Fo	<b>⋒</b> 990-T'	Exempt Organization Business Income Tax Retu	rn	OMB No 1545-0687
		(and proxy tax under section 6033(e))		2010
		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2		2018
De Inte	partment of the Treasury ernal Revenue Service	► Go to www irs.gov/Form990T for instructions and the latest information Q C  ► Do not enter SSN numbers on this form as it may be made public if your organization is a 50 f(c)	)(3) _	Open to Public Inspection for 50 1(c)(3) Organizations Only
A	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)	Emp	loyer identification number sloyees' trust, see uctions)
В	Exempt under section	Print BANCROFT SCHOOL	c	4-2103861
	X 501(c)(3 ) <b>6</b> 分	Number, street, and room or suite no. If a P.O. box, see instructions.		lated business activity code
	408(e)	Type 110 SHORE DRIVE	1,000	instructions j
	408A530(a)	City or town, state or province, country, and ZIP or foreign postal code		
	529(a)	WORCESTER, MA 01605	900	002
	Book value of all assets at end of year	F Group exemption number (See instructions.)		
	44,364,9	41. G Check organization type ► X 501(c) corporation 501(c) trust 40	1(a) trust	Other trust
Н	Enter the number of the o	organization's unrelated trades or businesses.   1 Describe the only (or first)	) unrelated	
1	rade or business here 🕨	► RENTAL INCOME . If only one, complete Parts I	I-V. If more	e than one,
(	describe the first in the bl	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addi	itional trad	e or
	ousiness, then complete i	Parts III-V.		
l	During the tax year, was t	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	►	es X No
		and identifying number of the parent corporation.		
		► RICHARD ROGAN, CONTROLLER Telephone number ►		
L	art I Unrelated	d Trade or Business Income (A) Income (B) Expen	ises	(C) Net
	a Gross receipts or sale	<del></del>		
_	<b>b</b> Less returns and allov			
2	Cost of goods sold (S			
3	Gross profit. Subtract			
	a Capital gain net incom			
		4797, Part II, line 17) (attach Form 4797)		
`	c Capital loss deduction			
5		partnership or an S corporation (attach statement)		
າ <sup>6</sup>	Rent income (Schedul	, ————————————————————————————————————	688	100 050
₫ ?			<u>,677.</u>	-120,850.
<b>三</b> 8		yalties, and rents from a controlled organization (Schedule F) 8		
$\mathbf{Z}_{\mathbf{a}}^{\mathbf{a}}$		f a section 501(c)(7), (9), or (17) organization (Schedule G)		
711	Advertising income (S	vity income (Schedule I) Schedule J)  10  11		
12	• •	structions; attach schedule) 12		
13	Total. Combine lines		,677.	-120,850.
_		ns Not Taken Elsewhere (See instructions for limitations on deductions )	,017.	120,030.
-		contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of offi	icers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	RECEIVED	15	
16	Repairs and maintena		16	
17	Bad debts	A JUL 0 6 2020	17	
18	Interest (attach sched	dule) (see instructions)	18	
19	Taxes and licenses	OGDEN, UT	19	
20	Charitable contribution	ons (See instructions for limitation rules)	20	
21	Depreciation (attach l	Form 4562) <u>21</u>		
22		aimed on Schedule A and elsewhere on return	22b	
23	Depletion		23	
24		erred compensation plans	24	
25	Employee benefit pro		25	
26	Excess exempt exper		26	
27	Excess readership co	·	27	
28	Other deductions (att	·	28	
29		dd lines 14 through 28	29	0.
30		axable income before net operating loss deduction. Subtract line 29 from line 13	´ 30	-120,850.
31	Deduction for net ope	erating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	

ວວ	Effet the amount of the 54 you want. Credited to 2019 estimated tax		
art	VI Statements Regarding Certain Activities and Other Information (see instructions)	-	
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 <b>&gt;</b>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	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 >\$		
ın	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and becorrect, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	elief, it is true,	

Here HEAD OF SCHOOL the preparer shown below (see Signature of officer Date instructions)? X Yes [ Print/Type preparer's name Preparer's signature Date Check ıf PTIN self- employed Paid BARBARA E. KING 06/25/20 P00005629 BARBARA E. KING **Preparer** Firm's name ▶ BOLLUS LYNCH, LLP Firm's EIN ▶ 04-3037870 **Use Only** 89 SHREWSBURY STREET Firm's address ► WORCESTER, MA 01604 Phone no. (508) 755-7107

May the IRS discuss this return with

Sign

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation   N/	Ά		-		
1 Inventory at beginning of year	1		6 Inventory at end of			6_		
2 Purchases	2		7 Cost of goods sold	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter he	re and in	Part I,			
4a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					
b Other costs (attach schedule)	4b		property produced (	or acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Propert	y Leas	ed With Real Pro	perl	ty)	
1 Description of property			_					
(1)							. ==	
(2)							·····	
(3)					·····			
(4)							-	
	2 Rent receiv	red or accrued			0(.)			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	d personal property (if the percersonal property exceeds 50% or is based on profit or income)	entage r if	3(a) Deductions directly columns 2(a) ar		ected with the income (attach schedule)	in	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	_			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter 		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see II	nstructions)					
			2. Gross income from		3. Deductions directly con to debt-finance			
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(A) ETEL DUOLIGE			150 215	-		SI	ATEMENT	2
(1) FIELDHOUSE			150,315	•		+	348,1	37.
(2)								
(4)	· · · · · · · · · · · · · · · · · · ·			+		+		
4 Amount of average acquisition	E Average	adjusted basis	6 Column 4 divided	<del></del>	7 Gross income	-	0 411	
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to	by column 5		reportable (column		8 Allocable deduct (column 6 x total of co	
STATEMENT 3		MENT 4			2 x column θ)		3(a) and 3(b))	
(1) 306,268.		501,323.	61.09%		91,827	•	212,6	77.
(2)			%		· · · · · · · · · · · · · · · · · · ·	1	, ,	
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (	
Totals			ì	•	91,827		212,6	77.
Total dividends-received deductions in	cluded in column	n 8	•		<u> </u>	$\top$		0.

Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals <b>•</b>	0.	0.				0.

Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

(1)								
					1		1	1
<u></u>								7
(3)						]		
(4)						]		1
			·					
Totals (carry to	Part II, line (5))	▶		0.	0			0.

	<u> </u>
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 )

			<u></u>				
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	<b></b>	0.	0.			4.	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		•	0.

Form 990-T (2018)

FORM 990-T '	NET C	PERATING	LOSS I	EDUCTI	ON	STATEMENT	1
TAX YEAR LOSS SUSTA	INED	LOSS PREVIOUS APPLIE			OSS AINING	AVAILABLE THIS YEAR	
06/30/18 110,	404.		0.		110,404.	110,40	4.
NOL CARRYOVER AVAILABLE	E THIS Y	EAR			110,404.	110,40	4.
FORM 990-T	SCHEDULE	E E - OTHE	R DEDU	CTIONS		STATEMENT	2
DESCRIPTION				VITY BER	AMOUNT	TOTAL	
INTEREST UTILITIES DEPRECIATION REPAIRS & MAINTENANCE MGMT EXPENSES MISC. EXPENSES	_	SUBTOTAL	_	,	81,687. 28,052. 154,647. 19,469. 54,771. 9,511.	348,1	37.
TOTAL OF FORM 990-T, S	CHEDULE	E, COLUMN	3(B)			348,1	37.
		ACQUISITIO				STATEMENT	3
DESCRIPTION				VITY BER	AMOUNT	TOTAL	
AVERAGE ACQUISITION IN		SS SUBTOTAL	_	1	306,268.	306,2	68.
TOTAL OF FORM 990-T, SO	~					306,20	

FORM 990-T '	AVERAGE ADJUSTED :	STATEMENT	4		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE BASIS	- SUBTOTAL -	1	501,323.	501,32	23.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	5		501,32	23.