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	F	990-T	Ex	cempt Organ						721 .	OMB No 1545-0687
	rorm	330-1	F	and) ndar year 2018 or othe	proxy tax	c un	der sectio	ท ชบออ(	e)) [[	10 <b>%</b> [	୬⋒ <b>10</b>
	_		For cale	ndar year 2018 or otne ► Go to www.i <i>r</i> s						··	
		ment of the Treasury  Revenue Service	<b>▶</b> Do	not enter SSN number	-					:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
<u>m</u>	A	Check box if	7.5	Name of organization	<del></del>		me changed and s			D Emplo	yer identification number
ENVELOPE		address changed			_	4	,-~ <i>~</i>			(Employ	/ees' trust, see instructions )
5	ВЕхе	mpt under section	1	MASSACHUSET	TTS INSTI	TUTE	OF TECHN	OLOGY			
7	Х	501( C (13_)	Print	Number, street, and n	oom or suite no	lf a P O	box, see instructi	ons		04-21	.03594
ĺ		408(e) 220(e)	Type								ted business activity code
		408A 530(a)		77 MASSACHU	JSETTS AV	E NE	49-3142			(See ins	structions )
=		529(a)		City or town, state or	province, countr	y, and a	ZIP or foreign posta	al code			
0		ok value of all assets		CAMBRIDGE,	MA 02139	-430	7			52590	00
<b>∞</b>		end of year		up exemption numbe	<del></del>					1	<del> </del>
				eck organization type				501(c	) trust	401(a) t	rust Other trust
2020				inization's unrelated tr		sses				•	(or first) unrelated
<b>-</b>				ESTMENT INCO					•		than one, describe the
	fır	st in the blank spa	ice at the	end of the previous	sentence, cor	mplete	Parts I and II, c	omplete a S	chedule M for each	ch addition	al
		ide or business, th			<u> </u>						
•				corporation a subsid				-subsidiary o	controlled group?		▶  Yes X No
				identifying number of ANIELLE KHOUR		rporati	on P	Tolorbe	ne number > 61	7-252-	4835
				or Business Inco			(A) Inco	<u> </u>	(B) Expen		(C) Net
		-		J Dusiliess life	nne		(A) ince		(b) Expen		(C) Net
	1a	Gross receipts or		··········	C Balance ▶	1c				•	-
	ь 2	Cost of goods sol		ule A, line 7)		2					•
	3	•		2 from line 1c		3	-			,	
	3 4а	•		ttach Schedule D)		4a	8.20	7,257.			8,207,257.
	b			Part II, line 17) (attach		4b		9,927.			-179,927.
	C			rusts		4c				•	
	5	•		r an S corporation (attach st		5	-48,18	4,341.	ATCH 1		-48,184,341.
	6					6	-				
	7	•		come (Schedule E)		7					
	8			ents from a controlled organi		8					
	9	-		1(c)(7), (9), or (17) organiz		9					
	10			ncome (Schedule I)		10					
	11		-	fule J)		11					
	12			tions, attach schedule		12	25,38	3,909.	ATCH 2		25,383,909.
	13	Total Combine li	nes 3 thre	ough 12	<u></u>	13		3,102.			-14,773,102.
	Par			Taken Elsewh <u>er</u>	e (See insti	ructio	ons for limita			Except fo	or contributions,
		deduction	s must	be directly conn	ıe <u>⊑ted⊒v</u> ith (t	pe fil	related busi	ness inco	me.)		<del></del>
	14	Compensation of	officers,	directors, and trustee	s (Schedule K)	هاريدارانيا وي و الم					
	15	Salaries and wage	es		:	.a. 5	12n· ·   🍎 ·				
į	16	Repairs and main	tenance	A075	i indri 1		1011		<b></b> .		
í	17	Bad debts			ستستستستسته:	anarura A I	imminimizi		יייייייייייייייייייייייייייייייייייייי		20 200 067
	18			(see instructions).							28,308,867.
[	19			<u> </u>							1,234,181.
•	20			See instructions for li							
	21			4562)					80,303		60,503.
i	22			on Schedule A and			_		•	22b	00,303.
ì	23										· · · · · · · · · · · · · · · · · · ·
}	24			compensation plans							<del></del>
<b>!</b>	25			s							-
i	26 27			chedule J)							
ı	27			schedule)							245,146.
	28 29			es 14 through 28.					<b>A</b> 1		29,848,697.
				es 14 inrough 26 Die income before i							-44,621,799.
	30 31			ig loss arising in tax						31	, , , , , , , , , , , , , , , , , , , ,
	32			e income Subtract li	-				<b>—</b> .	4 -	-44,621,799.
	For F	aperwork Reduct	ion Act N	Notice, see instruction			<u> </u>		<u> </u>		Form <b>990-T</b> (2018)
	8X274	° 159974FD <sup>J\$</sup> P22	27			V 1	8-8.4F	(	60859173-0	гні	120

Form	990-T (20	018)			Page 2
Par	t III	Total Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	nons)	33	9	953 <b>,</b> 726.
34	Amoun	ts paid for disallowed fringes	34		
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instruct	nons)	35	ç	953,726.
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
-	of lines	33 and 34.	36		
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,000.
38	Unrelat	ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			
•		the smaller of zero or line 36	38		0.
Par	4.000	Tax Computation	1		
39		zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
•••		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)			
4.4		ax See instructions			<del></del>
41		tive minimum tax (trusts only).			
42 43	Tayon	Noncompliant Facility Income. See instructions	43		
44		add lines 41, 42, and 43 to line 39 or 40, whichever applies			
Par		Tour and Daymonto	1 37 1		
			1		· · · · · · · · · · · · · · · · · · ·
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-		
		redits (see instructions)	-		
C	Genera	I business credit Attach Form 3800 (see instructions)	-		
a	Credit	or prior year minimum tax (attach Form 8801 or 8827)	450		
		redits. Add lines 45a through 45d			
46		t line 45e from line 44			
47			-		0.
48		ux. Add lines 46 and 47 (see instructions)			
49		nts A 2017 overpayment credited to 2018	·   +0		
		stimated tax payments	1		
			<b>⊣</b> 1		
		posited with Form 8868	<b> </b>		
		organizations Tax paid or withheld at source (see instructions)	1 1		
		withholding (see instructions)	-		
			┥ ╽		
g		redits, adjustments, and payments Form 2439 Total <b>50g</b>			
E A		ayments. Add lines 50a through 50g	51		
		ed tax penalty (see instructions) Check if Form 2220 is attached	52		
52			53		-
53		e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54	-	
54	•	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			
55 Par		e amount of line 54 you want			
56		time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes No
00		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
		ATTACHMENT 11			X
57	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for-	elan tale	<del></del>	X
31			sign aus		
58		see instructions for other forms the organization may have to file ne amount of tax-exempt interest received or accrued during the tax year \$263,209.			,
<del></del>	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of m	y knowledge	and belief, it is
Sign	1 I L	ue, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	lav tha	IDS dissues	thic roturn
Her		// /	-	IRS discuss preparer sh	nown below
🕶 •				ons)?XYe	
		Print/Type preparer's name Preparer's signature Date Che	ck 🔲 ı	PTIN	
Paid		1// /:	employed	1 501 5	95811
Prep			s EIN 🕨	34-656	5596
Use	Only	THE PERSON OF TH	ne no 6	17 266-2	2000
104	-				<b>90-T</b> (2018)

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Form 990-T (2018)	do 0 dd =								Page 3
Schedule A - Cost of Goo		iter method				· · ·	<del> </del>		
1 Inventory at beginning of year						ar	6		
2 Purchases					_	ld. Subtract line			
3 Cost of labor						iter here and in	_		
4a Additional section 263A cost	1 !							1.,	T
(attach schedule)						section 263A (v	•		No
b Other costs (attach schedule)				property	produced	or acquired for	resale) apply	'	
5 Total. Add lines 1 through 4b				to the orga	anization?				X
Schedule C - Rent Income (	From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)							_		
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed			]			
(a) From personal property (if the per for personal property is more than more than 50%)		percenta	age of rent for	personal property personal property pased on profit or	exceeds		irectly connected wi (a) and 2(b) (attach s		
(1)									
(2)									
(3)									
(4)									
Total		Total			- <b>-</b>				
(c) Total income. Add totals of colu						(b) Total deduction Enter here and or Part I, line 6, colur	page 1,		
Schedule E - Unrelated Deb			e instructio	ns)					
1. Description of debt-fi	nanced property	•		come from or debt-financed		Deductions directly condebt-finance the line depreciation	nnected with or alloc ed property (b) Other de		
			pro	perty	(atta	ch schedule)	(attach sch		
(1)						-			
(2)							_		
(3)									
(4)	•								
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	4 d	Column Ivided Olumn 5		Income reportable n 2 x column 6)	8. Allocable of (column 6 x tota 3(a) and	I of colum	
(1)				%					
(2)				%					
(3)				<u></u> %					
(4)				%					
						re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, o		
Totals					• • • • •	▶			

Form 990-T (2018)

Schedule F-Interest, Ann	uities, Royalties	s, and I	Rents	s Fro	m Contro	lled Or	ganiz	ati	ons (see	instruction	ons)		
		E	zem	ot Co	ntrolled Or	ganizati	ons						
Name of controlled organization	2. Employer identification numb	per			ated income	4. Total payme	of speci ents mad		included	f column 4 to in the contri ion's gross in	olling	6. Deduction connected with in colur	ith income
(1)	-												_
(2)													
(3)	-												
(4)													
Nonexempt Controlled Organi	zations												
7. Taxable Income	8. Net unrelated li (loss) (see instruc				Fotal of specifi ayments made		inc	lude	t of column ed in the co ation's gros	ntrolling		1. Deductions on nected with in column 10	come in
(1)													
(2)												-	
(3)													
(4)		_											
Totals						▶ ') Orga	En Pá	iter h art I,	columns 5 a nere and on line 8, colu	page 1, mn (A)	En	dd columns 6 a ter here and on art I, line 8, colu	page 1,
1. Description of income	2. Amount o			,	3. Deduction directly contact (attach sci	ctions nnected			4. Se	t-asides schedule)		5. Total ded and set-aside plus col	es (col 3
(1)													
(2)													
(3)													
(4)													
Totals		xolumn (A)	)	Th	A -b	iaina Ir		- /-				Enter here and Part I, line 9, o	
Schedule I-Exploited Ex	empt Activity in	come,	Otne	erin	an Advert	ising ir	Come	e (s	ee instru	Cuons)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	d conne prod un	Expense lirectly ected v luction irelated ess inco	vith of	4. Net incorfrom unrela or business 2 minus co if a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from	act ot u	s income divity that nrelated s income	6. Expe attributa colum	able to	7. Excess exper (column column 5 more colum	nses 6 minus 5, but not than
(1)	-												
(2)	1												
(3)							<del></del>						
(4)		-			<u> </u>								
	Enter here and on page 1, Part I, line 10, col (A)	page	here an e 1, Par 0, col.	H,								Enter he on pa Part II, I	ge 1,
Totals ▶ Schedule J-Advertising I	ncome (see instr	uctions	)		1								
Part I Income From Per				nsoli	idated Ba	sis							
income i font i ei		lea on	<u>u 00</u>	11301	lacted Da	313							
1. Name of periodical	2. Gross advertising income		. Direct tising c	osts	4. Adver gain or (los 2 minus c a gain, co cols 5 three	ss) (col ol 3) If impute	5.		ulation ome	6. Read cos	•	7. Excess costs (or minus columnot mot columnot	olumn 6 ımn 5, but re than
(1)													
(2)					]								
(3)					1								
(4)					1								
Totals (carry to Part II, line (5))													
	•												

Form **990-T** (2018)

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.)

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
2)		%	
3)		%	
4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

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

## Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{2}$  , 2018, and ending  $\frac{06/30}{2}$  , 20  $\frac{19}{2}$ 

► 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)

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

Marile of organization			
MASSACHUSETTS	INSTITUTE	OF	TECHNOLOGY

Employer Identification number 04-2103594

Unrelated business activity code (see instructions) ▶ 541700

Describe the unrelated trade or business ▶ SCIENTIFIC RESEARCH AND DEVELOPMENT SERVICES

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1 c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	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)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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) 1	10				
11		11				
12	Other income (See instructions; attach schedule) ATCH. 11	12	46,665.	_		46,665.
13	Total. Combine lines 3 through 12	13	46,665.	<del></del> ,		46,665.
	deductions must be directly connected with the unre				44	г
14					14	
15 16	Salaries and wages				16	
17	Bad debts				17	,
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562).		1 1			
22	Less depreciation claimed on Schedule A and elsewhere on retu				22Ь	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	11,384.
29	Total deductions. Add lines 14 through 28				29	11,384.
30	Unrelated business taxable income before net operating lo	oss	deduction. Subtract line	29 from line 13	30	35,281.
31	Deduction for net operating loss arising in tax years be	egır	ning on or after Janua	ry 1, 2018 (see		
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30	ο.	<u></u> .	<u></u> <u>.</u>	32	35,281.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M - LINE 12 - OTHER INCOME

CENTER FOR ENVIRONMENTAL HEALTH SCIENCES CHEMISTRY INSTRUMENTATION FACILITY

4,685. 41,980.

LINE 12 - OTHER INCOME

46,665.

^	4-	^ 1	. ^	2	-	A .
	4 -	_		٠.	ъ ч	4

CCUEDITE	D.f		DADT	TT	_	TINE	28	_	ጥር ጥ አ ፐ	$     \nabla T U F P $	DEDUCTIONS	
SCHEDULE	M	_	PART	1.1	_	LINE	~ ~	_	TOTAL	UTHER	DEDUCTIONS	

CENTER FOR ENVIRONMENTAL HEALTH SCIENCES CHEMISTRY INSTRUMENTATION FACILITY

1,801.

9,583.

PART II - LINE 28 - OTHER DEDUCTIONS

11,384.

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

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

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20

► 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)

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

Name of organization
MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Employer identification number 04-2103594

Unrelated business activity code (see instructions) ► 541800

Describe the unrelated trade or business ► ADVERTISING AND RELATED SERVICES

Pai	t I Unrelated Trade or Business Incom	ne		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances	c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3			
ŧ a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Fo	rm 4797)	4b			
c	Capital loss deduction for trusts		4c			
,	Income (loss) from a partnership or an S corporat	ion (attach				
	statement)		5			
i	Rent income (Schedule C)		6			
•	Unrelated debt-financed income (Schedule E)		7			
}	Interest, annuities, royalties, and rents from a con-	trolled				
	organization (Schedule F)		8			
)	Investment income of a section 501(c)(7), (9), or	(17)			•	
	organization (Schedule G)		9			
)	Exploited exempt activity income (Schedule I) .		10			
	Advertising income (Schedule J)	ATCH 13	11	1,131,897.	532,126.	599,771
?	Other income (See instructions; attach schedule)	ATCH 14	12	45,284.		45,284
3	Total. Combine lines 3 through 12		13	1,177,181.	532,126.	645,055

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.)

	•		
14	Compensation of officers, directors, and trustees (Schedule K).	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	64,716.
29	Total deductions. Add lines 14 through 28	29	64,716.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	580,339.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	,	
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30		580,339.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

# SCHEDULE M LINE 11 - SCHEDULE J ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

1 NAME OF PERIODICAL	2 GROSS ADVERTISING INCOME	3 DIRECT ADVERTISING COSTS	4 ADVERTISING GAIN OR LOSS	5 CIRCULATION INCOME	6 READERSHI COSTS	7 EXCESS READERSHIP COSTS
SLOAN MANAGEMENT REVIEW	1,118,967	475,068		4,163,160	4,490,932	
MIT PRESS JOURNALS	12,930	57,058		7,671,000	4,523,000	
	1,131,897	532,126	599, 771	11,834,160	9,013,932	

5974FD F227

V 18-7 6F

60859173-OTH1

MASSACHUSETTS	INSTITUTE	OF	TECHNOLOGY
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SCHEDULE M - LINE 12 - OTHER INCOME

OPENCOURSEWARE - AMAZON PROGRAM DAPER BILLBOARD ADVERTISING

24,200.

LINE 12 - OTHER INCOME

45,284.

21,084.

04-2103594

## ATTACHMENT 15

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

OPENCOURSEWARE - AMAZON PROGRAM DAPER BILLBOARD ADVERTISING

56,273.

8,443.

PART II - LINE 28 - OTHER DEDUCTIONS

64,716.

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

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

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$ , 2018, and ending  $\frac{06/30}{}$ , 20  $\frac{19}{}$ 

► Go to www.lrs.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)

Open to Public Inspection for

Hairie of organization			
MASSACHUSETTS	INSTITUTE	OF	TECHNOLOGY

Employer Identification number 04-2103594

Unrelated business activity code (see instructions) ► 561920

Describe the unrelated trade or business ► ENDICOTT HOUSE - EAGLE OBSTACLES

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
ь	Less returns and allowances C	Balance >	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b			
С	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation					
	statement)		5			
6	Rent income (Schedule C)		6			T
7	Unrelated debt-financed income (Schedule E)		7		<u>.                                      </u>	
8	Interest, annuities, royalties, and rents from a contro	olled				
	organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (1)					
	organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule) AT		12	10,303.		10,303.
13	Total. Combine lines 3 through 12		13	10,303.		10,303

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.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16_	
17	Bed debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).		•
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		8,263.
29	Total deductions. Add lines 14 through 28		8,263.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,040.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	Ī
32	Unrelated business taxable income. Subtract line 31 from line 30	32	2,040.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MASSACHUSETTS	TMCTTTITE	OF	TECHNOLOGY
MASSAURUSETTS	INSTITUTE	UE	IPCUMOTORI

SCHEDULE M - LINE 12 - OTHER INCOME

ENDICOTT HOUSE OTHER INCOME

LINE 12 - OTHER INCOME

10,303.

10,303.

04-2103594

# ATTACHMENT 17

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

ENDICOTT HOUSE OTHER DEDUCTIONS

8,263.

PART II - LINE 28 - OTHER DEDUCTIONS

8,263.

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

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

OMB No 1545-0687

(C) Net

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{2}$  , 2018, and ending  $\frac{06/30}{2}$  , 20  $\frac{19}{2}$ 

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

(A) Income

Open to Public Inspection for 501(c)(3) Organizations Only 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 MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Part I Unrelated Trade or Business Income

Employer Identification number 04-2103594

(B) Expenses

Unrelated business activity code (see instructions) ▶ 810000 Describe the unrelated trade or business ► ALUMNI TRAVEL PROGRAM

1 a	Gross receipts or sales					
b	Less returns and allowances c Balance		1c			
2	Cost of goods sold (Schedule A, line 7)	. [	2			
3	Gross profit. Subtract line 2 from line 1c	. [	3			
4a	Capital gain net income (attach Schedule D)	.	4a			
b	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	۱ ۱				
	statement)	.	5			
6	Rent income (Schedule C)	.	6			
7	Unrelated debt-financed income (Schedule E)	. [	7			
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)	· -	10			
11	Advertising income (Schedule J)		11			200 450
12	Other income (See instructions; attach schedule) ATCH, 1		12	302,458.	-	302,458.
13	Total. Combine lines 3 through 12		13	302,458.		302,458.
14 15	Compensation of officers, directors, and trustees (Schedule Salaries and wages			• • • • • • • • • • • • • • • • • • • •	14 15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules	s) .		, ,	20	ļ
21	Depreciation (attach Form 4562)			21		
22	Less depreciation claimed on Schedule A and elsewhere on	ı ret	urn		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			ATCH 19	28	351,408.
29	Total deductions. Add lines 14 through 28				29	351,408.
30	Unrelated business taxable income before net operating				30	-48,950.
31	Deduction for net operating loss arising in tax year					
	instructions),				31	40.050
32	Unrelated business taxable income Subtract line 31 from li	ine :	30 .	<u></u>		-48,950.
				•		abadula M (Earm 000 T) 2040

For Paperwork Reduction Act Notice, see instructions.

MASSACHUSETTS	TNICTITUTE	$^{\circ}$	TECUNIOI	OCV.

SCHEDULE M - LINE 12 - OTHER INCOME

ALUMNI TRAVEL PROGRAM OTHER INCOME

LINE 12 - OTHER INCOME

302,458.

302,458.

04-2103594

ATTACHMENT 19

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

ALUMNI TRAVEL PROGRAM OTHER DEDUCTIONS

351,408.

PART II - LINE 28 - OTHER DEDUCTIONS

351,408.

5974FD F227 V 18-7.6F 60859173-OTH1

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

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

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

► Go to www.lrs.gov/Form9907 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 601(c)(3)

(A) Income

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

(C) Net

Name of organization

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Part I Unrelated Trade or Business Income

Employer Identification number

04-2103594

(B) Expenses

Unrelated business activity code (see instructions) ► 812930

Describe the unrelated trade or business ► PARKING LOTS AND GARAGES

1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule) ATCH, 20	12	449,099.			449,099.
13	Total. Combine lines 3 through 12	13	449,099.			449,099.
14	deductions must be directly connected with the ur  Compensation of officers, directors, and trustees (Schedule K)		<del></del>		14	
15	Salaries and wages					
16	Repairs and maintenance				16	
17	Bad debts					
18	Interest (attach schedule) (see instructions)					
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21		]	
22	Less depreciation claimed on Schedule A and elsewhere on re-	tum	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	1.0.000
28	Other deductions (attach schedule)			, ATCH 21	_28_	113,033.
29	Total deductions. Add lines 14 through 28				29	113,033.
30	Unrelated business taxable income before net operating				30	336,066.
31	Deduction for net operating loss arising in tax years	begin	ning on or after Janua	ry 1, 2018 (see	l '	]_
	instructions)	•			31	1 -

For Paperwork Reduction Act Notice, see Instructions.

Unrelated business taxable income Subtract line 31 from line 30 . . . . . .

Schedule M (Form 990-T) 2018

336,066.

SCHEDULE M - LINE 12 - OTHER INCOME

PARKING OTHER INCOME

449,099.

LINE 12 - OTHER INCOME

449,099.

04-2103594

ATTACHMENT 21

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

PARKING OTHER DEDUCTIONS

113,033.

PART II - LINE 28 - OTHER DEDUCTIONS

113,033.

#### MASSACHUSETTS INSTITUTE OF TECHNOLOGY

EIN: 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T FOR THE YEAR ENDED JUNE 30, 2019

810000 - ALUMNI TRAVEL PROGRAM

#### SCHEDULE M, PART II, LINE 31 - NET OPERATING LOSS DEDUCTION

		AMOUNT	AMOUNT	
	AMOUNT	UTILIZED/EXPIRED	UTILIZED/EXPIRED	NOL
Year	GENERATED	PRIOR YEAR	CURRENT YEAR	CARRYFORWARD
6/30/2019	(48,950)	-		(48,950)
	(48.950)			(48,950)

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

**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.

Employer identification number

2018

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

MASSACHUSETTS INSTITUTE OF TECHNOLOGY 04-2103594 Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds 8949, Part I, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (a) column (g) whole dollars 1a 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 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 31,985. 50,333. with Box C checked -18,348.4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 -18,348.7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See Instructions.) (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 9,048,003. 822,398. 8,225,605. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 8,225,605. Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . . . . . . . . . . . . . . . Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 8,207,257. 8,207,257. 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Note: If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2018

# Form 8949

# Sales and Other Dispositions of Capital Assets

► Go to www.lrs.gov/Form8949 for instructions and the latest information.

20**18** 

Attachment Sequence No. 12A

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.

Name(s) shown on return

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Social security number or taxpayer identification number

04-2103594

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

Part I

**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, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS x (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss). (a) (b) See the separate instructions. See the Note below Date sold or Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales orice) from column (d) and (Example 100 sh XYZ Co ) (Mo, day, yr) In the separate (q) (see instructions) combine the result (Mo, day, yr) Instructions Code(s) from Amount of with column (q) instructions adjustment VARIOUS VARIOUS 31,985 50,333 -18.348 FROM SCHEDULES K-1 (1065) м

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 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)

-18,348

31,985

50,333

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

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Social security number or taxpayer identification number

04-2103594

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.

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) r Proceeds	(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) trate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FROM SCHEDULES K-1 (1065)	VARIOUS	VARIOUS	9,048,003.	822,398.	м		8,225,605
·-···							
							=
						· ··	
2 Totals. Add the amounts in columns negative amounts) Enter each tota Schedule D, line 8b (if Box D above	l here and incl	ude on your	9,046,003.	822, 398.			8,225,605.

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)

above is checked), or line 10 (if Box F above is checked)

# Form 3800

**General Business Credit** 

► Go to www.lrs.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 MASSACHUSETTS

TTS INSTITUTE OF TECHNOLOGY

Identifying number 04-2103594

	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.)	7)	
1	General business credit from line 2 of all Parts III with box A checked	1	<u> </u>
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	
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	59,677
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	59,677
	Allowable Credit		<del></del>
7	Regular tax before credits:		
	<ul> <li>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</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return.</li> </ul>	7	
	<ul> <li>applicable line of your return</li></ul>		
8	Alternative minimum tax	1	
	◆ Individuals Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 )		
9	Add lines 7 and 8	9	
10a	Foreign tax credit		
	Certain allowable credits (see instructions)	]	
	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	
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	<b>∮</b>	
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0	-	
	Estates and trusts. Enter the amount from Schedule I		
. –	(Form 1041), line 54	4.5	
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	<u> </u>
For Pap	erwork Reduction Act Notice, see separate instructions.		Form 3800 (2018)

	Allowable Credit (continued)		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ente	er -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	<del></del>
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	
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 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	
35	Carryback of business credit from 2019. 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	
37	Enter the smaller of line 29 or line 36	37	
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.  Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		
	• Estates and trusts. Form 1041, Schedule G, line 2b	38	Form 3800 (2018)
			rom 3000 (2018)

Form .	3800 (2018)			Page 3
	s) shown on return		Identifying number	
MAS	SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see ins	tructio	ns)	
Com	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	Busin	ess Credit Carryfor	wards
D [	General Business Credit Carrybacks			
	f you are filing more than one Part III with box A or B checked, complete and attach first an a			
	II with box A or B checked. Check here if this is the consolidated Part III	<del></del>		I
	(a) Description of credit		(b) If claiming the credit	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	Enter the appropriate amount
	through entity		entity, enter the EIN	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		<del></del>
	Reserved	1b	27-0542081	2,433
c	Increasing research activities (Form 6765)	1c	27-0342001	2,433
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e 1f		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)		* * *	
g	Indian employment (Form 8845)	1g		
h		1h 1i		
!	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see	-"	· · ·	
K		1k		
	instructions for limitation)	11		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	1m		
	mi	1n		
n	Nonconventional source fuel (carryforward only)	10		
0	Energy efficient home (Form 8908)	1p		
P	Energy efficient appliance (carryforward only)	1q		-
q r	Alternative motor vehicle (Form 8910)	1r	<del></del>	
s	Alternative fuel vehicle refueling property (Form 8911)	1s		<del> </del>
t	Enhanced oil recovery credit (Form 8830)	11		
ū	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		-
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon oxide sequestration (Form 8933)	1x		
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	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		2,433
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
đ	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	41		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2,433

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•	s) shown on return		Identifying number	
MAS	SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see ins	truction	ns)	
Com	plete a separate Part III for each box checked below. See instructions.			
ΑГ	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
	<del>.  </del> ,	Busin	ess Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserved		oo oroun ourryror	
	you are filing more than one Part III with box A or B checked, complete and attach first an a	addition.	al Dort III combining	amounts from all Parts
	I with box A or B checked. Check here if this is the consolidated Part III			
		<del></del>	(b)	(c)
	<ul> <li>(a) Description of credit</li> <li>On any line where the credit is from more than one source, a separate Part III is needed for a through entity</li> </ul>	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
<u></u>	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b	<del></del>	
	Increasing research activities (Form 6765)		VARIOUS	7,151
C		1d		,
	Low-income housing (Form 8586, Part I only)	1e		
e	Disabled access (Form 8826) (see instructions for limitation)		VARIOUS	50,093
T	Renewable electricity, refined coal, and Indian coal production (Form 8835)		VARIOUS	30,033
g	Indian employment (Form 8845)	1g	······································	
h	Orphan drug (Form 8820)	1h	<u> </u>	
ŧ	New markets (Form 8874)	11		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
t	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		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
, F	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	·	
t	Enhanced oil recovery credit (Form 8830)	1t	<del></del>	
	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	10		
	Employer differential wage payments (Form 8932)	1w	·	
X	Carbon oxide sequestration (Form 8933)	1x		
_	Qualified plug-in electric drive motor vehicle (Form 8936).	1y	<del></del>	<del></del>
	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
<b>ZZ</b>	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		57,244
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
ď	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
•	Qualified railroad track maintenance (Form 8900)	4g		
9		49 4h		
n	Small employer health insurance premiums (Form 8941)	<del></del>		
ĺ	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II $\ldots$	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		57,24

	s) shown on return		Identifying number	
MAS	SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see Ins	tructions	5)	
Com	plete a separate Part III for each box checked below. See instructions.			
<b>A</b> [	General Business Credit From a Non-Passive Activity E Reserved			
в [	General Business Credit From a Passive Activity F Reserved			
c [	X General Business Credit Carryforwards G Eligible Small	Busines	ss Credit Carryfor	wards
D [	General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an ε II 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 ethrough entity	each   f	f claiming the credit rom 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		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f 2	7-0542081	. 6
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		_
m		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)	1 <b>q</b>		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t	····	
u	Mine rescue team training (Form 8923)	1u	****	
٧	Agricultural chemicals security (carryforward only)	1v		
W		1w		
X	Carbon oxide sequestration (Form 8933)	1x		
_	Qualified plug-in electric drive motor vehicle (Form 8936).	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
a	a Employee retention (Form 5884-A)	1aa	·	- <u></u>
	c Other. Oil and gas production from marginal wells (Form 8904) and certain	1bb		
24	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		6
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
о 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	41		
	Qualified railroad track maintenance (Form 8900)	4g		
g h	Small employer health insurance premiums (Form 8941)	4h	· · · · · · · · · · · · · · · · · · ·	
ı''	Increasing research activities (Form 6765)	41		
1	Employer credit for paid family and medical leave (Form 8994)	4]		
J Z		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
-	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	-6		

	(2018)		Identifying number	rage s		
	(s) shown on return SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359			
MAS						
_	General Business Credits or Eligible Small Business Credits (see Ins	truction	s)			
Com	plete a separate Part III for each box checked below. See instructions.					
A	General Business Credit From a Non-Passive Activity E Reserved					
В	General Business Credit From a Passive Activity F Reserved					
C	<del>-</del>	Busine	ss Credit Carryfor	wards		
D	General Business Credit Carrybacks H Reserved					
	f you are filing more than one Part III with box A or B checked, complete and attach first an a					
	II with box A or B checked Check here if this is the consolidated Part III	<del></del>				
	(a) Description of credit		(b) If claiming the credit	(c)		
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	Enter the appropriate amount		
	through entity		entity, enter the EIN	-		
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		<u> </u>		
		1b				
C	Increasing research activities (Form 6765)	1c				
đ	Low-income housing (Form 8586, Part I only)	1d				
e	Disabled access (Form 8826) (see instructions for limitation)	1e	20-8299736	20,819		
T	Renewable electricity, refined coal, and Indian coal production (Form 8835)		20-0299730	20,619		
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
!	New markets (Form 8874)	11				
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	<del></del>			
k	Employer-provided child care facilities and services (Form 8882) (see	41.				
	instructions for limitation)	1k				
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
P	Energy efficient home (Form 8908)	1p 1q	<u></u>			
q	Energy efficient appliance (carryforward only)	1r				
ľ	Alternative motor vehicle (Form 8910)	1s				
S	Enhanced oil recovery credit (Form 8830)	1t	<del></del>			
u	Mine rescue team training (Form 8923)	1u				
v	Agricultural chemicals security (carryforward only)	10				
w		1w				
	Carbon oxide sequestration (Form 8933)	1x				
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	·····			
	Qualified plug-in electric vehicle (carryforward only)	1z	<u> </u>			
	Employee retention (Form 5884-A)	1aa				
ы	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
	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		20,819		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
ь	Work opportunity (Form 5884)	4b				
c	Biofuel producer (Form 6478)	4c				
đ	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846).	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				
j	Employer credit for paid family and medical leave (Form 8994)	4j				
z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		20,819		

roill 3				Tuge &
	s) shown on return		Identifying number	
MAS	SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see Ins	struction	ns)	
Com	plete a separate Part III for each box checked below. See instructions.			
A	General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
C	<del></del>	Busine	ess Credit Carryfor	wards
D [	General Business Credit Carrybacks H Reserved			
	you are filing more than one Part III with box A or B checked, complete and attach first an a			
	with box A or B checked. Check here if this is the consolidated Part III	<del></del>		1
	<ul> <li>(a) Description of credit</li> <li>On any line where the credit is from more than one source, a separate Part III is needed for a hrough entity</li> </ul>	each	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	20-4669610	7
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	11	· <u>····</u>	
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
- 1	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		
P	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s	<del>.</del>	
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
	Carbon oxide sequestration (Form 8933)	1x 1v		
•	Qualified plug-in electric drive motor vehicle (Form 8936).		<del></del>	
	Qualified plug-in electric vehicle (carryforward only)	1z 1aa		
44 55	Employee retention (Form 5884-A)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain	100		
-	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		7
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
ì	Increasing research activities (Form 6765)	41		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
•	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		

Name	(s) shown on return		Identifying number	
MA:	SSACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see ins	tructions	s)	
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		Busine	ss Credit Carryfor	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	dditional	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		(b)	(c)
	: On any line where the credit is from more than one source, a separate Part III is needed for e-through entity.	each   1	f 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		1b		
c		1c 2	7-0542081	7,144
d		1d		
е		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h		1h	-	
i	New markets (Form 8874)	11		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	B1 30 4 5 45 0000	1n	<u> </u>	
o	Nonconventional source fuel (carryforward only)	10		
p	F (5 1 1 1 (5 1 0000)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s		1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
V		1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У		1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	<b>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	<del>-</del>	7 144
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		7,144
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		-
4 a	, , , , , , , , , , , , , , , , , , ,	4a	_	_
ь		4b	-	
¢	Biofuel producer (Form 6478)	4c		<u> </u>
d		4d		
е		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	41		
g		4g		
h		4h		
i	Increasing research activities (Form 6765)	4i	<del></del>	
j	Employer credit for paid family and medical leave (Form 8994)	4j		-
Z		4z	<u> </u>	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		7 144
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,144

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	SACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	
	General Business Credits or Eligible Small Business Credits (see ins	truction	<u> </u>	
Com	plete a separate Part III for each box checked below. See instructions.	ili dellori		
_ [	General Business Credit From a Non-Passive Activity E Reserved			
A	General Business Credit From a Passive Activity F Reserved			
В	<del></del>	Rusine	ss Credit Carryfor	warde
C	General Business Credit Carrybacks  H Reserved	Dusine	33 Credit Carrylor	Walus
- •	If you are filing more than one Part III with box A or B checked, complete and attach first an a	additiona	Port III combining	amounts from all Parts
	Ill 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 ethrough entity.		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b		1b		
C		1c -	20-8299736	28,696
đ	· · · · · · · · · · · · · · · · · · ·	1d		
е	DI LI I (E. COCO) ( I I I II (COCO) ( COCO)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h		1h		
ı	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see		•	
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	D1 (III 1 1 III III 0000)	1n		
0		10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u		1u		
v	Agrıcultural chemicals security (carryforward only)	1v		
w		1w		
x	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		20.606
2	Add lines 1a through 1zz and enter here and on the applicable line of Part 1	2		28,696
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	<u></u> .	
Ь	Work opportunity (Form 5884)	4b		<u> </u>
C	Biofuel producer (Form 6478)	4c		
đ	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h		4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j	<u></u>	
Z	Other	4z		_
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		20.606
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		28,696

Form	3800 (2018)			Page 3
	e(s) shown on return		identifying number	
MA	SSACHUSETTS INSTITUTE OF TECHNOLOGY		04-210359	4
	General Business Credits or Eligible Small Business Credits (see Ins	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			
С	X General Business Credit Carryforwards G Eligible Smal	Busin	ess Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserved			
F	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	<del> ,</del>	<u></u>	<u> ▶                     </u>
	(a) Description of credit		(b)	(c)
Note	: On any line where the credit is from more than one source, a separate Part III is needed for e	each	If claiming the credit from a pass-through	Enter the appropriate amount
	-through entity	,	entity, enter the EIN	amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
t	, , , , , , , , , , , , , , , , , , ,	1b	27 0006000	F72
C	` '	1c	27-0896088	572
C		1d		
e		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		i
9		1g		
ŀ	· · · · · · · · · · · · · · · · · · ·	1h	·	
į.	New markets (Form 8874)	11		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k		415		
	instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
r		1n		
0		10		
F	• • • • • • • • • • • • • • • • • • • •	1p		
C		1q 1r	<u> </u>	
r		1s		
s t	Enhanced oil recovery credit (Form 8830)	1t		
L		1u		
v		1v	-	
v	Employer differential wage payments (Form 8932)	1w		
·	Carbon oxide sequestration (Form 8933)	1x		
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
2	Qualified plug-in electric vehicle (carryforward only)	12		
	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	z Other. Oil and gas production from marginal wells (Form 8904) and certain	i		
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		572
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
t	Work opportunity (Form 5884)	4b		
C		4c_		
c		4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4</b> f		
g	Qualified railroad track maintenance (Form 8900)	4g		
ŀ	- "	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
Z		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
_	Add the cooperate and sustain here and an the applicable line of Dart II	_		572

# Form **4562**

# **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

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Identifying number 04-2103594

Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	<b>I</b>						
	Election To Expense C							
	Note: If you have any lis	ted property, cor	nplete Part	V before	you comp	olete Part I.		
1	Maximum amount (see instructions).						1	
2	Total cost of section 179 property pla	aced in service (see in	structions)				2	
3	Threshold cost of section 179 proper	ty before reduction i	n limitation (se	e instructio	ns)		3	
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions	3 from line 2. If zero of line 1 If zero or less enter	or less, enter -( -0- If married filing	)			4	
6	(a) Description				siness use ont			
				<del>_ :</del>				1
								1
7	Listed property Enter the amount from	m line 29			7			]
8	Total elected cost of section 179 pro						8	
9	Tentative deduction. Enter the smaller							
10	Carryover of disallowed deduction from	om line 13 of your 20	17 Form 4562				10	
11	Business income limitation. Enter the	smaller of business	income (not	less than :	zero) or line	5 See instructi	ons 11	
12	Section 179 expense deduction. Add							
13	Carryover of disallowed deduction to	2019 Add lines 9 ar	nd 10, less line	12	<b>▶</b> 13			
Note	e: Don't use Part II or Part III below for		•					
	Special Depreciation A	llowance and Ot	her Deprec	iation (D	on't include	listed propert	y. See inst	ructions)
14	Special depreciation allowance fo	r qualified propert	y (other tha	n listed j	property) pl	aced in servic	e	
	during the tax year. See instructions						14	
15	Property subject to section 168(f)(1)							
16	Other depreciation (including ACRS)					<u> </u>	16	. <u> </u>
	MACRS Depreciation (D	on't include listed	· · · · · · · · · · · · · · · · · · ·		tions.)			· · · · · · · · · · · · · · · · · · ·
				tion A			<del>-   -</del>	
17	MACRS deductions for assets placed							<u></u>
18	If you are electing to group any a							
	asset accounts, check here Section B - Assets						registion S	vetom
	Section B - Assets	(b) Month and year	<del></del> =				Colation O	ystem
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property	<u> </u>						
	5-year property			_				
	7-year property							
	10-year property	1	<u> </u>					
	15-year property							
	20-year property				05		60	
_	25-year property				25 yrs	MAA	S/L S/L	-
h	Residential rental	<u> </u>			27 5 yrs	MM MM	S/L S/L	
	property				27.5 yrs	MM	S/L S/L	
i	Nonresidential real			<u> </u>	39 yrs	MM	S/L S/L	
	Section C - Assets P	leand in Samulas F	 	Tay Vant	Using the		L	Syctom
200	Class life	laced in Service L	ZU 10	iak ital	Janiy tile /	TILET HALIVE DE	S/L	Jystem
					12 yrs		S/L	· ·
	12-year : 30-year				30 yrs	MM	S/L	
	l 40-year	<del>                                     </del>			40 yrs	MM	S/L	
	Summary (See instruction	ons )	I		1 40 Jis	14.141	3/2	<u> </u>
	Listed property. Enter amount from Irr						21	
21	Total. Add amounts from line 12,			nd 20 in 4	column (a)	and line 21 E	• • • —	-
~~	here and on the appropriate lines of ye						22	
23	For assets shown above and place portion of the basis attributable to se	ed in service during	the current	year, ent	er the 23		<u>   **</u>	
	Portion or the pasts attributable to se	5.,5/1 200/1 00010	<u></u>	<del></del>	<u> </u>	<u> </u>		1

Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

		Depreciation and									passe	nger au	tomobi	les.)	
24a Do you	nave evidenc	e to support the bus	iness/investm	ent use	claimed?	<u>Y</u>	es X	No	24b If "	Yes," is t	he evide	nce writt	en?	Yes	X N
(6	<u> </u>	(b)	(c)				(e)		(f)	(	g)		h)		(i)
Type of pr vehicle		Date placed in service	Business/ investment us percentage	Cost	(d) or other ba		sis for depi isiness/inv use onl	estment	Recovery period				eciation uction		section 17 ost
25 Special	depreciation	on allowance for	qualified lis	ted pr	operty p	placed	in ser	vice d	luring						
the tax	year and us	ed more than 50%	in a qualifie	ed bus	iness us	e. See	instruc	tions			. 25				
26 Propert	y used mor	e than 50% in a qu	ualified busin	ess us	e.										
			,	%											
			•	%											
		·	,	%						1				1	
27 Propert	v used 50%	or less in a qualif	ed business	use:					•	_		•	-	4	
	,	T		%		T -		-		S/L -				1	
				%		<u> </u>			1	S/L -		<u> </u>		1	
				%					1	S/L -		<del> </del>		1	
29 Add am	ounts in so	lumn (h), lines 25		Э	here an	d on li	21 1	200 1	<u> </u>		28	-		┪	
		lumn (i), line 26. E										<u> </u>	. 29	1	
		(.),	Sectio							• • • •	• • • •	<del></del>	• 1 =-	1	
		estment miles driv		•	a) icle 1	,	b) icle 2	\ \	(c) ehicle 3		d) icle 4	,	e) ide 5		(f) Ide 6
		ude commuting m					-	-		1				1	
	-	niles driven during						1				1		<del> </del>	
32 Total	•	ersonal (nonco	0,											ł	
								<del> </del>		<u> </u>				1	
		n during the y													
	-	2						1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	T	\ <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	1 112
		e available for	' '	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
		hours?			-		<b> </b>			ļ	ļ	<u> </u>	<del> </del>		├
		used primarily by										ļ			ĺ
than 5%	owner or r	elated person?						1		ļ		<u> </u>	<b>.</b>	<del> </del>	ļ
		le available for										1			ŀ
use?					<u> </u>		L				<u> </u>	<u> </u>	ļ		
	Se	ction C - Questic	ons for Em	ploye	rs Who	Provi	de Ve	hicles	s for Use	by Th	eir Em	ployee	es		
	se question	s to determine if	you meet a	n exc										who a	ren't
more than 5	% owners o	or related persons.	See instruct	ions.										T	r
37 Do vou	maintain :	a written nolicy s	tatement th	at nr	obibite :	all ner	sonal u	ise of	vehicles	inclue	tina co	mmutin	n hv	Yes	No

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
٠.	your 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? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

## **Amortization**

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	ation for	(f) Amortization for this year
42	42 Amortization of costs that begins during your 2018 tax year (see instructions).						
	BOND DISCOUNT COST	VAR	3,142,500.	171	100	YRS	8,252.
-	BOND ISSUANCE COST	VAR	16,815,080.	171	100	YRS	52,251.
43	43 Amortization of costs that began before your 2018 tax year						
		44	60,503.				

Form 4562 (2018)

EIN: 04-2103594

Tax Year Ending June 30, 2019

## Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name:

Massachusetts Institute of Technology ("Taxpayer")

Taxpayer Address:

77 Massachusetts Avenue, NE 49-3142

Cambridge, MA 02139-4307

EIN: 04-2103594

The above referenced Taxpayer is making the minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending June 30, 2019.

EIN: 04-2103594

Tax Year Ending June 30, 2019

## Part I, Line 12

The taxpayer has purchased units in its pooled investment fund using a portion of proceeds of taxable bonds. The taxpayer has reported income from debt financed property on this tax return by including in taxable income the purchased units' share of distributions paid and net capital gains from the sale of purchased units, and the debt-financed portion of US Treasury and other investment-grade bond income for the taxable year. In addition, the taxpayer has separately reported elsewhere on Form 990T the unrelated business income from the Schedules K-1 received by the taxpayer for partnership investments held in the pooled investment fund.

ATTACHMENT 1

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

INCOME (LOSS) FROM PARTNERSHIP INVESTMENTS

-48,184,341.

INCOME (LOSS) FROM PARTNERSHIPS

-48,184,341.

A DOM A CHIMPAIN	$\overline{}$
ATTACHMENT	

PART I - LINE 12 - OTHER INCOME

STATE TAX REFUNDS
INCOME ON DEBT FINANCED INVESTMENTS
GAIN FROM DEBT FINANCED PROPERTY
FUND OF FUNDS

170,754. 12,948,167. 12,136,583. 128,405.

PART I - LINE 12 - OTHER INCOME

25,383,909.

04-2103594

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE

28,308,867.

PART II - LINE 18 - INTEREST

28,308,867.

ATTACHMENT	4	

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

TAX PREPARATION FEES

TRUSTEE FEES

FUND OF FUNDS

223,256.

2,026.

19,864.

PART II - LINE 28 - OTHER DEDUCTIONS

245,146.

EIN. 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T
FOR THE YEAR ENDED JUNE 30, 2019

LINE 20, CHARITABLE CONTRIBUTION CARRYFORWARD

Year	AMOUNT GENERATED	AMOUNT UTILIZED/EXPIRED PRIOR YEAR	AMOUNT UTILIZED/EXPIRED CURRENT YEAR	CARRYFORWARD	EXPIRATION DATE
6/30/2016	83,989		_	83,989	6/30/2021
6/30/2017	117,041	-	_	117,041	6/30/2022
6/30/2018	309,403	-	-	309,403	6/30/2023
6/30/2019	317,335	-	•	317,335	6/30/2024
	827,768	-	-	827,768	

EIN 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800 - GENERAL BUSINESS CREDIT CARRYFORWARD

FORM 3800, PART III, Line 1F - RENEWABLE ELECTRICITY, REFINED COAL, AND INDIAN COAL PRODUCTION

			AMOUNT		
Year	AMOUNT GENERATED	UTILIZED/EXPIRED PRIOR YEAR	UTILIZED/EXPIRED CURRENT YEAR	AMOUNT CARRYFORWARD	EXPIRATION DATE
6/30/2016	29,268	-	-	29,268	6/30/2036
6/30/2017	20,825	•	•	20,825	6/30/2037
6/30/2018	-	•	-		
•	50,093		-	50,093	

## FORM 3800, PART III, LINE 1C - INCREASING RESEARCH ACTIVITIES

			AMOUNT		
	AMOUNT	UTILIZED/EXPIRED	UTILIZED/EXPIRED	AMOUNT	EXPIRATION
Year	GENERATED	PRIOR YEAR	CURRENT YEAR	CARRYFORWARD	DATE
6/30/2017	7,151			7,151	6/30/2037
6/30/2018	2,433	-	•	2,433	6/30/2038
-	9,584	-	-	9,584	

EIN: 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T FOR THE YEAR ENDED JUNE 30, 2019

525900 - INVESTMENT INCOME

LINE 31 - NET OPERATING LOSS ARISING IN TAXABLE YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

		AMOUNT	AMOUNT	
	AMOUNT	UTILIZED/EXPIRED	UTILIZED/EXPIRED	NOL
Year	GENERATED	PRIOR YEAR	CURRENT YEAR	CARRYFORWARD
6/30/2019	(44,621,799)	-	-	(44,621,799)
	(44,621,799)	-	-	(44,621,799)

EIN 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T FOR THE YEAR ENDED JUNE 30, 2019

LINE 35 - NET OPERATING LOSS ARISING IN TAXABLE YEARS BEGINNING BEFORE JANUARY 1, 2018

Year	AMOUNT GENERATED	AMOUNT UTILIZED/EXPIRED PRIOR YEAR	AMOUNT UTILIZED/EXPIRED CURRENT YEAR	AMOUNT USED IN 2017 FOR SECTION 965 INCLUSION	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2007	(28,108,165)	(22,158,794)	(953,726)	(45,363)	(4,995,645)	6/30/2027
6/30/2008	(11,248,573)	-	-	•	(11,248,573)	6/30/2028
6/30/2009	(11,150,909)	•		•	(11,150,909)	6/30/2029
6/30/2010	(34,579,927)	-	•	-	(34,579,927)	6/30/2030
6/30/2011	(6,111,466)	-	•	-	(6,111,466)	6/30/2031
6/30/2012	(6,091,316)	•		-	(6,091,316)	6/30/2032
6/30/2013	(11,274,196)	•		•	(11,274,196)	6/30/2033
6/30/2014	(23,809,643)	-	•	-	(23,809,643)	6/30/2034
6/30/2015	•	-		-	•	
6/30/2016	(10,753,903)	•	-	•	(10,753,903)	6/30/2036
6/30/2017	(27,200,283)	•	-	•	(27,200,283)	6/30/2037
6/30/2018	(29,258,260) *	-	<u>•</u>		(29,258,260)	6/30/2038
	(199,586,641)	(22,158,794)	(953,726)	(45,363)	(176,474,121)	

<sup>\*</sup>The 2017 Form 990-T reported income of \$7,943,873 from providing qualified transportation fringe benefits to employees under IRC § 512(a)(7) This amount was offset entirely by expenses reported in 2017 In Ileu of amending the 2017 Form 990-T, MIT increased net operating loss generated in the year 6/30/2018 to reflect this change

EIN 04-2103594

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T FOR THE YEAR ENDED JUNE 30, 2019

## PERCENTAGE DEPLETION CARRYFORWARD

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED/EXPIRED PRIOR YEAR	AMOUNT UTILIZED/EXPIRED CURRENT YEAR	PERCENTAGE DEPLETION CARRYFORWARD
6/30/2018	2,466,358	-	-	2,466,358
6/30/2019	5,999,265	-		5,999,265
	8,465,623	-		8,465,623

FEIN: 04-2103594

FORM 990-T

TAX YEAR ENDED 6/30/2019

## FORM 990-T - PART VI - LINE 56 - FOREIGN COUNTRIES

Australia
Brazil
Cayman Islands
Chile
Denmark
Guernsey
Hong Kong
India
Mauritius
Singapore

United Kingdom