	' .		3330580	2720 1
990-T	EXTENDED TO BE Exempt Organization But (and proxy tax und For calendar year 2018 or other tax year beginning JUL 1	siness Income T der section 6033(e))		OMB No 1545-0687
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for i ► Do not enter SSN numbers on this form as it ma			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name	changed and see instructions.)	D Emp (Em	ployer identification number ployees' trust, see ructions)
B Exempt under section	Print TABOR ACADEMY			04-2103632
X 501(a)()) 408(e) 220(e)	Number, street, and room or suite no If a P.O bo	ox, see instructions		elated business activity code instructions)
408A530(a 529(a)	City or town, state or province, country, and ZIP (MARION, MA 02738	or foreign postal code	523	3000
C Book value of all assets at end of year 116,068,	F Group exemption number (See instructions.) 3 5 6 • G Check organization type ▶ X 501(c) con	rporation 501(c) trust	401(a) trust	Other trust
1	e organization's unrelated trades or businesses.		the only (or first) unrelated	
trade or business here	► SEE STATEMENT 1	If only one,	complete Parts I-V. If mor	e than one,
describe the first in the	blank space at the end of the previous sentence, complete P	Parts I and II, complete a Schedule	e M for each additional trac	le or
business, then complet		nat aubaidings controlled aroun?		'es X No
• • •	s the corporation a subsidiary in an affiliated group or a pare and identifying number of the parent corporation	ent-subsidiary controlled group?		es <u>ra</u> No
	STEPHEN P. SANFORD	Teleph	one number > 508-	-291-8370
Part / Unrelate	ed Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sa				
b Less returns and all		10		
2 Cost of goods sold (2		
3 Gross profit. Subtract	1	3 349		348
4a Capital gain net inco		4a 348.		340
	m 4797, Part II, line 17) (attach Form 4797)	4b		/
c Capital loss deduction		4c	amum 2	F 075
	a partnership or an S corporation (attach statement)	5 -5,875.	STMT 2	-5,875
6 Rent income (Sched	lule C)	6		<u> </u>
7 Unrelated debt-finan	nced income (Schedule E)	7		<u> </u>
	oyalties, and rents from a controlled organization (Schedule F)			
	of a section 501(c)(7), (9), or (17) organization (Schedule G			
	tivity income (Schedule I)	10		
11 Advertising income	(Schedule J)	11		1 200
12 Other income (See ii	nstructions, attach schedule) STATEMENT 3	12 298.		298
13 Total Combine line	s 3 through 12	13 -5,229.		-5,229
Part If Deduction	ons Not Taken Elsewhere (See instructions)	or limitations on deductions)	s income)	
		771		
14 Compensation of o	fficers, directors, and trustees (Schedule K)	9 0 2000	14	
15 Salaries and wages	<u>a</u> 30L	2 2 2020	16	
16 Repairs and mainte	/	<u> \tilde{u} </u>	17	
17 Bad debts	OG!	DEN, UT	18	-
<u>≥</u>			19	
Taxes and licenses Charitable contribu	tions (See instructions for limitation rules) STATEME	ENT 6 SEE STAT		0
	,	21		
	claimed on Schedule A and elsewhere on return	22a		
	Mainted of Schedule A and eisewhere on return	[224]	23	
23 Depletion	eferred compensation plans		24	
			25	
25 Employee benefit p			26	
26 Excess exempt exp 27 Excess readership			87	
,		SEE STAT	EMENT 5 28	3,850
28 Other deductions (a		/ DES DIAL	29	3,850
	Add lines 14 through 28 taxable income before net operating loss deduction. Subtra	et line 20 from line 12	30	-9,079
			30	1,019
	perating loss arising in tax years beginning on or after Jatu.	ary 1,420 to (See instructions)	1 32	-9,079
	taxable income. Subtract line 31 from line 30		- 1 32	Form 990-T (2018
823701 01-09-19 LHA	For Paperwork Reduction Act Notice, see instructions.	61		rum 330-1 (2018
19360714 75544	9 TAA093 2018.06000		<i>'</i> - '	TAA093/1

Form 990-	TABOR ACADEMY		04-21	03632	Page 2
Part J	Total Unrelated Business Taxable Income				
33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	e instructions)		33	-9,079.
34	Amounts paid for disallowed fringes	<u></u>		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions) ST	rmir 7	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum of			
	lines 33 and 34			§6	-9,079.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		8	37	$\frac{-9,079.}{1,000.}$
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	0.1		
_	enter the smaller of zero or line 36		11	38	-9,079.
Part I					
39/	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)		>	40	
41	Proxy tax See instructions		>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part)	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		_	
C	General business credit. Attach Form 3800	45c		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_}	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 L Other	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		」	
b	2018 estimated tax payments	50b		」	
	Tax deposited with Form 8868	50c		」	
	Foreign organizations, Tax paid or withheld at source (see instructions)	50d		」	
	Backup withholding (see instructions)	50e		」	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		」	
g	Other credits, adjustments, and payments. Form 2439	1 1			
	Form 4136 Other Total ▶	50g		」	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		>	53	
54 55	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1 -		54	
Part \	Enter the amount of line 54 you want: Credited to 2019 estimated tax **T Statements Regarding Certain Activities and Other Informati		funded >	55	
56/	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•		TVee I Ne
307	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			
	here	: ioreign country			x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	raneferor to a fo	raign truct?		$\frac{1}{X}$
٠.	If "Yes," see instructions for other forms the organization may have to file.	ansieror to, a to	reign trust		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of my kno	owledge and belief, it	is true,
Sign	correct, and complete Decahation of prefarer (other than taxpayer) is based on all information of which prepa	irer has any knowle	dge		
Here	7-15-2020 CFO			May the IRS discuss t he preparer shown be	
	Signature of officer Date CFO				Yes No
	Print/Type preparer's name Preparer's signature Da	ite	Check	if PTIN	
Paid			self- employed	ı	
Prepa	rer LAURA J. KENNEY LAURA J. KENNEY 07	7/14/20	. ,	P0020	2198
Use	nly Firm's name ► BLUM, SHAPIRO & COMPANY, P.C.		Fırm's EIN ▶		
350 (ONE INTERNATIONAL PLACE 16TH F	7L			
	Firm's address ► BOSTON, MA 02110		Phone no.	<u> 517-717-</u>	0831
823711 01	09-19			Form	990-T (2018)

Form 990-T (2018) TABOR ACADEMY

Schedule A - Cost of Good	s Sold. Enter n	nethod of inver	tory valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory at end	of year			6_		
2 Purchases	2		7 Cost of goods sold Subtract line 6			ne 6			
3 Cost of labor	3		from line 5. Ente	er here a	ind in P	Part I,			
4a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to					<u> </u>	
(attach schedule)	4a							Ye	es No
b Other costs (attach schedule)	46		property produc	ced or ac	quired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization		_				
Schedule C - Rent Income (see instructions)	(From Real F	Property and	d Personal Prop	erty L	ease.	ed With Real Pro	per 	ty). 	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent received					3(a)Deductions directl	v canne	acted with the incor	me in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for p	nd personal property (if the tersonal property exceeds 5 It is based on profit or incon	0% orıf	je	columns 2(a) a	ind 2(b)	(attach schedule)	
(1)									
(2)									
(3)		-							
(4)									
Total		Total , -			0.	/b) T-A-) d- d			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6 column (B)			0.
Schedule E - Unrelated Del	bt-Financed	ncome (see	instructions)						
,			2. Gross income fro	m		Deductions directly conto debt-finant			
1. Description of debt-fir	nanced property		or allocable to debt financed property	- ⊢	(a)	Straight line depreciation		(b) Other deduc	
	,		manood property			(attach schedule)		(attach schedu	неу
(4)	<u></u>		-				+		
(1)							+		
(3)							+-		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	djusted basis icable to ed property chedule)	6 Column 4 divided by column 5	,		7. Gross income reportable (column 2 x column 6)		8 Allocable ded (column 6 x total of 3(a) and 3(b	f columns
(1)				%					
(2)				%			\perp		
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		Enter here and on p Part I, line 7 colur	
Totals						0			0.
Total dividends-received deductions in	icluded in column 8	l				_	•		0.
								Form 990	-T (2018)

Sch	edule F - Interest,	Annuities	, Royal	ties, a					zatio	ns (see in	structio	ons)	_
	Name of controlled organiza	stion	2 . Emp	lover		Controlled O		al of specified	5 Par	t of column 4	that is	6. Deductions directly	_
			identific numb	ation	(loss) (see	instructions)		ments made	includ	led in the constation's gross	trolling	connected with income in column 5	
					 				<u> </u>				_
(1)					 								_
(2) (3)				 .	+					•			_
(4)					1			·					_
_	exempt Controlled Organ	ızatıons			1							<u> </u>	_
	7. Taxable Income	8 Net unr	elated income instructions		9. Total	of specified payi made	nents	10. Part of column the controll gross		nızatıon's		Deductions directly connected the income in column 10	d
(1)					-								_
(2)	· _				†					-			_
(3)		<u> </u>			1								_
(4)					<u> </u>		1	****					-
					•			Add colum Enter here and		e 1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)	
Total	S								,	0.		0	
	edule G - Investme	ent Incom	e of a S	Section	1 501(c)(7), (9), or	(17) Or	ganization	1		<u> </u>		÷
		ructions)				. ,, (5), 5.	(, 0.	944					
	1 Desc	cription of incom	e			2 Amount of	income	3 Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)													_
(2)													
(3)													
(4)													
						Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	1,
Total	s				•		0.					0	
Sch	redule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•				
				3	penses	4 Net incom	e (loss)					7 -	_
	1. Description of exploited activity	2 Gro unrelated be income f trade or bu	usiness from	directly of with pri	penses connected oduction related is income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1											_
(2)													
(3)					-								
(4)								*******					
Totals		Enter here a page 1, P line 10, co	Part I, of (A)	page 1	re and on I, Part I, , col (B)							Enter here and on page 1 Part II, line 26	
	nedule J - Advertisi	na Incom	0 . e (see in	struction	0.	l						0	÷
Pai						solidated	Rasis						_
							Dusis						
	1 Name of periodical		2 Gross dvertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, comput	5. Circulat e income	ion	6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)													
(2)						_							
(3)				\perp		_						1 .	
(4)						<u> </u>	<u> </u>						
Total	s (carry to Part II, line (5))	•	0		0							0	
												Form 990-T (2018	R١

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	▶	0.	0.	<u> </u>		*	0.
		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)	▶	0.	0.				0.

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)

FORM 990-T DESCR	RIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
INVESTMENTS IN LIMI TO FORM 990-T, PAGE			
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION		NET INCOM OR (LOSS	
INCOME (LOSS) FROM P BUSINESS INCOME (LOS	PARTNERSHIP INVESTMENTS - ORDINARY SS)	-5,8	75.
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	-5,8	75.
FORM 990-T	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
NET SECTION 965 INCL	LUSION	2	98.
TOTAL TO FORM 990-T,	, PAGE 1, LINE 12	2	98.
FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF	PROPERTY METHOD USED TO DETERMINE FMV	AMOUNT	
PARK STREET CAPITAL RESOURCE FUND V LP	NATURAL N/A		1.
TOTAL TO FORM 990-T,	, PAGE 1, LINE 20		1.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		3,850.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	3,850.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	6
QUALIFIED CONT	RIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF P FOR TAX YEAR	2014 2015 2016		
TOTAL CARRYOVE	TR YEAR 10% CONTRIBUTIONS	1 1	
	TIONS AVAILABLE LIMITATION AS ADJUSTED	2 0	
EXCESS 10% CON EXCESS 100% CO TOTAL EXCESS C	NTRIBUTIONS	2 0 2	
ALLOWABLE CONT	RIBUTIONS DEDUCTION		0
TOTAL CONTRIBU	TION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	4,591.	0.	4,591.	4,591.
06/30/15 06/30/16	16,690. 16,722.	0.	16,690. 16,722.	16,690. 16,722.
06/30/18	21,027.	0.	21,027.	21,027.
NOL CARRYO	VER AVAILABLE THIS	YEAR	59,030.	59,030.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

TABOR	ACADEMY
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04-2103632

Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai	n .9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	ı)	combine the result with column (g)
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 with Box A checked					
2 Totals for all transactions reported on		· · .	1		
Form(s) 8949 with Box B checked			İ		
3 Totals for all transactions reported on		·			
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252 line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	•	•		5	
6 Unused capital loss carryover (attach comput	· ·			6	(
7 Net short-term capital gain or (loss). Combin	•	ı h		7	/
Part II Long-Term Capital Ga	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts	·	•	1 ,,		,,,
to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on]		
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	348.
12 Long-term capital gain from installment sales	•	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		ļ	13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin		n h		15	348.
Part III Summary of Parts I an					_
16 Enter excess of net short-term capital gain (li	, , , , ,	•	_	16	242
17 Net capital gain. Enter excess of net long-term	. • • •	•	7)	17	348.
18 Add lines 16 and 17. Enter here and on Form Note: If losses exceed gains, see Capital loss		oper line on other returns.	l	18	348.

821051 01-03-19

JWA

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

Schedule D (Form 1120) 2018