I. Class Dues and Dues Arrears

A. Total number on Active Mail Roll (as of July 1, 2017)
B. Number of dues payers for year (paid through June 30, 2018)
C. Percentage of dues payers for year (Item A into Item B)
D. Dues rate
E. Dates of dues notice mailings issued for the year

F. Dues rate for your next fiscal year

G. Arrears billing: ( ) Yearly ( ) Every ___ year(s)
( ) Occasionally or ( ) Never

II. Cash Receipts

A. Membership dues
B. Mini reunion fees (*see instructions/excludes Major Reunions)
C. Gifts & contributions:
   - Cash
   - Non-cash (attach a statement with the following information provided for each gift: describe property, provide date received & value)
D. Interest (see instructions)
E. Dividends (see instructions)
F. Gain (Loss) from sale of securities (see instructions, attach a statement with required information)
G. Other cash receipts (e.g. class functions, miscellaneous)
   (Describe type and amount of each)
1) $  
2) $  
3) $  
   Total other cash receipts: $-

H. Payments from Princeton University
   $-
   Total Payments from Princeton University:
   $-
   Total Cash Receipts $-

III. Cash Disbursements

A. Office expenses (supplies, telephone, postage, mailings, bank fees)
B. Information technology (e.g. hardware, software, support services such as website design, virus protection)
C. PAW subscriptions
D. Travel
E. Alumni council dues
F. Mini reunions (*see instructions/excludes Major Reunions)
G. Transfers to Princeton (contributions, e.g. payments for annually-funded scholarships)
   Please describe purpose of transfer
H. Insurance
I. Other cash disbursements (e.g. class functions, miscellaneous)
   (Describe type and amount of each)
1) $  
2) $  
3) $  
4) $  
5) $  
   Total other cash disbursements: $-

J. Payments to Princeton University
   $-
   Total Payments to Princeton University:
   $-
   Total Cash Disbursements $-

Excess (Deficit) for the year [Total Cash Receipts less Total Cash Disbursements]:
Line (1) minus Line (2) $-

Page 1 of 8
### IV. Assets - Beginning of Current Fiscal Year (7/1/17)

*Exclude* major reunion funds, class memorial insurance funds, scholarship and other funds already given to the University. *Include* all other funds including those held by the University. *These numbers must equal the prior year's ending assets.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Account Type</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Please indicate:  
(Name of bank or investment fund) | Please indicate:  
(No interest, interest bearing or dividend producing) | Please indicate:  
(e.g., special funds, undesignated) | $ |
<table>
<thead>
<tr>
<th>Name</th>
<th>Account Type</th>
<th>Purpose</th>
<th>Amount</th>
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Total $ (4)

### V. Assets - End of Current Fiscal Year (6/30/18)

*Exclude* major reunion funds, class memorial insurance funds, scholarship and other funds already given to the University. *Include* all other funds including those held by the University.

<table>
<thead>
<tr>
<th>Name</th>
<th>Account Type</th>
<th>Purpose</th>
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</thead>
</table>
| Please indicate:  
(Name of bank or investment fund) | Please indicate:  
(No interest, interest bearing or dividend producing) | Please indicate:  
(e.g., special funds, undesignated) | $ |
<table>
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<tr>
<th>Name</th>
<th>Account Type</th>
<th>Purpose</th>
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Total $ (5)

**TOTAL** Line (3) plus Line (4) $ (6)

**NOTE:** Lines (5) and (6) MUST EQUAL each other.
VI. Are there any accounts receivable (amounts due from others) or accounts payable (amounts due to others) as of June 30, 2018? (Please estimate where exact amounts are not known and indicate the type of revenue/expense.)

<table>
<thead>
<tr>
<th>Receivable:</th>
<th>Amount</th>
<th>Description</th>
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<th>Payable:</th>
<th>Amount</th>
<th>Description</th>
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</table>
If you are uncertain about the answers to the following questions, please check with the other officers of your organization as necessary to help answer the questions.

**Question 1.** Reference: Form 990 Part VI, Line 2.

To the best of your knowledge, are any of the organization's officers or trustees related to each other, or to a third party who was paid by the organization during the 2018 fiscal year?

*Note: For purposes of this question and Question 3 below, "related" means a family or business relationship.*

"family relationships" include any of the following:
- spouses (including same-sex marriage if lawfully married under state law), parents and grandparents, children, grandchildren, great-grandchildren, siblings, and the spouses of your children, grandchildren, great-grandchildren, and siblings

"business relationships" include any of the following:
1) One individual is employed by the other or by an organization in which the other is a trustee, director, officer, key employee or greater-than-35% owner, or
2) Two or more individuals are each a trustee, director, officer or greater-than-10% owner of the same business, or
3) Two or more individuals engaged in non-routine business dealings (not using customary terms or outside of either participant's normal business practice) exceeding $10,000 in value during the year.

*Note: Please exclude privileged business relationships (attorney/client, physician/patient or religious) from disclosure.*

Yes  ________  No  ________

If the answer is "Yes" to Question 1, please attach a statement that identifies the individual(s) or business(es), and indicate whether it is a family or business relationship.

**Question 2.** Reference: Form 990 Part VII, Line 1a.

Did any of the organization's officers or trustees receive compensation or benefits (taxable or non-taxable) from Princeton University during the 2018 fiscal year?

Yes  ________  No  ________

If the answer is "Yes" to Question 2, please attach a statement that identifies the individual(s).
Question 3. Reference: Form 990 Schedule L, Part II, III & IV.

To the best of your knowledge, did the organization either directly or indirectly engage in any of the following acts with any of its current or former trustees, officers, or related parties:

A. Sale, exchange or leasing of property?
B. Lending of money or other extension of credit?
C. Payment of compensation (or payment or reimbursement of expenses if more than $10,000?)
D. Transfer of any part of its income or assets?
E. First class, charter or travel for companions?
F. Tax indemnification and gross-up payments?
G. Discretionary spending account?
H. Housing allowance or residence for personal use?
I. Payments for business use of personal residence?
J. Health or social club dues?
K. Personal services (e.g. maid, chauffer, chef?)
L. Furnishing of goods, services, or facilities?

Yes ________ No ________

If the answer is "Yes" to Question 3, please attach a statement explaining the transactions. The statement should include whether the organization followed a written policy and required substantiation of the accounts prior to payment.


Has the organization engaged in any activities not included in the governing documents of the organization? (Anything unusual?)

Yes ________ No ________

If the answer is "Yes" to Question 4, please attach a statement explaining the transactions.
**Question 5.** Reference: Form 990, Part VII, Section B.

Did the organization have any vendors or persons (independent contractors) that were paid more than $100,000 for services during the current fiscal year, including the University?

Yes _________  No _________

If the answer is "Yes" to Question 5, please attach a statement identifying the name, address, type of service received, and the amount paid.

**Question 6.** Reference: Form 990, Part IV, Question 3.

During the year, did the organization attempt to influence national, state or local legislation or elections including any attempt to influence public opinion on a legislative matter or referendum?

Yes _________  No _________

If the answer is "Yes" to Question 6, please provide the following details:

A. Describe the activities conducted:
B. Expenditures related to a political campaign (candidates election):
C. Volunteer hours related to a political campaign (candidates election):
D. Expenditures to influence public opinion (grass roots lobbying):
E. Expenditures to influence legislators (direct lobbying):
F. Other exempt purpose expenditures:

**Question 7.** Reference: Form 990, Part IV, Question 2.

Did the organization receive any contribution of $5,000 or more during the year?

Yes _________  No _________

If the answer is "Yes" to Question 7, please attach a statement identifying the name and address of the contributor, the total amount received, and the date of the contribution.
Question 8. Reference: Form 990, Part IV, Question 18.

Did the organization sponsor an event that had as its intended purpose both an educational program and a fundraising solicitation?

Yes  __________  No  __________

If the answer is "Yes" to Question 8, please estimate the costs directly attributable to the program portion $  __________  and the fundraising portion  $  __________.

If the organization reported a total of more than $15,000 of fundraising event gross income and contributions, please provide the following detail for each event for which revenue exceeded $5,000:

A. Gross receipts:
B. Charitable contribution received:
C. Cash prizes awarded:
D. Non-cash prizes awarded:
E. Rent/facility cost:
F. Food and beverages:
G. Entertainment:
H. Other direct expenses:

Under penalty of perjury, I hereby state that the foregoing information is correct and complete to the best of my knowledge and belief, and that The Trustees of Princeton University is authorized to include the information in the group return.

Class year:  ___________________________ Date:  ___________________________

Treasurer's name:  ___________________________ Signature:  ___________________________
(Please print or type)

Please send the completed financial report to:

Daniel Sherman
Office of Finance & Treasury, Tax Department
Princeton University
701 Carnegie Center, Suite 445
Princeton, NJ 08540
dsherman@princeton.edu
Class Event Report

Please complete a class event report of each event that your class held in the past year. Note that this report may be completed online at http://cs.createsurvey.com/publish/survey?a=mv7HeQ. You may also visit the Volunteer Resources page of the Alumni Association website (alumni.princeton.edu) for more information.

Class: ______________________

Organizer's name: ______________________________________

Organizer's email: ______________________________________

Organizer's leadership role: ______________________________________

Event Title: _____________________________________________________________

Event Type (please check all that apply):

☐ Breakfast
☐ Lunch
☐ Reception/Cocktail Party
☐ Dinner
☐ Mini-reunion of 1-4 days in length
☐ Mini-reunion/trip of more than 4 days in length
☐ Academic Program
☐ Arts/Cultural Event
☐ Community Service Project
☐ Satellite/Off-year Reunion Event
☐ Speaker Event
☐ Sporting Event/Tailgate
☐ Other (please specify): ______________________________________

Event Date(s): ______________________________________

Event Location: ___________________________________________________

Did you host this event jointly with another class or organization?

☐ Yes
☐ No

If yes, who was your co-sponsor? ______________________________________

Number of classmates in attendance: ______________________

Number of guests in attendance: ______________________

Number of children in attendance: ______________________