ڒؙ) /	/							201	^		
	Fc	orm 990-T		empt Organization E (and proxy tax	under	section 603	3(e))		, ,		016	
				ir 2016 or other tax year beginning _					_2017		UIO	
	Depart	ment of the Treasury	4	on about Form 990-T and its in				-		Open to Put	blic inspection for	
-		ment of the Treasury	Do not e	enter SSN numbers on this form as i				zation is a 501(rganizations Only Itification number	
	A L	address change	Check box if Check box if name changed and see instructions ddress changed								ust, see	
•	(4)	xempt under section		7 7 7	y nce (Office				nstructions) 24-077	2407	
	ř	C /S190	or Type	Lewisburg, PA 1783		DITICE			F		siness activity	
	⊢	408(e) 2206 408A 5306	(6)									
		529(a)	(4)							713910	523000	
•		ook value of all assets at	F Group	exemption number (See instruc	tions)	•			•			
		,323,783,501	G Check	k organization type	501(c) corporation	501	(c) trust	401(a)	trust	Other trust	
	H D	escribe the organia	zation's primar	y unrelated business activity								
				nt partnership inco oration a subsidiary in an affili		our or a parent	Leuberdi	any controlle	d group?	▶ 🗀 \	res X No	
				ifying number of the parent co			1-2002101	ary controlle	a group.	' لــا `	es VIVO	
		The books are in care		d J. Surgala	poraci			elephone nu	mber► 5	70-577-	-3811	
	Par			Business Income		(A) Incom		(В) Ехр			C) Net	
'		Gross receipts or						CARRY A ST	ák k	1 3 3 4 7 6		
2018	b	Less returns and allow	rances.	c Balance►	1c			Salara Mila Mala			7 62.53	
	2	Cost of goods sold	d (Schedule A,	line 7)	. 2	· · · · · · · · · · · · · · · · · · ·		Time!		1,000	#1 ## : :	
≥	-	Gross profit Subt			3			Carl Million			<u> </u>	
		Capital gain net in	•	· .	4a			an Moderativa				
		Net gain (loss) (Form 4 Capital loss deduc			4b			And Catal	200 (A) (A) (A)	*	•	
				and S cornorations				COAMACA	arth arthur	.,		
Ũ. Ū.	•	(attach statement))	St 1	5	2,160	,450.			2	<u>,160,450.</u>	
	6	Rent income (Sch		en la cola En	6			<u> </u>		-		
	7							<u> </u>				
SON SERVICE OF THE SE	8 9			on controlled organizations (schedule f)), (9), or (17) organization (Schedule G								
ŒΣ,	10	Exploited exempt			10					1		
	11	Advertising incom	•	· ·	11				•			
	12	Other income (Se	e instructions;	attach schedule)				2 4 3 1 - A 2	olysia ala			
				See Statement 2	12	1,295	,478.			1	,295,478.	
		Total. Combine lir			13	3,455	,928.	<u> </u>	0	. 3	,455,928.	
	Par	t II Deductio	ons Not Take	en Elsewhere (See instri	uction	s for limitation	ons on	deduction	is.) (Exc	ept for		
	14	Compensation of	officers direct	tions must be directly coors, and trustees (Schedule K) —	RECE	IVE	ou busines	14	T		
	15	Salaries and wage		ord, and tradeous (confedence it		HEUL	10	8 IRS-OSC	15	 	670,745.	
	16	Repairs and main			1.		0 201	8 191	16		75,689.	
	17	Bad debts			I:	MAY 1	8 201	。同	17			
	18	Interest (attach so	chedule)		1	<u> </u>		TT	18		···.	
	19	Taxes and license				OGD	EN.	لمسلك	19		74,663.	
	20			structions for limitation rules)			1		20			
	21	Depreciation (atta			oturn	2	2a	86,4	13.	_ h	96 /12	
	22 23	Depletion	i ciaimed on Sc	chedule A and elsewhere on re	eturri		caj		23	-	86,413.	
	24	Contributions to d	deferred compe	ensation plans	•				24	-		
	25	Employee benefit							25		275,307.	
	26	Excess exempt ex		edule I)					26			
	27	Excess readership		•			800	Statemen	+ 3 27	1		
	28	Other deductions	•	•			ಎಆಆ	o ca cemen	t 3 28 29	+	68,433. ,251,250.	
	29 30	Total deductions		through 28. ome before net operating loss :	deducti	on Subtract lin	ne 29 fro	m line 13	30		,251,250. ,204,678.	
	31			mited to the amount on line 30		See	State	ement 4	31		,204,678.	
	32	Unrelated busines	ss taxable inco	me before specific deduction.	Subtra		line 30		32		0.	
	33			1,000, but see line 33 instructi					33			
	34			ubtract line 33 from line 32 If line 33 i	s greater		the smalle		32 34		<u> </u>	
	RAA	∖ ⊦or Paperwork R	eauction Act N	Notice, see instructions.		ILLA	UZUOL U9/	19/10		rorr	11 330-1 (2010)	



Form 990	T (2016) Bucknell University	24	-0772407	Page 2
Part III	Tax Computation			
	anizations Taxable as Corporations. See instructions for tax computation			
	trolled group members (sections 1561 and 1563) check here 🕨 🗌 See instruc		`	
	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	s (ın that order)	*	
(1)			₹	
	er organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	1 × × ×	
	Additional 3% tax (not more than \$100,000)	\$	31, ,	
	me tax on the amount on line 34	>	35 c	0.
	sts Taxable at Trust Rates. See instructions for tax computation. Income tax or	n the amount		
	ine 34 from Tax rate schedule or Schedule D (Form 1041)		36	
	xy tax. See instructions	•	37	<u> </u>
	rnative minimum tax		38	
	on Non-Compliant Facility Income. See Instructions		39	
40 Tota	al. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part IV	Tax and Payments			
41 a Fore	eign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41 a	- u.	
b Oth	er credits (see instructions)	41 b	4 '	
c Gen	eral business credit Attach Form 3800 (see instructions)	41 c		
d Cred	dit for prior year minimum tax (attach Form 8801 or 8827)	41 d		
	al credits. Add lines 41a through 41d		41 e	0.
	tract line 41e from line 40		42	0.
43 Oth	er taxes. Check if from. 🗌 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8	866		
	Other (attach schedule)		43	
44 Tota	al tax. Add lines 42 and 43		44	0.
45 a Pay	ments A 2015 overpayment credited to 2016	45 a	2 1 £ #	
b 201	6 estimated tax payments	45 b		
с Тах	deposited with Form 8868	45 c	11365	
d Fore	eign organizations. Tax paid or withheld at source (see instructions)	45 d	·r**	
e Bac	kup withholding (see instructions)	45 e		
f Cre	dit for small employer health insurance premiums (Attach Form 8941)	45 f		
g Oth	er credits and payments Form 2439			
П	Form 4136 ☐ Other Total ► 4	45 g	2.5	
46 Tota	al payments. Add lines 45a through 45g		46	0.
	mated tax penalty (see instructions) Check if Form 2220 is attached	▶□	47	
	due. If line 46 is less than the total of lines 44 and 47, enter amount owed	→	48	
	rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount or	vernaid ►	49	
	er the amount of line 49 you want. Credited to 2017 estimated tax	Refunded >	50	
			50	
Part V	Statements Regarding Certain Activities and Other Informati			
	ny time during the 2016 calendar year, did the organization have an interest in or a s	-		Yes No
	ncial account (bank, securities, or other) in a foreign country? If YES, the organization	=		1
-	ort of Foreign Bank and Financial Accounts. If YES, enter the name of the fore	-	-	. X
52 Dur	ing the tax year, did the organization receive a distribution from, or was it the $\mathfrak q$	grantor of, or transferor to,	a foreign trust?	X
If Y	ES, see instructions for other forms the organization may have to file			455 Test 1
53 Ente	er the amount of tax-exempt interest received or accrued during the tax year	\$ 0.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul belief, it is true_correct_and complete. Declaration of preparer (other than taxpayer) is based on all in	es and statements, and to the best of	of my knowledge and	
Sign		The second which preparer has any	May the IRS discuss t	his return with
Here	Signature of efficer Date VP	-Finance & Admin	May the IRS discuss the preparer shown but instructions)?	elow (see
	Olymbia of Pillott		Y	′es ∐No∣
Deid	Print/Type preparer's name Preparer's signature Date	Check II if	PTIN	
Paid Pre-	Self-Prepared	self employed		
parer	Firm's name	Firm's EIN		
Use	Firm's address	7 7777 2417		
Only	I IIII 3 duuless	Phono no		
		Phone no		00 T (0010)
BAA	TEEA0202L 09/19/16		Form 9	90-T (2016)

Form 990-T (2016) Bucknell	Universi	ty				24	1-077	2407	Page	: 3
Schedule A - Cost of Good	ds Sold. Ente	r method of inve	entory valuation	•						_
1 Inventory at beginning of year		1			ry at e	end of year	6			_
2 Purchases.		2 7 Co			of goods sold. Subtract					_
3 Cost of labor 3				lıne 6 fı	rom lıı	ne 5. Enter here				
4 a Additional section 263A costs (attacl	h schedule)			and in Part I, line 2			7		Tv. T.	
	ı	4 a		.					Yes No	<u> </u>
b Other costs (attach sch)		4 b	8 Do the rules of section 2 property produced or ac							
5 Total. Add lines 1 through 4	b	5		to the organization?			or resum	c) upply	x	
Schedule C - Rent Income	(From Real	Property and	d Personal Pro	perty	Leas	ed With Real F	roper	ty) (see ır	nstructions	 ;)
1 Description of property				<u> </u>						_
(1)	·									_
(2)										_
(3)										_
(4)						*				_
	2 Rent receive	d or accrued							_	_
(if the percentage of rent for personal property is more than 10% but not property ex			eal and personal pentage of rent for ceeds 50% or if the longer	the income i	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)			prome or mison							_
(2)				·						_
(3)										_
(4)										_
Total		Total	······································		•	 				_
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		2(b). Enter		(b) Total deductions. here and on page 1, Pa 1, line 6, column (B)	e 1. Part					
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)			<u> </u>				
1 Description of debt	-financed prope	ertv				3 Deductions directly connected with or allocable debt-financed property				0
r bescription of dept-infanced property			financed property			(a) Straight line (b) Othe depreciation (attach sch) (attach) Other de (attach sc	eductions hedule)	
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	6 Column 4 divided by column 5			7 Gross income ortable (column 2 x column 6)	: ((column 6 x	leductions total of and 3(b))	
(1)				0/0						_
(2)				%						
(3)				ર્જ						

Totals Total dividends-received deductions included in column 8 BAA

(4)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2016)

Schedule F - Interest, A	Annuitie	es, Royaltie	es, a	nd Re	nts Fro	m (Controlled (Orgai	nizations	(see ins	structions	s)
	T				trolled Or							
organization identi		identification		3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column that is included in the controlling organization's gross income		ın c	eductions directly connected with come in column 5
(1)												
(2)	<u> </u>											
(3)	<u> </u>											.
(4)	<u> </u>					. J						
Nonexempt Controlled Organia						,						
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified its made	d	10 Part of column included in the corganization's gro		controlling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)	<u> </u>		Ш_									
(4)	<u> </u>		Ш			_				`_		
T							Add columns here and on p 8, co		, Part I, line		and on	s 6 and 11 Enter page 1, Part I, line olumn (B)
Totals			-4!	- E01/	-1/71 /0	<u>, l</u>	(17) O		l-4 (
Schedule G — Investme 1 Description of income		2 Amount			3 dire	Dec	luctions connected		4 Set-aside ttach sched	5	5 Tota set-a	al deductions and asides (column 3
					(atta	acn s	schedule)				p p	lus column 4)
(1) (2) (3) (4)											ļ	
(3)								 				
(4)												
		Enter here an	d on p	page 1,		120			100		Enter h	ere and on page 1
Totals	>	Part I, line 9,									ĺ	line 9, column (B)
Schedule I — Exploited	Exemp	t Activity In	con	ie, Oth	ner Tha	n A	dvertising	ncor	110 (see ins	truction	s)	
1 Description of exploited	acti v it y	2 Gross unrelate business income fro trade or business	d s om	conne prod of u	ses directly ected with duction nrelated iss income	fror or t 2 m	et income (loss) n unrelated trade pusiness (column inus column 3). a gain, compute imns 5 through 7.	activ	s income from ity that is not ated business income	attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)
(1)		 				-						
(2)						T						
(3)												-
(4)												
Totals		Enter here on page Part I, line column (1, 10.	on p Part I	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	na Inco	me (See inst	ructio	ins)			A PARTY OF THE LOT AND A PARTY.	ent di un de	are sala alasi amin s		-	-
Part I Income From Pe					nsolida	ted	Rasis					
Tarti meome riomi	CITOGICE	2 Gross	_		Direct			5.0	irculation	6 Rea	dership	7 Excess readership
1 Name of periodica	al	advertisir income		adve	ertising osts	0	dvertising gain or iss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		ncome		osts	costs (col 6 minus col. 5, but not more than col 4)
(1)		 				1		<u> </u>				The state of the
(2)		 					1000000	<u> </u>				
(3)		 										
(4)		 				1.00	RECEIPT TO LESS.				·	
Totals (carry to Part II, line (5)) <u> </u>	-										
DAA					T 40004 I	00/10						Form 900 T (2016)

Part II	Income From Periodicals Repo	rted on a Separate	Basis	(For each periodical	listed in Part II, fi	Il 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 (col 6 minus col 5, but not more than col 4)
(1)				-		
(2)						
(3)				· -		
(4)						
Totals from Part I ►			ALCO HAS			
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27

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
		8	
		ક	
		ક	
		8	
Total. Enter here and on page 1, Part II, line 14		•	

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Form **990-T** (2016)

2016	Fed	eral Stateme	ents		Page 1			
Client BUCKNELL	R	Bucknell University						
5/02/18		ucknen omversi	у		24-0772407 09 24AM			
Statement 1 Form 990-T, Part I, Lind Income (Loss) from Pa	e 5 rtnerships and S Corp	orations						
	Name		Gross Income	_Deductions	Income (Loss)			
Ordinary income(lo	ss) from partnrsh	os \$	2,160,450.		. \$ 2,160,450.			
Statement 2 Form 990-T, Part I, Lind Other Income	e 12							
Management Service Program Service Re Sponsorship/Advert	venue			Total	\$ 23,929. 1,150,195. 121,354. \$ 1,295,478.			
Statement 3 Form 990-T, Part II, Lin Other Deductions Administrative ove Contracted & profe Golf course expens Other expenses Postage & shipping Printing & publica Supplies Travel Utilities & fuel	erhead essional services es limited to reve	enue		ͳotal	\$ 62,628. 23,664. -384,839. 36,419. 3,248. 3,453. 127,751. 147,716. 48,393. \$ 68,433.			
Statement 4 Form 990-T, Part II, Lin Net Operating Loss De		. Р	Loss reviousl y		Loss			
Ending	Loss		<u>Used</u>		<u>Vailable</u>			
6/30/04 6/30/05 6/30/06 6/30/07 6/30/08 6/30/09 6/30/10 6/30/11 6/30/14 6/30/15 6/30/16 Net Operating Loss Taxable Income	25 26 32 1,39 1,30 1,69 1,87 90 2,15	33,207. \$ 11,223. 50,900. 23,064. 17,617. 15,164. 19,636. 12,081. 14,152. 19,394. 15,546.	25,	867. \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	197,340. 251,223. 260,900. 323,064. 1,397,617. 1,305,164. 1,699,636. 1,872,081. 904,152. 2,159,394. 325,546. \$ 10,696,117. \$ 2,204,678.			

2016	Federal S	tatements	Page 2		
Client BUCKNELL	Bucknell	University	24-0772407		
5/02/18 Statement 4 (continued) Form 990-T, Part II, Line 3 Net Operating Loss Deduction	1 ction	Loss	09 24AM		
Loss Year Ending	Original Loss	Previously Used	Loss Available		
Net Operating Loss D	eduction (Limited to T	axable Income)	<u>\$ 2,204,678.</u>		