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مد	re *	**		, ,	EXTENDED 1	TO MA	AY 15	5, 202	0				
4	Form	990-T	E	xempt Org	ganization	Bus	ines	s Inco	me T	ax Returi	n	OMB No	1545-0687
ŧ				•	(and proxy ta	ax und	er sec	tion 6033	3(e))	1906		01	140
			For cale	endar year 2018 or other t	ax year beginning $\ensuremath{\overline{JU}}$	IL 1,	201	8 , and en	<sub>ding</sub> <u>JU</u>	N 30', 2 <u>0</u> 1	<u>19</u>	<b>Z</b> l	<b>)18</b>
	Depart	ment of the Treasury		-	www.irs.gov/Form99							Open to Pub	olic Inspection for ganizations Only
	Interna	Revenue Service	<b>•</b>	Do not enter SSN nu				<del></del>		ation is a 501(c)(3)			ganizations Only cation number
	A	Check box if address changed		Name of organization	I ( Check box i	if name c	nanged a	na see instru	ctions.)		Emp	loyees' trust,	, see
	D Ev	empt under section	Print	MIDDLESEX	SCHOOL							4-210	13821
	_	501(c <u><b>%3</b> </u>	or	Number, street, and		a P O box	see inst	tructions			E Unrel	ated busines	ss activity code
		408(e) 220(e)	Туре	1400 LOWE		u 1 .0. 50/	,, 5555				(See I	nstructions)	
		408A 530(a)		City or town, state or		and ZIP or	r foreign	postal code			7		
		529(a)		CONCORD,	MA 01742					·	532	000	
	C Boo	k value of all assets		F Group exemption			<u> </u>						
				G Check organization		01(c) corp		50 <sup>-</sup>	(c) trust	<del></del>	a) trust		Other trust
		er the number of the c	•		-		1	<del></del> .		the only (or first) u			
		te or business here boribe the first in the bl	,			mplata Da	rto Land		•	complete Parts I-V			
		iness, then complete f	•	· · · · · · · · · · · · · · · · · · ·	uvious sentoneo, con	прииста	rts i anu	ii, compicie	i aciieonie	IN IOI CACII AGGINO	1131 11300	UI	
		ring the tax year, was t			an affiliated group (	or a paren	ıt-subsidi	arv controlle	d aroup?	<b>&gt;</b>	Ye	s X	No
		res," enter the name a		•	- ·			,	- <b>3 p</b>				
		books are in care of					CFO		Teleph	one number 🕨	(978	)371-	-6589
	Par	t I Unrelated	Trad	le or Business	Income			(A) inco	me	(B) Expense	es .	(	C) Net
	1 a	Gross receipts or sale:	S										
		Less returns and allov			<b>c</b> Balance	<b>&gt;</b>	1c						
		Cost of goods sold (S					2						
		Gross profit, Subtract Capital gain net incom			M		3 4a	79	206.			-	79,206.
<b>E</b>	4a h	Net gain (loss) (Form	•	•	Form 4797)		4b	,	200.				3/2001
ି ଅନ	£	Capital loss deduction			0		4c		-				
8	5	Income (loss) from a			n (attach statement)	)	5	205,	016.		2	20	05,016.
M. Received	6	Rent income (Schedul					6			RECE!\	i U		
3	7	Unrelated debt-finance	ed incom	1e (Schedule E)			7					그었	
		Interest, annuities, roy			-		8		-  일	JUL 62	2020	180	<del></del>
SEP		Investment income of			7) organization (Sch	redule G)	9		ŏ	JUL 69		RS.	
7		Exploited exempt activ Advertising income (S	•	• •			10	,		OGDEN	IIT	7= -	<del></del>
-		Other income (See ins		•			12			OGUEN	<del>, U !</del>		
35		Total. Combine lines					13	284	222.			28	34,222.
3				t Taken Elsew	here (See instruc	ctions fo							
		(Except for c	ontribu	itions, deductions r	nust be directly co	nnected	with the	e unrelated	business	income.)			
	14	Compensation of offi	cers, dır	rectors, and trustees (	Schedule K)						14		
	15	Salaries and wages									15		
	16	Repairs and maintena	ance								16		
	17	Bad debts	dulo) (oo	a instructions)							17		
-	18 19	Interest (attach scher Taxes and licenses	uule) (Se	e instructions)							19		
วั	20		ons (See	instructions for limita	ation rules) STA	ATEME	NT 4	SEE	STAT	EMENT 3	20	2	28,322.
J	21	Depreciation (attach	•		,				21				
- -	22	Less depreciation cla	ımed on	Schedule A and elsev	where on return			[	22a		22b		
	23	Depletion									23		
2	24	Contributions to defe	rred con	npensation plans							24		
	25	Employee benefit pro	-								25		
7	26	Excess exempt exper	•	· ·							26		
	27	Excess readership co	•								27		
Z	28 29	Other deductions (att		•		•				28	29	7	28,322.
Q	30			ncome before net oper	ating loss deduction.	. Subtract	t line 29 f	rom line 13		<i>O O</i>	30		55,900.
	31			oss arising in tax year	-				tions)		31,		
	32	•	_	icome. Subtract line 3	• •					3(	32		55,900.
	922701	01-00-10 LHA FO	r Panen	work Reduction Act N	ntica ega instructio	ne					•	Form 9	<b>390-T</b> (2018)

Part I	Total Unrelated Business Taxable Income	73021	7-3- 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	255,900.
34	Amounts paid for disallowed fringes	34	233,3001
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	35	<del></del>
30			255,900.
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		054 000
SDE'A I		88	254,900.
	Vi Tax Computation	<del>, , , ,</del>	F2 F00
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	53,529.
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	53,529.
Part !	7.) Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
þ	Other credits (see instructions) 45b	]	
C	General business credit. Attach Form 3800	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	53,529.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47.	
48	Total tax. Add lines 46 and 47 (see instructions)	48	53,529.
49	2018 net 965 tax llability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	[a] 0 1 - 1 - 02 401		
b	161 1		
c	Tour described with Form 9959		
	Foreign organizations: Tax paid or withheld at source (see instructions)	1	
e		7	
•	Credit for small employer health insurance premiums (attach Form 8941)	┥ ╽	
		<b>-</b>	
9	Form 4136 Other Total 50g		
E4	Tabal navenante Add lines 50s through 50s	51	82,040.
51		52	8.
52 50	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	28,503.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		20,303.
Fart	Enter the amount of line 54 you want: Credited to 2019 estimated tax   28,503. Refunded  // Statements Regarding Certain Activities and Other Information (see instructions)	55	
	<del></del>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		—   <del>X</del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х Х
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
C:	Under penalties of perjury, I declare that I lave examined this return, including accompanying schedules and statements, and to the best of my knowledge, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief	, it is true,
Sign		May the IRS dis	cuse this return with
Here	CFO	the preparer she	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employer		
Prepa	TYNNE JOHNSON		757336
Use (	DOW HO LLD	<b>47</b> -	0714325
J36 (	80 CITY SQUARE	<del></del>	
		<u>617-91</u>	2-9000
823711 0		F	orm <b>990-T</b> (2018)

Schedule A - Cost of Good	s <b>Sold.</b> Enter	method of inve	ntory v	aluation N/A				_
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of yea	ar		6	_
2 Purchases	2			Cost of goods sold. St	ubtract l	line 6		
3 Cost of labor	3		_]	from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Yes No	<u>,                                    </u>
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to		Œ
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prope	erty)	
1. Description of property								
(1)							-	_
(2)								_
(3)		•						_
(4)								_
	2. Rent receiv	ed or accrued						_
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	(b) From real of rent for the re	and pers personal ent is bas	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	onnected with the income in I 2(b) (attach schedule)	
(1)								
(2)					_			
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0	•
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)	,			_
			1 2	2. Gross income from		<ol> <li>Deductions directly conne to debt-finance</li> </ol>	ected with or allocable d property	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	_
(1)								_
(2)			1					_
(3)			İ					_
(4)		-						_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	ı
(1)			<b></b>	%				_
(2)			1	%				_
(3)			1	%				_
(4)			<b>-</b>	%				_
				~		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	_
Totals						0.	0	
Total dividends-received deductions	ncluded in column	18				<u> </u>	0	

				Exempt (	Controlled O	rganızatı	ons				
1 Name of controlled organiz	zation	2 Em identifi num			Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		nrelated incon see instructions		<b>9</b> Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that ng organi s income	is included zation's		ductions directly connected income in column 10
(1)		***									
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						<b>•</b>			0.		0.
Schedule G - Investm	ent Inconstructions)	ne of a S	Section	501(c)(7	'), (9), or (	17) Org	anization				
	scription of incom	me			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)	-					1	· · · · · · · · · · · · · · · · · · ·				
(2)				-							
(3)				-							
(4)									-		
					Enter here and o Part I, line 9, co			•			Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited	d Exempt	Activity	Income	e, Other	Than Adv		g Income				
Description of exploited activity	2. G	e from	directly of with pro of uni	penses connected oduction elated s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Tabela	Enter her page 1 line 10,	, Part I,		re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertis	ing Incon		nstruction		1						.1
Part I Income From	_	•			solidated	Basis					
1. Name of periodical		2. Gross advertising income		3 Direct extising costs	4. Advert or (loss) (c col 3) If a ga cols 5 if	ain, compute	5. Circulat		, <b>6</b> Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(4)			+				<u> </u>	$\dashv$			<del>_</del>
Totals (carry to Part II, line (5))	<b>•</b>	+	0.	0			<u> </u>				0 Form <b>990-T</b> (201

## Form 990-T (2018) MIDDLESEX SCHOOL 04-21038 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.	·			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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	<u> </u>	<b>&gt;</b>	0.

Form 990-T (2018)

## 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

_	MIDDLESEX SCHOOL				<u>) 4 – </u>	2103821
	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
Thi	e instructions for how to figure the amounts enter on the lines below. In some may be easier to complete if you and off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					-20,361.
4	Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach comput	tation)			6	()
_7	Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in column	h		7	-20,361.
	Part II   Long-Term Capital Gai	ins and Losses (See	nstructions)			
to (	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,		(ħ) Gain or (loss) Subtract column (e) from column (d) and
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)		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	<u> </u>				
•	Form(s) 8949 with <b>Box</b> E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked					77,008.
11	Enter gain from Form 4797, line 7 or 9	<u> </u>			11	77,008. 22,559.
	Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		12	•
	Long-term capital gain or (loss) from like-kin	•		Γ	13	
	Capital gain distributions			<u> </u>	14	
	Net long-term capital gain or (loss). Combin	e lines 8a through 14 in colum	n h	Γ	15	99,567.
_	Part III Summary of Parts I and		<del></del>			
_	Enter excess of net short-term capital gain (li		il loss (line 15)		16	
	Net capital gain. Enter excess of net long-term	,	, ,	<sub>e 7)</sub>	17	79,206.
	Add lines 16 and 17 Enter here and on Form	, , ,	•	· · · · · · · · · · · · · · · · · · ·	18	79,206.
	Note: If losses exceed gains, see Capital loss			_		<del> </del>

JWA

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

Name(s) shown on return

Social security number or taxpayer identification no.

MIDDLESEX SCHO	OL					04-2	103821
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10	you received any 99-B Either will :	/ Form(s) 1099-B show whether you	or substitute staten ır basıs (usually you	nent(s) fron r cost) was	n your broker A su reported to the IF	ibstitute RS by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s) For long-term	<del>-</del>
transactions, see page 2  Note. You may aggregate all							liustments or
codes are required. Enter the	totals directly on S	Schedule D, line 1a	, you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. ( If you have more short-term transactions than will							еасл аррисаріе вох
(A) Short-term transactions rep	•	•	• .	•	Note ab	ove)	
(B) Short-term transactions rep	•	•	•	eported to the IRS			
X (C) Short-term transactions no	1		I	T	Advictmor	at it any to sain or	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		(g), enter a code in ). See instructions.	Subtract column (e)
,		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
NET SHORT-TERM				İ			
CAPITAL LOSS FROM							
SCH. K-1 (FORM							
1065)				ļ			<24,905.
SHORT-TERM CAPITAL					<u> </u>		
GAIN FROM FORM				1	ļ		4 5 4 4
6781							4,544.
							<u> </u>
				<del> </del>	<b> </b>		
			_				
				1			
				<u> </u>			
				<u> </u>			
- · · · - · · · · - · · · · · · · · · ·				+			
				ļ			
				<del> </del>	ļ. ——		
2 Totals. Add the amounts in colum							
negative amounts) Enter each tot							
Schedule D, line 1b (if Box A abo	ive is criecked), I			1	I		Ī

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

Social security number or taxpayer identification no.

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)  ou 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 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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  (E) Long-term transactions not reported to you on Form 1099-B	1/TDD1 D0D1/ 001/0	O.T.					0.4 O	
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). The report of the box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions on Form 8949, page 2, for each applicable box 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.  (b) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above).  (c) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS.  (F) Long-term transactions not reported to you on Form 1099-B.  (a) (b) (c) Date acquired (Mo., day, yr.)  (Example 100 sh. XYZ Co.)  (b) Date acquired (Mo., day, yr.)  (c) Date sold or disposed of (Mo., day, yr.)  (d) Proceeds (sales price)  (f) Code(s) Amount of code in adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (f) Code(s) Amount of adjustment.  (g) To 7, 193.  (g) Amount of Adjustment.  (g) To 7, 193.  (g) Amount of Adjustment.  (g) Amount of Adjustmen				E () 1000 B				
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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)  Ou must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term bransactions, complete a separate Form 8949, page 2, for each applicable box you have more long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see  (b) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  (c) Cost or other basis See the Note below and see Column (e) in the instructions  (mo., day, yr.)  (mo.	Part II   Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	s) For short-term to	ransactions,
codes are required Enter the totalis directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) ou must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete as pearate Form 8949, page 2, for each applicable box 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 reported on Form(s) 1099-B showing basis was reported to the IRS  (E) Long-term transactions not reported to you on Form 1099-B  (a)  Description of property  (Example 100 sh. XYZ Co.)  (b)  Date acquired (Mo., day, yr.)  (Mo , day, yr.)  (A)  Proceeds (sales price)  (Mo , day, yr.)  (A)  Proceeds (sales price)  (Mo , day, yr.)  (A)  Code(s)  Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (g), enter a code in column (g), enter a code in the instructions.  (f)  (g)  Code(s)  Amount of adjustment  (g)  Amount of adjustment  (g)  Amount of adjustment  (g)  Code(s)   see page 1								
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 reported on Form(s) 1099-B showing basis was reported to the IRS  (E) Long-term transactions not reported to you on Form 1099-B  (a)  Description of property (Example 100 sh. XYZ Co.)  (Mo., day, yr.)  (Mo., day, yr.)  (Mo., day, yr.)  (ET LONG-TERM  CAPITAL GAIN FROM  COST ON THOUSE  (A)  Proceeds (sales price)  (Mo., day, yr.)  (B)  Proceeds (sales price)  (Mo., day, yr.)  (F)  Code(s)  Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. Subtract column (e) from column (f). See instructions. Subtract column (g) from column (g) and the instructions of adjustment.  (A)  COST OF OTHER OTHER OTHER OF OTHER OTH	codes are required Enter the	totals directly on S	Schedule D, line 8a	, yoù aren't required	to report these trans-	actions on For	m 8949 (see instru	ctions)
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(a) Description of property (Example 100 sh. XYZ Co.)  Date acquired (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Code(s)  Adjustment, if any, to gain or loss. If you enter a code in column (g).  Gain or (loss).  Subtract column (e) in the instructions  To de(s)  Adjustment, if any, to gain or loss.  Gain or (loss).  Subtract column (e) in the instructions  To de(s)  Adjustment, if any, to gain or loss.  If you enter a code in column (g).  Amount of adjustment  Adjustment in column (g).  Code(s)  Amount of adjustment  Adjustment in column (g).  Amount of adjustment  Adjustment in column (g).  To de(s)  Amount of adjustment  Adjustment in column (g).  Amount of adjustment  Ad	<b>=</b> ' ' '	•		•	•	11010 4501	٠,	
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Description of property (Example 100 sh. XYZ Co.)  Date acquired (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Date sold or disposed of (Mo., day, yr.)  Code(s)  Date sold or disposed of (Mo., day, yr.)  Code(s)  Date acquired Cost or other basis See the Note below and see Column (e) in the instructions  Code(s)  Amount of adjustment  Gain or (loss). Subtract column (e) from column (g) with column (g)  To 1, 193.  To 1, 193.	_=== 1. / === 3				(a)	Adjustment.	if any, to gain or	(h)
(Example 100 sh. XYZ Co.)  (Mo., day, yr.)  (Mo., day, yr.)  (Image: Apital Column (apital Column (b) assist to the instructions)  (In th	(,	1				loss. If you	enter an amount	
(Mo, day, yr)  Note below and see Column (e) in the instructions  (F)  (Gode(s)  Amount of adjustment  Aprital Gain From  CAPITAL Gain From  COH. K-1 (FORM  C				(sales price)		column (f).	See instructions.	
MET LONG-TERM CAPITAL GAIN FROM COde(s)  SCH. K-1 (FORM CODE(s)  Amount of adjustment with column (g)	,		(Mo , day, yr )			· · ·		
MET LONG-TERM CAPITAL GAIN FROM SCH. K-1 (FORM .065) .ONG-TERM CAPITAL GAIN FROM FORM							Amount of	
CAPITAL GAIN FROM SCH. K-1 (FORM .065) .ONG-TERM CAPITAL GAIN FROM FORM	NET LONG-TERM			· · · · · · · · · · · · · · · · · · ·			adjustinent	(3)
CCH. K-1 (FORM					<del> </del>	<del> </del>		
ONG-TERM CAPITAL  GAIN FROM FORM  70,193.		<del> </del>						
JONG-TERM CAPITAL GAIN FROM FORM		<del></del>						70 103
GAIN FROM FORM					+			10,193.
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Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract								
negative amounts) Enter each total here and include on your	•							
Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								77 000
above is checked), or line 10 (if Box F above is checked)	above is checked), or line 10 (if E	Box F above is ch	necked)		<u> </u>	<u> </u>		11,008.

STATEMENT 1 FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED **BUSINESS ACTIVITY** 

UBTI FROM QUALIFYING PARTNERSHIP INTERESTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
ADAMAS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	4,651.
ADAMAS OPPORTUNITIES, LP - ORDINARY BUSINESS INCOME (LOSS)	3,025.
ADVENT INTERNATIONAL GPE VIII-B, LP - INTEREST INCOME	3,293.
ADVENT INTERNATIONAL GPE VIII-B, LP - OTHER INCOME (LOSS)	-4,332.
COMMONFUND CAP. INTER. PARTNERS VI, LP - INTEREST INCOME	141.
COMMONFUND CAP. INTER. PARTNERS VI, LP - DIVIDEND INCOME	26.
COMMONFUND CAP. INTER. PARTNERS VI, LP - OTHER PORTFOLIO	
INCOME (LOSS)	76.
COMMONFUND CAP. INTER. PARTNERS VI, LP - OTHER INCOME	
(LOSS)	-64.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - ORDINARY	
BUSINESS INCOME (	5,355.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - NET	
RENTAL REAL ESTATE INC	2.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - INTEREST	
INCOME	1,317.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND	450
INCOME	172.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP -	2.1
ROYALTIES	31.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - OTHER	120
PORTFOLIO INCOME (LO	139.
COMMONFUND CAP. PRIVATE EQUITY PARTNERS VII, LP - OTHER	884.
INCOME (LOSS) COMMONFUND CAP. VENTURE PARTNERS VII, LP - OTHER INCOME	004.
(LOSS)	-3.
COMMONFUND CAP. VENTURE PARTNERS VIII, LP - ORDINARY	5.
BUSINESS INCOME (LOSS)	-1.
COMMONFUND CAP. VENTURE PARTNERS VIII, LP - OTHER INCOME	1.
(LOSS)	-14.
INTERNATIONAL PRIVATE EQUITY PARTNERS III, LP - ORDINARY	
BUSINESS INCOME (LO	-170.
LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME	
(LOSS)	-126.
LEGACY VENTURE VIII, LLC - OTHER INCOME (LOSS)	-382.
MAKENA CAPITAL ASSOCIATES (US), LP - ORDINARY BUSINESS	
INCOME (LOSS)	26,317.
MAKENA CAPITAL ASSOCIATES (US), LP - NET RENTAL REAL	
ESTATE INCOME	-1,253.
MAKENA CAPITAL ASSOCIATES (US), LP - OTHER NET RENTAL	
INCOME (LOSS)	105.
MAKENA CAPITAL ASSOCIATES (US), LP - INTEREST INCOME	1,644.
MAKENA CAPITAL ASSOCIATES (US), LP - DIVIDEND INCOME	1,364.
MAKENA CAPITAL ASSOCIATES (US), LP - ROYALTIES	1,563.
MAKENA CAPITAL ASSOCIATES (US), LP - OTHER INCOME (LOSS)	-79,550.
TIGER GLOBAL PIP X PARTNERS, LP - OTHER INCOME (LOSS)	-244.
SSC IV, LP - ORDINARY BUSINESS INCOME (LOSS)	42.
OAK HILL CAPITAL PARTNERS III, LP - ORDINARY BUSINESS	044 055
INCOME (LOSS)	241,857.
OAK HILL CAPITAL PARTNERS IV (ONSHORE TAX-EXEMPT), LP -	-849.
ORDINARY BUSINESS IN	-049.

'TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5

205,016.

## MIDDLESEX SCHOOL

FORM 990-T	CONTRIBUTIONS	STATEMENT 3		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CASH CONTRIBUTIONS (50%) FROM SCH. K-1S	N/A	66.		
TOWN OF CONCORD - CONCORD CARES	N/A	50,000.		
TOTAL TO FORM 990-T, PAGE 1, LI	INE 20	50,066.		

FORM 990-T CON	CONTRIBUTIONS SUMMARY		STATEMENT 4	
QUALIFIED CONTRIBUTIONS SUBJECT	CT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUST FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016				
FOR TAX YEAR 2017	35,501			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS		35,501 50,066		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED		85,567 28,322		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		57,245 0 57,245		
ALLOWABLE CONTRIBUTIONS DEDUCT	rion	3.,213	28,322	
TOTAL CONTRIBUTION DEDUCTION		_	28,322	