	
	Total commuting miles dri	• ,			<u> </u>						<del> </del> -		<del> </del>	
32	Total other personal	, .,	ĺ		i				İ					
22	miles driven		<b></b>				ļ ———		-		-		<del></del>	
33	Total miles driven duri	•	]								1		j	
3.4	lines 30 through 32 Was the vehicle avail		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J <b>4</b>	use during off-duty hours?	•	100		-				1.00			1	1.50	
35	Was the vehicle used p							-	<del>                                     </del>					
- •	than 5% owner or related													
36	ls another vehicle ava													
_	use?	<u> </u>							1			_		
	Section C	- Questions for Em	ploye	rs Who	Provi	de Vel	nicles 1	or Use	by Th	eir Em	ploye	es		
	swer these questions to de re than 5% owners or relate			eption 1	to com	pleting	Section	n B for	vehicle	s used	by em	ployees	who a	ren't
37				 phibits	all pers	sonal u	se of v	ehicles	includ	dina co	mmutir	ia. by	Yes	No
- •	your employees?													
38	Do you maintain a writte	en policy statement t	that pro	ohibits	person	al use	of veh	ıcles, e	xcept o			-		
	employees? See the instru					rs, direc	ctors, or	1% or	more o	wners				<del></del>
	Do you treat all use of veh													
40	Do you provide more that				s, obta	ın ıntoı	mation	trom	your er	nployee	es abou	ut the		
44	use of the vehicles, and re							 Coo ino					<b> </b>	
41	Do you meet the requirem  Note: If your answer to 37													
Pa	art VI Amortization	<del> </del>			•							–		
		(b)						-		(e	)			
	(a)  Description of costs	Date amort		Ап	(c) nortizable	amount		(d) Code se		Amorti	d or	Amortiza	(f) ation for th	ııs year
42	Amortization of costs that			vear (se	e instri	ictions)				percer	nage			
			. 5 (4)	, 54, (36			$\neg \neg$			<u> </u>				
		<del></del>	-		_		-							
43	Amortization of costs that	began before vour 20	18 tax v	/ear							43			
	Total. Add amounts in col				ere to re	port	· · · ·	<u></u>	 	 <u></u>	44			
JSA									<u>-</u>			Fo	rm 4562	2 (2018)

8X2310 1 000

94620C 2532

## **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

Attachment Sequence No 179

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

Identifying number

PHILLIPS EXETER ACADEMY 02-0222174 Business or activity to which this form relates PARTNERSHIP INVESTMENTS **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions). . . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing 5 (a) Description of property FROM SCHEDULE K-1 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 R 1,575. 1,575. 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . . . . . . . . . . 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions NONE 11 NONE Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11... 12 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . . 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 14 15 Other depreciation (including ACRS) Part | MACRS Depreciation (Don't include listed property See instructions) Section A If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction placed in (business/investment use period only - see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/I g 25-year property S/L 27 5 yrs ММ h Residential rental MM S/L 27 5 yrs property S/L 39 yrs MM Nonresidential real MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 30-year 30 yrs MM S/I S/L d 40-year 40 yrs Part IV Summary (See instructions) 21 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 NONE

For Paperwork Reduction Act Notice, see separate instructions.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Form 4562 (2018)

	M 4562 (2018)	ACADEMY												02-02	Page <b>2</b>
	entertainme	operty (Include ent, recreation, o ny vehicle for wh	r amuseme	nt )										ty use	ed for
	24b, column	s (a) through (c) of Depreciation and	f Section A, a	all of S	ection	B, and	Section	Cıfa	pplicable						
24:	a Do you have evidence						$ \tau$		24b If "\					Yes	No
		<u> </u>		T	Claimeu	<del>"   "</del>	(e)	NO	T	Γ		т—		Т — -	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) or other ba		sis for depr siness/inve use only	stment	(f) Recovery period	Met	<b>g)</b> h <i>od/</i> ention	Depre	( <b>h)</b> eciation uction	Elected s	i) ection 179 ist
25	Special depreciation the tax year and us								uring		. 25				
26	Property used mor											•			
		<u> </u>	9/	6	-		-			Γ					
		<del></del>	%	6						<del> </del>		1			
		<del> </del>	9/							<del> </del>		1			
27	Property used 50%	or less in a qualifi	I		•				.l	L		.1	•••••	.l <del></del>	
	Troperty used 50 /	or less in a qualin								S/L -		I			
	- <del></del>	<del></del>	9/	+								+		┨	
		<u> </u>	9/	+				-		S/L -		-		∤	
		<u></u> _	9/	<del>'</del>						S/L -		ļ		1	
28	Add amounts in co	lumn (h), lines 25	through 27	Enter	here ar	nd on lii	ne 21, p	age 1			. 28				
29	Add amounts in co	lumn (ı), lıne 26 E	nter here an	id on I	ine 7, pa	age 1		<u> </u>					. 29		
			Section												
Cor	mplete this section for	r vehicles used by	a sole propr	ietor, p	partner,	or othe	r "more	than	5% owne	er," or re	elated p	person	lf you p	rovided	vehicles
to y	our employees, first ans	swer the questions in	Section C to	see if y	ou meet	an exce	eption to	compl	leting this	section 1	or those	e vehicle:	s		
				(;	a)	(	b)		(c)	(6	d)	1 (	e)	(1	f)
30	Total business/inve				cle 1	Veh	ıcle 2	Ve	ehicle 3	, .	icle 4	, .	icle 5	Vehi	
	the year (don't incli	ude commuting m	ıles)				*****			ļ		<u> </u>			
31	Total commuting m	iles driven during	the year .									J			
32	Total other p	ersonal (nonco	mmuting)									1			
	miles driven	•	٥,												
22	Total miles drive									i		<u> </u>	-	<del>                                     </del>	
33	lines 30 through 32														
~ 4				Voc	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle use during off-duty		P01001141	Yes	No	162	NO	162	No	162	NO	162	NO	162	
35	Was the vehicle		F .	••			·				···	· <del> </del>	<del></del>	<u> </u>	
33					,		ļ		ļ	}		1	}		
~ ~	than 5% owner or r		f ·									·		<del> </del>	
36	Is another vehicl		F									<b>!</b>	1		
	use?				Ĺ	L	ــــــــــــــــــــــــــــــــــــــ	L	l	L	L	1	L	L	
		ction C - Questic													
	swer these question				eption t	o com	pleting	Section	on B for	vehicles	s used	by em	ployees	who a	ren't
mo	re than 5% owners o	r related persons	See instructi	ons										1	
37	Do you maintain a	a written policy s	statement th	at pro	hibits	all per	sonal u	se of	vehicles	, includ	ling co	mmutin	ng, by	Yes	No_
	your employees?														
38	Do you maintain a	a written policy s	statement th	at pro	ohibits	person	al use	of ve	hicles, e	xcept c	ommu	tıng, by	your		
	employees? See th	e instructions for v	vehicles used	d by co	orporate	e office	rs, direc	tors,	or 1% or i	more ov	wners				
39	Do you treat all use	e of vehicles by em	ployees as p	ersona	al use?										
	Do you provide m											es abou	ut the		
	use of the vehicles,														
41	Do you meet the re	quirements conce	rning qualifie	ed aut	omobile	demo	nstratio	n use'		truction	s				
	Note: If your answ		0, or 41 is "	Yes," d	lon't co	mplete	Section	B for	the cove	red ver	ncles			<u></u>	
Pâ	art VI Amortizati	<u>on</u>													
			(b)								(е			<b>(D</b>	
	(a)	faceto	Date amortiz	ation	۸	(c)	amount		(d)	ction	Amorti		Amortiza	(f)	ie voor
	Description o	USIS	begins		Am	ortizable	aniount		Code se	CHOIT	perio percer	1	Amoniza	ation for th	ıs y <del>c</del> ar
42	Amortization of cos	sts that begins duri	ing your 201	8 tax	year (se	e instri	uctions)					<del></del>			
			<u> </u>		, <u></u>			$\overline{}$							
_		·		_				<del>-  -</del>							
42	Amortization of and	to that have before	J	9 +			****				L				
+J	Amortization of cos	te in column (4) Se	ore your 201	o (ax)	for who		enort					43	·	<u> </u>	
		is in column (i) Se	CO CHE HISHUG	- 10118	TOT WITE	,, , , , , , ,	.,,,,,,,	• • •	<u></u>	· · · ·	· · · ·	44	Fo	rm <b>456</b> 2	2 (2018)
ISA													. •		_ \ /

Department of the Treasury

## **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

Attachment Sequence No 179

Internal Revenue Service Name(s) shown on return

(99)

PHILLIPS EXETER ACADEMY

Identifying number 02-0222174

DUS	iness or activity to which this form relates						
ΑT	HLETIC FACILITY RENTAL						
Pa	Irt I Election To Expense C Note: If you have any lis				olete Part I.		
1		<del></del>	<del></del>	<del></del>		1	
2	Total cost of section 179 property pla						
3	Threshold cost of section 179 proper						
4	Reduction in limitation Subtract line	3 from line 2. If zero	or less, enter -0-			4	
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	-0- If marned filing	·	<u> ,</u>	5	
_6	(a) Description			(business use on			
		<u> </u>					1
							_
7	Listed property Enter the amount fro						
8	Total elected cost of section 179 pro						<del></del>
9	Tentative deduction Enter the smalle						<u> </u>
10	Carryover of disallowed deduction from					(	<del> </del>
11	Business income limitation. Enter the						<del> </del>
12	Section 179 expense deduction Add				_	12	
13 Not	Carryover of disallowed deduction to e: Don't use Part II or Part III below fo				<u>'                                    </u>	<del></del>	L
	rt    Special Depreciation A			(Don't include	e listed proper	ty See inst	tructions )
14	Special depreciation allowance for						Total of the second of the sec
'	during the tax year See instructions		• • • • • • • • • • • • • • • • • • • •			1	
15	Property subject to section 168(f)(1)						
16	Other depreciation (including ACRS)						
Pa	rt III MACRS Depreciation (D					<del></del>	<u> </u>
			Section A				
17	MACRS deductions for assets placed	d in service in tax yea	ars beginning before 20	18		17	22,325.
18	If you are electing to group any a	ssets placed in se	rvice during the tax	year into one	or more gener	al	
	asset accounts, check here	<u> </u>	<u> </u>	<u> </u>	<u> ▶</u>		
	Section B - Assets	Placed in Service			e General Dep	reciation S	ystem
_	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	ise nerind	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
t	5-year property						
	7-year property						
	10-year property	<u></u>					
	15-year property	<u> </u>					
	20-year property						
	25-year property	ļ		25 yrs		S/L	1,181.
ŀ	n Residential rental			27 5 yrs	MM	S/L	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property	<u> </u>			MM	S/L	0
	Section C - Assets P	laced in Service L	Juring 2018 Tax Te	ar Using the	Alternative De	S/L	System
	Class life			12 vre			
	o 12-year : 30-year	<del> </del>	<del> </del>	12 yrs 30 yrs	MM	S/L S/L	<del></del>
	i 40-year	<del>                                     </del>		40 yrs	MM	S/L	
	irt IV Summary (See instructi	Ons )			141141	J 0/L	<u> </u>
21	Listed property Enter amount from lir	<del></del>				21	T
22				in column (c)		⊢—	<del> </del>
	here and on the appropriate lines of ye						23,506.
23	For assets shown above and place portion of the basis attributable to se	ed in service during	g the current year,	enter the 23		· · · · · · ·	23,300.

	HILLIPS EXETER ACADE! m 4562 (2018)	MY											02-02	Page <b>2</b>
_	entertainment, recr	eation, or amus	ement.)									proper	ty use	ed foi
	<b>Note:</b> For any vehice 24b, columns (a) thro								lucting	lease	expense	e, comp	lete or	ily 24a
	Section A - Depreci	ation and Other I	nformati	on (Caut	ion: Se	e the in:	structi	ons for li	mits for	passe	nger au	tomobile	es)	-
24;	a Do you have evidence to supp	ort the business/inv	estment us	se claimed	15 Y	es	No	24b If "Y	es," is t	he evide	nce writt	en?	Yes	No
	(a)	(b) (c)	T			(e)		(1)		g)	Τ	h)	7	 i)
		placed Busine	ess/	(d)		sis for depr		Recovery		hod/		ciation	· ·	ection 179
		ervice investme	200	st or other b	basis   (bu	sıness/inve use only		period		ention		uction	) co	ost
	Consist demonstrate allower	<del></del> _					_	L	L		<del> </del>		<del> </del> -	
25	Special depreciation allows													
	the tax year and used more				se See	instruct	ions	• • • • •	<u></u>	. 25	L		L	
26	Property used more than 50	0% in a qualified b		ise				<del></del>						
			%						_					
			%							_				
			%			_		_			_			
27	Property used 50% or less	ın a qualified busir	ness use											
			%		Ī				S/L -					
			%						S/L -	-	<u> </u>		1	
			%						S/L -					
	Add amounts in column (h),	lines 25 through		r boro o		20 21 0	000 1			28	<del> </del>		1	
											l		<del> </del> -	
	Add amounts in column (i),								<del></del>	<u> </u>	• • • •	. 29	l	
_			ction B									_		
	mplete this section for vehicles	•											rovided	vehicles
0 y	your employees, first answer the c	uestions in Section	C to see n	<u> </u>	т —	<del></del>	compi				venicies	<del>-</del>		
				(a)		b)	٠,,	(c)		d)		e)	(1	
30	Total business/investment i	miles driven durir	na Ve	ehicle 1	Ven	ıcle 2	VE	ehicle 3	Ven	icle 4	ven	ıcle 5	Veni	cle 6
	the year (don't include com	muting miles)				_		_						
31	Total commuting miles drive	en during the year	r . 🗀		1									
	•	(noncommuting												
_	miles driven	,	·											
3 2	Total miles driven during										<del></del>			
<b>.</b>													]	
	lines 30 through 32			T No.	Van	N.	Van	T No	Vac	Na	Vac	N <sub>a</sub>	Vac	-Na
34	Was the vehicle availa	•		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
	use during off-duty hours?.			<u> </u>										
35	Was the vehicle used pri	marily by a mo	re	ľ										
	than 5% owner or related pe	erson?				<u> </u>		<u> </u>						
36	ls another vehicle availa	able for person	al											
	use <sup>?</sup>	<u> </u>							_		<u></u>	<u> </u>		
		- Questions for		ers Who	o Provi	de Ver	icles	for Use	by Th	eir Em	plove	es		
٩n	swer these questions to dete												who a	ren't
	ore than 5% owners or related	•				F9					_,,	,		
		<del></del>		rabibita	all nar	nonal		vehicles	malue	lına 00		a bu	Yes	No
<b>)</b> /	Do you maintain a writter							venicles	, includ	ing co	mmutin	ig, by		
ZΩ	your employees?	nolicy stateme	 nt that n	robibite	nerson	معادات	of ve	 hicles e	 vcent c	ommu	ing hy	· · · ·		
90	•	•	-		-				-			-		
	employees? See the instruc					rs, airec	iors, c	01 176 01 1	nore or	MILEIS				
	Do you treat all use of vehic													
10	Do you provide more that				s, obta	in intor	matio	n from y	our er	npioyee	es abou	it the		
	use of the vehicles, and reta													
41	Do you meet the requireme													
	Note: If your answer to 37,	38, 39, 40, or 41	ıs "Yes,"	don't co	mplete	Section	B for	the cove	red ver	ncles				
Pä	art VI Amortization									_	_			
		T T	(b)							(е	, –			_
	(a)		mortization		(c)			(d)	-4.00	Amorti	I	A a	(f)	
	Description of costs		egins	An	nortizable	amount		Code se	ction	perio percer	I	Amortiza	ition for th	ııs year
12	Amortization of costs that b	egins during vour	2018 ta:	x vear (se	ee ınstrı	ictions)					<u> </u>			
_	J. Jooks Hat b	- J J		7 50 (50			$\neg \top$							
_				+			+							
	Amortination of a state of	ogon before are	2048 4=							L	1 40			
• 3 1 4	Amortization of costs that b <b>Total</b> . Add amounts in colu	egan berore your	∠U IO (a) etruction	e for wh	ere to re	nort					43			
	Total. Add amounts in cold	iiii (i) See tile II	isti uction	S IOI WILL	CIE (O IE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · ·	<u></u>	<u></u>	<u></u>	44		m 4562	2 (2040)
SA												Fo	m 430/	L (2018)

**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

2018
Attachment
Sequence No 22

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

PHILLIPS EXETER ACADEMY

Identifying number 02-0222174

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT	Γ)	
	(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 2018 See instructions	3	<del></del>
4	Carryforward of general business credit to 2018 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 2019 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		
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 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_	
	• 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 $\dots$	1	
8	Alternative minimum tax	] ]	
	• Individuals Enter the amount from Form 6251, line 11	_	
	• Corporations Enter -0	8	
	Corporations Enter -0	) ]	
•		9	
9	Add lines 7 and 8	-	
40-	Foreign tax credit	} }	
	Certain allowable credits (see instructions)	1	
	Add lines 10a and 10b	10c	
C	Add lines for and for	100	<del></del>
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	
• •	The means that outside me too hell mic on the property and the same of the mic to		
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	1 1	
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		
	• Corporations Enter -0	1 1	
	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 smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization	<u>L</u> _	
For Pape	erwork Reduction Act Notice, see separate instructions.		Form 3800 (2018)

Form 3	8800 (2018) PHILLIPS EXETER ACADEMY	02-0222174	Page <b>2</b>
Par		0 1- 00	
Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -u- 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	<del></del>
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 2018 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	
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	15,214.
31	Reserved	31	<u> </u>
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 2018 See instructions	33	
34	Carryforward of business credit to 2018 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	19,212
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D		

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), line 54, or Form 1040NR, line 51 . .
- Corporations Form 1120, Schedule J, Part I, line 5c . . . . . . . . . . . . . . . . .
- Estates and trusts Form 1041, Schedule G, line 2b . . . . . . . . . . .

Form 3800 (2018)

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Form 3800 (2018) Name(s) shown on return Identifying number 02-0222174 PHILLIPS EXETER ACADEMY General Business Credits or Eligible Small Business Credits (see instructions) Part III Complete a separate Part III for each box checked below See instructions A General Business Credit From a Non-Passive Activity Reserved В General Business Credit From a Passive Activity F Reserved C G General Business Credit Carryforwards Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III . . . . . . . . . , , (a) Description of credit (c) (b) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) Increasing research activities (Form 6765) 1c Low-income housing (Form 8586, Part I only) 1d 1e Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . f 1f 1g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 m Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n 10 Energy efficient home (Form 8908) 1p Alternative motor vehicle (Form 8910) 1r 1s t 1t Agricultural chemicals security (carryforward only) 1 v 1w 1x Qualified plug-in electric drive motor vehicle (Form 8936)...... 1 y Qualified plug-in electric vehicle (carryforward only) 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II . . . . 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4b Biofuel producer (Form 6478)...... 4c 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . . 4f 38-3934677 15,214 f Qualified railroad track maintenance (Form 8900) 4g g 4h h Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994)...... 4j 4z

6 JSA 8X1802 1 000 15,214

15,214.

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 . . . . . .

Form	3800 (2018)			Page \$
_	e(s) shown on return		Identifying number	
PHI	LLIPS EXETER ACADEMY		02-0222174	
Pai	General Business Credits or Eligible Small Business Credits (see in:	structio	ns)	
Con	plete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
C	General Business Credit Carryforwards G Eligible Smal	i Busını	ess Credit Carryfon	wards
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			
	(a) Description of credit		(b)	(c)
	. On any line where the credit is from more than one source, a separate Part III is needed for through entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c_		
d	<i>77</i> ,	1d_		
е		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g		1g		
h	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		<u> </u>
k		١		
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		<u> </u>
	Low sulfur diesel fuel production (Form 8896)	1m		
n	/	1n		
0	7/,	10		<u> </u>
P	• • • • • • • • • • • • • • • • • • • •	1p		<u> </u>
q		1q 1r		
r		1s		
t	Enhanced oil recovery credit (Form 8830)	1t	<del></del>	
u	AA	1u	<del></del>	
v		1v		<del></del>
v	E 1 15 15 1000	1w		
x	0.1	1x	· · · · · · · · · · · · · · · · · · ·	
у	0 15 1 1 1 1 1 1 1 1 1 5 1 1 1 5 1 1 1 5 1	1y		
z		1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	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		<u></u>
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	, , , , , , , , , , , , , , , , , , , ,	4a		
b	, , , , , , , , , , , , , , , , , ,	4b		
C		4c		<del></del>
d		4d		ļ
е		4e	20 00000	10
f	Employer social security and Medicare taxes paid on certain employee tips (Form 18836)1	4f	38-3934677	19,212.
9		4g		<del> </del>
h	, , , , , , , , , , , , , , , , , , , ,	4h		<del></del>
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z		4z	<u> </u>	10 212
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		19,212.

19,212. 19,212.

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