Por calendar year 2018 or other tax year beginning 07/01 2016, and ending 00/30 20 13	see instructions) 501 s activity code O Other trust unrelated describe the
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	ic Inspection for particular interest in the control of the contro
Department of the Treasury Internal Revenue Service Name of organization (cation number see instructions) 501 s activity code 0 Other trust ounrelated describe the ch additional Yes V No 258-3080 (C) Net
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Solid C Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Employer identification Check box if name changed and see instructions D Check possible	cation number see instructions) 501 s activity code 0 Other trust ounrelated describe the ch additional Yes V No 258-3080 (C) Net
Check box if address changed B Exempt under section ✓ 501(C) ✓ 3 ✓ 501(C) ✓ 3 ✓ 605 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓ 100 ✓	cation number see instructions) 501 s activity code 0 Other trust unrelated describe the ch additional Yes No 258-3080 (C) Net
B Exempt under section 3 501 C 3 408(e) 220(e) 408A 530(a) 529(a) F Group exemption number (See instructions) 408 The Enter the number of the organization's unrelated trades or businesses. 408 The Enter the number of the organization's unrelated trades or businesses, then complete Parts IIIIV 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 1 THE TRUSTEES OF PRINCETON UNIVERSITY Number, street, and room or suite no if a PO box, see instructions 2 1-0634 2 1-0634 3 1-0634 408(e) 220(e) 408A 530(a) 529(a) F Group exemption number (See instructions) 529(a) F Group exemption number (See instructions) 529(a) F Group exemption number (See instructions) 6 Check organization type 7 501(c) corporation 501(c) trust 401(a) trust 6 The Enter the number of the organization's unrelated trades or businesses. 3 Describe the only (or first trade or business here FINANCIAL INVESTMENTS & RELATED ACTIVITIES If only one, complete Parts I -V If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for eateraction or the parent corporation 501(c) trust 401(a) trust	Other trust unrelated describe the ch additional Yes No
Value Val	Other trust unrelated describe the ch additional Yes No
408(e) 220(e) 1	Other trust unrelated describe the ch additional Yes No
City or town, state or province, country, and ZIP or foreign postal code S29(a)	Other trust unrelated describe the ch additional Yes No
S29(a) PRINCETON, NJ 08540 52300 C Book yalue of all assets at end of year 31,523,756,000 G Check organization type ▶	Other trust unrelated describe the ch additional Yes No 258-3080 (C) Net
H Enter the number of the organization type ► ✓ 501(c) corporation	unrelated describe the ch additional Yes No No (C) Net
31,523,756,000 G Check organization type	unrelated describe the ch additional Yes No No (C) Net
trade or business here ▶ FINANCIAL INVESTMENTS & RELATED ACTIVITIES . If only one, complete Parts I–V If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for eattrade or business, then complete Parts III–V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ If "Yes," enter the name and identifying number of the parent corporation ▶ J The books are in care of ▶ KENNETH MOLINARO Telephone number ▶ (609) Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales 0	describe the ch additional Yes No No (C) Net
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for eatrade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . If "Yes," enter the name and identifying number of the parent corporation ▶ J The books are in care of ▶ KENNETH MOLINARO Telephone number ▶ (609) Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales 0	Ch additional Yes No 258-3080 (C) Net
trade or business, then complete Parts III–V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation J The books are in care of ► KENNETH MOLINARO Telephone number ► (609) Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales 0	Yes No 258-3080 (C) Net
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .	258-3080 (C) Net
If "Yes," enter the name and identifying number of the parent corporation J The books are in care of ▶ KENNETH MOLINARO Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) 1b Gross receipts or sales c	258-3080 (C) Net
J The books are in care of ▶ KENNETH MOLINARO Telephone number ▶ (609) Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales 0 b Less returns and allowances 0 2 Cost of goods sold (Schedule A, line 7) 2 2 Telephone number ▶ (609) (A) Income (B) Expenses	(C) Net
Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances 0 1c 0 2 Cost of goods sold (Schedule A, line 7) (A) Income (B) Expenses 1 c 0	(C) Net
1a Gross receipts or sales 0 b Less returns and allowances 0 2 Cost of goods sold (Schedule A, line 7) 1c 0 0	0
b Less returns and allowances 0 1	0
2 Cost of goods sold (Schedule A, line 7)	0
,	0
3 Gross profit. Subtract line 2 from fine 10.	
4a Capital gain net income (attach Schedule D) 4a 0	0
b Net gain (loss) (Form 4797, Part II, line 17) (attacn ⊢orm 4/97) 4b 0	0
c Capital loss deduction for trusts	0
5 Income (loss) from a partnership or an S corporation (attach statement) 5 (41,499,714) (41,499,714)	99,714)
6 Rent income (Schedule C)	0
7 Unrelated debt-financed income (Schedule E) . 7 0 0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0
10 Exploited exempt activity income (Schedule I)	0
11 Advertising income (Schedule J) 0 0	0
12 Other income (See instructions, attach schedule)	0
10 101011 0011101110 111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 0111100 011100 011100 011100 011100 011100 011100 011100 0111100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 011100 0	99,714)
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contribute deductions must be directly connected with the unrelated business income.)	Jns,
	811,945
—	674,912
16 Repairs and maintenance	0
17 Bad debts	0
	0
	85,359)
20 Charitable contributions (See instructions for limitation rules) . (O)	0
21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return . 22a 0 22b	0
23 Depletion	0
24 Contributions to deperred compensation plans	0
	006,532
26 Excess exempt expenses (Schedule I)	0
27 Excess readership costs (Schedule J)	0
	810,430
	718,460
<u> </u>	18,174)
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31	40.474)
	18,174) 1 ,990-T (2018

The Trustees of Princeton University 21-0634501

Form 99	0-1/(2018)			_		Page 2
		otal Unrelated Business Taxa					
33 🗡		of unrelated business taxable incor	•	unrelated trade	es or businesses (s		
	ınstruc	tions)		•		3 <mark>3</mark>	72,865
34		its paid for disallowed fringes .				34	
35		tion for net operating loss arisin	g ın tax years begini	ning before J	anuary 1, 2018 (s		
	ınstruc	•				フ35	72,865
36		f unrelated business taxable incom	e before specific dedu	ction Subtract	t line 35 from the su	1 6 1	
		33 and 34				36	0
37		c deduction (Generally \$1,000, but				37	0
38		ited business taxable income. Su he smaller of zero or line 36	ptract line 37 from line	36. If line 37 is	s greater than line 3		
Dowl				<u>·</u>		38	0
Part		ax Computation izations Taxable as Corporations	Multiply line 29 by 211	04 (0.21)	_	39	0
39 40	_	Taxable at Trust Rates. Se	, -		on Income tax (
40		ount on line 38 from Tax rate s				40	
41		tax. See instructions .			,	► 41	
42	-	itive minimum tax (trusts only)		• •		42	
43		Noncompliant Facility Income. S	See instructions	•		43	
44		Add lines 41, 42, and 43 to line 39		s		44	0
		ax and Payments		-	<u> </u>		
45a		tax credit (corporations attach Form	1118, trusts attach Form	1116)	45a		
b	_	credits (see instructions) .			45b		
С	Genera	al business credit Attach Form 380	0 (see instructions) .	•	45c 0		
d	Credit	for prior year minimum tax (attach l	Form 8801 or 8827)		45d		
e	Total o	credits. Add lines 45a through 45d			•	45e	0
46		ct line 45e from line 44				46	0
47		xes Check if from 🔲 Form 4255 🔲 F		Form 8866 🔲 (Other (attach schedule)	47	0
48		ax. Add lines 46 and 47 (see instru				48	0
49		et 965 tax liability paid from Form 9		art II, column		49	
50a	_	nts: A 2017 overpayment credited	to 2018		50a		ļ
ь		stimated tax payments .		•	50b 0		
C		posited with Form 8868	d at agurag (agg instru	·	50c		
d	_	n organizations: Tax paid or withhel o withholding (see instructions)	d at source (see instruc	Ziioris)	50e		
e f		for small employer health insurance	A premiums (attach For	m 8941)	50f		
		credits, adjustments, and payments	•	11 0041) .	-		
_	☐ Forr			0 Total ▶	50g 0		
51		payments. Add lines 50a through 5				51	o
52	•	ted tax penalty (see instructions). C	•	ttached	▶	□ 52	
53		e. If line 51 is less than the total of			ved	▶ 53	0
54		ayment. If line 51 is larger than the				▶ 54	0
55	Enter the	e amount of line 54 you want Credited	to 2019 estimated tax 🕨		0 Refunded	▶ 55	0
Part \	/I S	tatements Regarding Certain	Activities and Othe	<u>r Information</u>	n (see instructions)		
56		time during the 2018 calendar year					
		financial account (bank, securities,					
		N Form 114, Report of Foreign Ban		its. If "Yes," er	nter the name of the	e toreign cour	ntry
		AS, BR, CA, CH, CI, EI, GM, GR, JA					
57	_	the tax year, did the organization receive			o, or transferor to, a	ioreign trust?	
E 0		" see instructions for other forms the			. . ¢	154,4	185
58		he amount of tax-exempt interest repealities of perjury, I declare that I have examine					
Sign		orrect, and complete Declaration of preparer (ot				dge	S discuss this return
Here		Kenneth R Molinar	<i>9</i> 7/8/20	CONTROLLE	R	with the pr	eparer shown below
		ure of officer	Date	Title		(see instruc	ions)?
De: 4		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN
Paid		ERIC M MCNEIL		Ne Neil	07/08/2020	self-employed	P00460263
Prepa		Firm's name PRICEWATERHOU				Firm's EIN ▶	13-4008324
Use (עוחע		SUITE 1800, PHILADELPI	HA, PA 19103			(267) 330-3000
							orm 990-T (2018)

Form 990-T (2018)											age 3
Schedule A—Cost of Goods Sold.	Ente								,		
1 Inventory at beginning of year	1			6	-		end of year	6	ļ -	0	
2 Purchases	2			7		_	ods sold. Subtract				
3 Cost of labor	3	0					ne 5. Enter here and				
4a Additional section 263A costs					ın Part I, lır	ne a	2 .	7		0	
(attach schedule)	4a	0		8	Do the rul	ıles	of section 263A (wi	th res	pect to	Yes	No
 Other costs (attach schedule) 	4b	0					duced or acquired for		e) apply	<u> </u>	
5 Total. Add lines 1 through 4b	5						zation?		<u> </u>		
Schedule C-Rent Income (From I	Real	Property and	Perso	nal	Property I	Le	ased With Real Pro	pert	y)		
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)											
2. Rent red	eived	l or accrued				_					
(a) From personal property (if the percentage of re for personal property is more than 10% but not more than 50%)	nt	(b) From real and percentage of rent for 50% or if the rent in	or persona	al pro	perty exceeds		3(a) Deductions directly in columns 2(a) and				e
(1)											
(2)										•	
(3)											
(4)									_		
Total	0 T	Fotal .				0	(b) Total deductions.				
(c) Total income. Add totals of columns 2(a)	and 2	2(b) Enter					Enter here and on page	1,			
here and on page 1, Part I, line 6, column (A)		<u> </u>				0	Part I, line 6, column (B)	>			0
Schedule E-Unrelated Debt-Final	nced	d Income (see	instructi	ons)						
					ome from or	-	3 Deductions directly co- debt-finan			cable to	5
Description of debt-financed p	roper	ty	allocabl		debt-financed perty	(a	a) Straight line depreciation (attach schedule)		b) Other de (attach sch		s
(1)		_									
(2)											
(3)								<u> </u>			
(4)						<u> </u>		ļ			
acquisition debt on or o allocable to debt-financed debt	f or all -finan	adjusted basis locable to ced property schedule)		4 di	olumn vided lumn 5	7	'. Gross income reportable (column 2 × column 6)		Allocable d imn 6 × tota 3(a) and	l of colu	
(1)					%						
(2)					%	l					
(3)					%						
(4)					%						
							nter here and on page 1, Part I, line 7, column (A)		r here and t I, line 7, c		
Totals					•		0				0
Total dividends-received deductions includ	ed ın	column 8					<u> </u>				0

Sche	dule F-Interest, Ann	uities	, Royalties,					gai	nizations (se	e instru	ctions)	-
	Name of controlled organization		. Employer fication number	3. Ne	t unrela	ited income	Total of specified payments made	d	5. Part of column included in the coorganization's gro	ontrolling	conne	eductions directly ected with income in column 5
(1)	_									_		
(2)												
(3)							-					
(4)									_			
None	kempt Controlled Organiz	zations	3							_		
	7. Taxable Income	_	Net unrelated incoss) (see instruction				10. Part of column included in the coorganization's gro	ontrolling	connec	eductions directly cted with income in column 10		
(1)												
(2)												
(3)								\perp				<u> </u>
(4)		,						\perp				
									Add columns 5 Enter here and o Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)
Totals								▶	_		0	0
<u>Sche</u>	dule G-Investment l	ncom	ne of a Sect	ion (501(c			za				tal dadications
	1. Description of income		2 Amount of	incon	ne	direc	Deductions ctly connected ach schedule)		4. Set-aside: (attach schedu		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								L				
(2)								<u> </u>				
(3)								<u> </u>			_	
(4)						ļ		<u> </u>				
Totals	dule I – Exploited Exe	•	Enter here and Part I, line 9, c	olum	n (A) 0	or Than	Advertising In		ama (aga inat	ruotion	Part I, III	re and on page 1, ne 9, column (B)
Scne	aule I—Exploited Exe	mpt	Activity inco	me				ICC	ome (see inst	ructions	5)	<u> </u>
1 Description of exploited activity		ty	2. Gross unrelated business incor from trade o business	ome connected with		rectly cted with uction of elated	or business (column from 2 minus column 3) is no		5. Gross income rom activity that is not unrelated business income	ctivity that unrelated e. Exp		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u></u>							T				
(2)												-
(3)												-
(4)						-			-			
Totals			Enter here and page 1, Part line 10, col (A	Ι,	page	ere and on 1, Part I,), col (B)	_					Enter here and on page 1, Part II, line 26
	dule J-Advertising I	ncom	e (see instruc		2)		·					
Pari						Consoli	dated Basis					
	1. Name of periodical		2. Gross advertising income		3. 1	Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		dership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) MU	SEUM GALA PROGRAM		4.6	500		··	-			_	2,649	' I
	OTBALL PROGRAM		65,7	-							17,825	<u> </u>
	HOCKEY PROGRAM		9,9	\rightarrow							2,845	·
	E STATEMENT)			\dashv								
	(carry to Part II, line (5))	•	119,0)43		0	119,043		0		45,990	45,990 orm 990-T (2018)

Page 5

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.)

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) PRINCETON ALUMNI WEEKLY	348,445	322,163	26,282	348,445	1,775,181	26,282
(2) YEARBOOK AGENCY	2,736	2,924	(188)			
(3)						_
(4)						
Totals from Part I	119,043	0				45,990
,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		ļ		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	470,224	325,087	 			72,272

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

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) ANDREW GOLDEN	PRESIDENT, PRINCO	21 %	811,945
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	811,945

Form **990-T** (2018)

5

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 07/01 , 2018, and ending 06/30 , 20 19

► 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 the organization

THE TRUSTEES OF PRINCETON UNIVERSITY

Employer identification number 21-0634501

Unrelated business activity code (see instructions) ▶ 541800

Describe the unrelated trade or business ▶ ADVERTISING & RELATED SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0	1			
b Less returns and allowances 0 c Balance ▶	1c	0		
2 Cost of goods sold (Schedule A, line 7)	2	0		
3 Gross profit. Subtract line 2 from line 1c .	3	0		0
4a Capital gain net income (attach Schedule D)	4a	0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		0
c Capital loss deduction for trusts	4c	0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6 Rent income (Schedule C)	6	0	0	0
7 Unrelated debt-financed income (Schedule E)	7	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0	0
Exploited exempt activity income (Schedule I) .	10	0	0	0
1 Advertising income (Schedule J)	11	470,224	325,087	145,137
2 Other income (See instructions, attach schedule)	12	0		0
3 Total. Combine lines 3 through 12	13	470,224	325,087	145,137

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	0
15	Salaries and wages	15	0
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	0
20	Charitable contributions (See instructions for limitation rules)	20	0
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return EC 22a CD 0	22b	0
23	Depletion	23	0
24	Contributions to deferred compensation plans	24	0
25	Employee benefit programs	25	0
26	Excess exempt expenses (Schedule I)	26	0
27	Excess readership costs (Schedule J) Other deductions (attach schedule)	27	72,272
28	Other deductions (attach schedule)	28	0
29	Total deductions. Add lines 14 through 28	29	72,272
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	72,865
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	0
32	Unrelated business taxable income Subtract line 31 from line 30	32	72,865

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

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 Name of the organization

THE TRUSTEES OF PRINCETON UNIVERSITY

Unrelated business activity code (see instructions) ▶

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

▶ 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).

611710

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

Employer identification number

21-0634501

D	Describe the unrelated trade or business ► CONFERENCE & EVENT SERVICES					
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0 c Balance ▶	1c	0			
2	Cost of goods sold (Schedule A, line 7)	2	0	i I		
3	Gross profit Subtract line 2 from line 1c	3	0	1		0
4a	Capital gain net income (attach Schedule D)	4a	0	l		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
С	Capital loss deduction for trusts	4c	0	l		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0			0
6	D = = 4 = = = = = (O = = = 4 = = O)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled	-	-	<u> </u>		<u> </u>
0	organization (Schedule F)	8	0	0		0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	o		0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions, attach schedule)	12	28,763			28,763
13	Total. Combine lines 3 through 12	13	28,763	0		28,763
Part	deductions must be directly connected with the unrelate	ed bus		ns.) (Except fo		
14	Compensation of officers, directors, and trustees (Schedule K)		•	•	14	0
15	Salaries and wages	•	•	٠	15	17,628
16	Repairs and maintenance	• •	16	0		
17	Bad debts				17	0
18	Interest (attach schedule) (see instructions)				18	<u> </u>
19	Taxes and licenses		19 20	0		
20	Charitable contributions (See instructions for limitation rules)			01	20	<u> </u>
21	Depreciation (attach Form 4562)		. 21 22a	0		0
22 23	Less depreciation claimed on Schedule A and elsewhere on re	turn .	448	<u> </u>	23	0
23 24	Depletion	•		•	24	0
24	Contributions to deterred compensation plans .	•			~~	٧,

For Paperwork Reduction Act Notice, see instructions.

Employee benefit programs . . .

Excess exempt expenses (Schedule I) .

Total deductions. Add lines 14 through 28

Unrelated business taxable income. Subtract line 31 from line 30

Excess readership costs (Schedule J)

Other deductions (attach schedule) .

Cat No 71329Y

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

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95.993

(67,230)

(67,230)

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instructions)

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Form 990T Part I, Line 12	Other Income	· · · · · · · · · · · · · · · · · · ·	
·			
	Description		Amount
CONFERENCE & EVENTS			
(1) CONFERENCE AND EVENT SERVICE	S		28,76
		Total for Part I. Line 12	28.76

Form 990T Part II, Line 19

Taxes and Licenses

Description	Amount
PARTNERSHIP INVESTMENTS	
(1) ALABAMA	4,458
(2) CALIFORNIA	-264,402
(3) CONNECTICUT	21,702
(4) DISTRICT OF COLUMBIA	1,309
(5) GEORGIA	29,705
(6) INDIANA	9,416
(7) LOUISIANA	2,644
(8) MAINE	-233,372
(9) MARYLAND	-516,035
(10) MASSACHUSETTS	7,942
(11) MONTANA	459,867
(12) NEW YORK STATE	-118,373
(13) NORTH CAROLINA	-234
(14) OKLAHOMA	9,870
(15) OREGON	3,273
(16) SOUTH CAROLINA	-16,606
(17) UTAH	7,341
(18) VIRGINIA	-901
(19) WEST VIRGINIA	4,925
(20) WISCONSIN	2,112
Total	-585,359

Form 990T Part II, Line 20	Charitable Contributions
----------------------------	--------------------------

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2013	10,863,061				10,863,061	2018
2014	19,278,113				19,278,113	2019
2015	14,193,323				14,193,323	2020
2016	19,860,351				19,860,351	2021
2017	24,719,086		<u> </u>		24,719,086	2022
2018	9,659,668				9,659,668	2023
Totals	98,573,602	0	0	0	98,573,602	

Form 990T Part II, Line 28	Other Deductions		
	Description		Amount
PARTNERSHIP INVESTMENTS	Description		, unount
(1) OUTSIDE SERVICES			264,430
(2) OTHER EXPENSES			546,000
		Total	810,430
CONFERENCE & EVENTS			
(3) BUILDING SERVICES			
(4) SUPPLIES			42,985
(5) OUTSIDE SERVICES			5,682
(6) OTHER			

Total

78,365

Form 990T Part II, Line 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining						
PARTNERSHIP INVEST	PARTNERSHIP INVESTMENTS										
2018	46,218,174			0	46,218,174						
CONFERENCE & EVEN	CONFERENCE & EVENTS										
2018	67,230			0	67,230						

Form 990T Part III, Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018
-----------------------------	----------------------------------------------------------------------------------------

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2008	31,212,288			72,865	31,139,423	
2009	75,334,245		4,168,319		71,165,926	
2010	52,723,596				52,723,596	
2011	69,856,356				69,856,356	
2012	49,518,874				49,518,874	
2013	11,356,892				11,356,892	
2014	34,221,249				34,221,249	
2015	63,802,279				63,802,279	
2016	52,632,138				52,632,1 <u>38</u>	
2017	2,365,977				2,365,977	
Totals	443.023.894	0	4.168.319	72.865	438.782.710	

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

2018

Employer identification number THE TRUSTEES OF PRINCETON UNIVERSITY 21-0634501 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 the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 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 (g) 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, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 447.273 447,273 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 0) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 447,273 Long-Term Capital Gains and Losses (See instructions.) Part II See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (g) Adjustments to gain (e) or loss from Form(s) 8949, Part II, line 2, Subtract column (e) from Proceeds Cost column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) whole dollars column (a) 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, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked Totals for all transactions reported on Form(s) 8949 0 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 13,445,046 0 13,445,046 RECEIVED 685,521 11 11 Enter gain from Form 4797, line 7 or 9 S-OSC 12 Long-term capital gain from installment sales from Form 6252, line 26 or 12 JUN **1 4** 2021 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 OGDEN, UT 14 14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 14,130,567 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 447,273 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 14,130,567 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 14,577,840 18 Note: If losses exceed gains, see Capital losses in the instructions

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

Cat No 11460M

Schedule D (Form 1120) 2018

<u>8949</u>

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

Sequence No 12A

Name(s) shown on return

THE TRUSTEES OF PRINCETON UNIVERSITY

Social security number or taxpayer identification number

21-0634501

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✓ (C) Short-term transactions				sis wasn't report	ted to the II	RS		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c See the ser	f any, to gain or loss amount in column (g), ode in column (f) parate instructions	Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			447,273				447,273	
SHORT-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS							0	
				REC	EIVE			
				JUN JUN	<u>1 4</u> 202	OSC		
				L_OGL	νΕΝ, U	<u></u>		
						•		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C).	al here and incl is checked), lin	lude on your le 2 (if Box B	447,273	0		o	447,273	

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

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side THE TRUSTEES OF PRINCETON UNIVERSITY

Social security number or taxpayer identification number 21-0634501

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☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below If you enter enter See the		f any, to gain or loss amount in column (g), ode in column (f) parate instructions	(h) Gain or (loss). Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS			13,445,046				13,445,046
LONG-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS							_(
						_	
							_
						-	
2 Totals. Add the amounts in columns negative amounts) Enter each total School II D. Jine 8h (f Box D above	al here and inc	lude on your					

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

13,445,046

Form **8949** (2018)

13,445,046

0

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

Department of the Treasury

Internal Revenue Service (99)

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

Attachment Sequence No 22

Name(s) shown on return Identifying number THE TRUSTEES OF PRINCETON UNIVERSITY 21-0634501 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked 0 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 Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with 4 4 100,280 box C checked See instructions for statement to attach 5 Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with n 5 box D checked See instructions . . . 100,280 Add lines 1, 3, 4, and 5 Allowable Credit Part II 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 7 0 applicable line of your return • 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 . Alternative minimum tax: • Individuals Enter the amount from Form 6251, line 11 Corporations Enter -0- . . . 8 0 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 9 0 Add lines 7 and 8 10a 10a Foreign tax credit . 10b **b** Certain allowable credits (see instructions) . 10c 0 c Add lines 10a and 10b RECEIVED Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 0 11 JUN 1 4 2021 12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-OGDEN, Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000. See 13 instructions 13 14 Tentative minimum tax • Individuals. Enter the amount from Form 6251, line 9 . 14 • Corporations Enter -0-• 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 0 Subtract line 15 from line 11 If zero or less, enter -0-16 0 17 Enter the **smaller** of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization

Part	II 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 e	nter -	0- on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked 0		
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked .	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 0		
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	, 0
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37_	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. 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	38	0

For	m Jaul	0 (2018)				rage o
Nar	me(s) s	hown on return		Ident	ifyıng number	
ΤH	1E TR	USTEES OF PRINCETON UNIVERSITY			21-0634501	
P	art II	General Business Credits or Eligible Small Business Credits (se	e inst	ructions)		
		te 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				
_			Bucin	acc Cradit Carn	forwards	
C		_ ·	DuSii	ess Credit Carry	ioiwaius	
D		,,,,				
ı		u are filing more than one Part III with box A or B checked, complete and attach fire	st an a	additional Part III	combining amount	s from
_	all Pa	arts III with box A or B checked Check here if this is the consolidated Part III		T	_	
		(a) Description of credit		(b) If claiming the cred	(c) Lit Enter the appro	printe
		any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	h amount	priate
_		ough entity		entity, enter the El	N	
	1a	Investment (Form 3468, Part II only) (attach Form 3468) .	<u>1a</u>			0
	b	Reserved	1b		,	
	С	Increasing research activities (Form 6765)	1c			0
	d	Low-income housing (Form 8586, Part I only)	1d			0
	e	Disabled access (Form 8826) (see instructions for limitation)	1e		_	0
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			0
	g	Indian employment (Form 8845)	1g			0
	h	Orphan drug (Form 8820)	1h			0
	i	New markets (Form 8874)	1i			0
	i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			0
	k	Employer-provided child care facilities and services (Form 8882) (see				
		instructions for limitation)	1k			0
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			0
	m	Low sulfur diesel fuel production (Form 8896)	1m		· -	0
	n	Distilled spirits (Form 8906)	1n			0
		Nonconventional source fuel (carryforward only)	10			0
	0	Energy efficient home (Form 8908)	1p			0
	p					0
	q	Energy efficient appliance (carryforward only)	1q			0
	r	Alternative motor vehicle (Form 8910)	1r			0
	S	Alternative fuel vehicle refueling property (Form 8911)	1s			0
	t	Enhanced oil recovery credit (Form 8830)	1t		 	0
	u	Mine rescue team training (Form 8923)	1u			
	V	Agricultural chemicals security (carryforward only)	10			0
	W	Employer differential wage payments (Form 8932)	1w			0
	X	Carbon oxide sequestration (Form 8933)	1x			0
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			0
	Z	Qualified plug-in electric vehicle (carryforward only)	1z			0
	aa	Employee retention (Form 5884-A)	1aa			0
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			0
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain				1
		other credits (see instructions)	1zz			0
2	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	1		0
3	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			0
4	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			0
	b	Work opportunity (Form 5884)	4b			0
	С	Biofuel producer (Form 6478)	4c			0
	d	Low-income housing (Form 8586, Part II)	4d			0
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			0
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	_		0
					 	0
	g		4g		 	0
	h	Small employer health insurance premiums (Form 8941)	4h			0
	!	Increasing research activities (Form 6765)	4i			-
	J	Employer credit for paid family and medical leave (Form 8994)	4 <u>j</u>		+	0
	Z	Other	4z			0
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	<u> </u>		0
E	3	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			0

22

Fo	m 380	0 (2018)				Page 3
Na	me(s) s	shown on return		Identif	ying number	-
TH	HE TR	SUSTEES OF PRINCETON UNIVERSITY		L	21-0634501	
	art II		e inst	ructions)		
Co	mple	ete a separate Part III for each box checked below See instructions.				
Α		General Business Credit From a Non-Passive Activity E 🔳 Reserved				
В	\checkmark	General Business Credit From a Passive Activity F 🔳 Reserved				
С		General Business Credit Carryforwards G 🔲 Eligible Small	Busın	ess Credit Carryfo	orwards	
D		General Business Credit Carrybacks H 🔳 Reserved				
ı		ou are filing more than one Part III with box A or B checked, complete and attach firs	st an a	idditional Part III c		
	all P	arts III with box A or B checked. Check here if this is the consolidated Part III				▶ ⊻
		(a) Description of credit		(b) If claiming the credit	(c)	
No	te: O	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	from a pass-through		riate
pa	ss-thr	ough entity		entity, enter the EIN		
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	<u>1a</u>		0	
	b	Reserved	1b	<u> </u>		
	С	Increasing research activities (Form 6765)	1c		21,557	
	d	Low-income housing (Form 8586, Part I only)	1d_		0	
	е	Disabled access (Form 8826) (see instructions for limitation) .	1e		0	
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	_1f		0	
	g	Indian employment (Form 8845)	1g		0	
	h	Orphan drug (Form 8820)	1h	·	0	
	i	New markets (Form 8874)	1i		0	-
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		0	ļ
	k	Employer-provided child care facilities and services (Form 8882) (see				
		instructions for limitation)	1k		0	
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11	_	0	├
	m	Low sulfur diesel fuel production (Form 8896)	1m		0	
	n	Distilled spirits (Form 8906)	1n		0	
	0	Nonconventional source fuel (carryforward only)	10		0	
	р	Energy efficient home (Form 8908)	1p	_	0	
	q	Energy efficient appliance (carryforward only)	1q		0	
	r	Alternative motor vehicle (Form 8910)	1r		0	
	S	Alternative fuel vehicle refueling property (Form 8911)	1s		0	-
	t	Enhanced oil recovery credit (Form 8830)	1t		0	
	u	Mine rescue team training (Form 8923)	1u		0	
	V	Agricultural chemicals security (carryforward only)	1v		<u> </u>	
	W	Employer differential wage payments (Form 8932)	1w		0	
	X	Carbon oxide sequestration (Form 8933)	1x		0	
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y_		0	
	Z	Qualified plug-in electric vehicle (carryforward only)	1z		0	
	aa	Employee retention (Form 5884-A)	1aa		0	<u> </u>
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		0	├─
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain	1zz		0	
	^	other credits (see instructions)	2		21,557	
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3		21,557	├
	3	Investment (Form 3468, Part III) (attach Form 3468)	4a		0	
	4a	Work opportunity (Form 5884)	4b		0	
	b	,, , , , , , , , , , , , , , , , , , , ,	4c		0	
	C C	Biofuel producer (Form 6478)	40 4d		0	
	d	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		0	
	e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	-	0	\vdash
	f ~	Qualified railroad track maintenance (Form 8900)	4g		0	\vdash
	g h	Constitution to the state of the second of t	49 4h		0	
	h i	Increasing research activities (Form 6765)	4i			\vdash
	:	= 1	4j	_		\vdash
	j Z	Other	4z	=		\vdash
	z 5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0	\vdash
	5 6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		21,557	\vdash
,	_	Add mids 2, 0, and 5 and enter here and on the applicable line of Falt II				i

)-b		т	Adda a a contra	rage 0
) shown on return		Iden	tifying number	
	RUSTEES OF PRINCETON UNIVERSITY	- ·		21-0634501	
Part		e inst	ructions)		
_	elete a separate Part III for each box checked below. See instructions				
A \square	General Business Credit From a Non-Passive Activity				
B ∐	General Business Credit From a Passive Activity F Reserved	_			
		Busin	ess Credit Carr	ytorwards	
	General Business Credit Carrybacks H Reserved			_	_
	you are filing more than one Part III with box A or B checked, complete and attach firs	st an a	additional Part III	combining amount	
all	Parts III with box A or B checked Check here if this is the consolidated Part III		1		<u> </u>
	(a) Description of credit		(b) If claiming the cre	dit Enter the appro	porto
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-throu	igh amount	opriate \
	nrough entity	4-	entity, enter the E	IN	$\overline{}$
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
b	Reserved	1b		100.00	<u> </u>
c	Increasing research activities (Form 6765)	1c		100,28	30
d	Low-income housing (Form 8586, Part I only)	1d			
e	Disabled access (Form 8826) (see instructions for limitation)	1e			-
t	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			+-
h	Orphan drug (Form 8820)	1h			+-
!	New markets (Form 8874)	1i		- -	+-
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>			
k	Employer-provided child care facilities and services (Form 8882) (see	۱.,			
	instructions for limitation)	1k			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			+
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			-
р	Energy efficient home (Form 8908)	1p			-
q	Energy efficient appliance (carryforward only)	1q			
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	Employer differential wage payments (Form 8932)	1w			
X	Carbon oxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			+
Z	Qualified plug-in electric vehicle (carryforward only)	1z	<u> </u>		
aa	· · · · · · · · · · · · · · · · · · ·	1aa			-
bb		1bb			
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain	4			-
•	other credits (see instructions)	1zz		100,28	20
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		100,20	-
3	Enter the amount from Form 8844 here and on the applicable line of Part II	40			+
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		_	+-
b	Work opportunity (Form 5884)	4b			+-
C	Biofuel producer (Form 6478)	4c 4d	-	 	+
d	Low-income housing (Form 8586, Part II)				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		<u> </u>	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	<u> </u>		
9	Qualified railroad track maintenance (Form 8900)	4g		<u> </u>	-
h	Small employer health insurance premiums (Form 8941)	4h			
	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			0
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .	6		100,28	SU

Schedule J, Part I	Income From Periodicals	Reported on a	Consolidated Ba	SIS	<u>.</u>	
1 Name of penodical	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)
(4) LACROSSE PROGRAM	11,000				5,570	
(5) BASKETBALL PROGRAM	27,785				17,101	

Return Reference - Identifier	Explanation
PARTNERSHIP AND S CORPORATIONS	
LINE 31 - DEDUCTION FOR NET OPERATING LOSS ARISING IN THE YEARS BEGINNING ON OR AFTER JANUARY 31, 2018	ACTIVITY 1 CONFERENCE & EVENT SERVICES NOL FROM 6/30/19 (\$67,230) ACTIVITY 3 FINANCIAL INVESTMENTS & RELATED ACTIVITIES NOL FROM 6/30/19 (\$46,218,174)
PART III, LINE 35 - NET OPERATING LOSS	THE 2017 NET OPERATING LOSS WAS INCREASED BY \$68,308 DUE TO THE RETROACTIVE REPEAL OF SECTION 512(A)(7)