,			306007	808 0	(0		
b/1	EXTENDED TO M	MAY 1	5, 2020	_( 10	$\Psi_{\cdot}$		
Form <b>990-T</b>	Exempt Organization Bu	sines	s Income T	「ax Return	)	OMB No 1545-0687	
	(and proxy tax un				_	0040	
	For calendar year 2018 or other tax year beginning JUL 1				9	2018	
Department of the Treasury	Go to www.irs.gov/Form990T for				-	Open to Public Inspection for	
Internal Revenue Service	Do not enter SSN numbers on this form as it ma		· · · · · · · · · · · · · · · · · · ·	ation is a 501(c)(3).		501(c)(3) Organizations Only oyer identification number	
A Check box if address changed	Check box if Name of organization ( Check box if name changed and see instructions.)						
B Exempt under section			4-2104273				
X 501(c №3 ) 408(e) 220(e)	Type Number, street, and room or suite no. If a P.O b 492 HOLMES ROAD	ox, see ins	structions.			ated business activity code nstructions )	
408A 530(a)	City or town, state or province, country, and ZIP PITTSFIELD, MA 01201	or foreign	postal code		721	310	
n Book value of all assets	F Group exemption number (See instructions.)	$\overline{}$			<u> </u>		
at end of year 51,878,8		rporation	501(c) trust	401(a)	trust	Other trust	
	organization's unrelated trades or businesses.	1		the only (or first) un			
trade or business here	► SEE STATEMENT 1		. If only one	, complete Parts I-V.	If more	than one,	
describe the first in the l	lank space at the end of the previous sentence, complete F	Parts I and					
business, then complete	Parts III-V.			· · · · · - · · · · · · · · · · · · · ·			
	the corporation a subsidiary in an affiliated group or a pare	ent-subsid	ary controlled group?	▶ [	Ye	s X No	
	and identifying number of the parent corporation.						
	HELEN TELFER	<del></del>		one number > 4			
<del></del>	d Trade or Business Income	<del></del> -	(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sal			527 20 <i>6</i>				
b Less returns and allo		1c	537,386.			·	
<ul><li>2 Cost of goods sold (\$</li><li>3 Gross profit. Subtrac</li></ul>	•	3	537,386.			537,386.	
•	ne (attach Schedule D)	4a		r		337,300.	
· -	4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deductio	•	4c					
•	partnership or an S corporation (attach statement)	5					
6 Rent income (Schedu		6					
	ed income (Schedule E)	7				<del></del>	
8 Interest, annuities, ro	valties, and rents from a controlled organization (Schedule F)	8					
9 Investment income o	a section 501(c)(7), (9), or (17) organization (Schedule G	) 9					
10 Exploited exempt act	vity income (Schedule I)	10	= .				
11 Advertising income (	Schedule J)	11	<u>.</u>				
· · · · · · · · · · · · · · · · · · ·	structions; attach schedule)	12		,			
13 Total. Combine lines		13	537,386.			537,386.	
Part II Deduction (Except for	ns Not Taken Elsewhere (See instructions f contributions, deductions must be directly connecte	or limitati d with the	ons on deductions)  unrelated business	income )			
	icers, directors, and trustees (Schedule K)				14		
15 Salaries and wages	REC	CEIVE	-D		15	233,195.	
16 Repairs and mainter	ance				_16	7,367.	
17 Bad debts	(E) FED	0.4.00		171177 O	17	72 075	
•	dule) (see instructions)	<b>24</b> Zl		EMENT 2	18	73,277.	
19 Taxes and licenses			RS		19		
	ons (See instructions for limitation rules)  OGD	EN,		202 011	20		
21 Depreciation (attach	Property of the University		<del></del>	203,911.		202 011	
	umed on Schedule A and elsewhere on return		22a		22b	203,911.	
<ul><li>23 Depletion</li><li>24 Contributions to defe</li></ul>	arred companyation plans			ĺ	23		
24 Continuutions to det	erred compensation plans				24	51 055	

25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 280,304. 28 Other deductions (attach schedule) SEE STATEMENT 862,070. 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 -324,684 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -324,684. Unrelated business taxable income. Subtract line 31 from line 30 Form **990-T** (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Full 930-	- 11100 INIDE D Delicotty Tite.	04-2	1042/3		igo
Part	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-324,68	4
34	Amounts paid for disallowed fringes		34	14,71	6
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 4	35		0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	_	36	-309,96	8
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1	3/7	1,00	
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	- 4	38	-309,96	8
Part	/ Tax Computation				
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		▶ 4		
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				
45 a	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				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d		45 e		
46	Subtract line 45e from line 44		45		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedu	ie) 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				
b	2018 estimated tax payments 50b				
C	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 5be	•			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments. Form 2439				
	Form 4136 Other Total ▶ <b>50g</b>				
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	I	58		·
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	l	▶ 54		
55		funded	<b>▶</b>   55		
Part \	Statements Regarding Certain Activities and Other Information (see Instru	ctions)	\		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorii	у		Yes M	Vo
	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  CAYMAN ISLANDS			X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foi	eign 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 🕨 🕏				
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my kno	wledge and belief	f, it is true	
Sign	A. 110000		May the IRS dis	scuss this return with	-
Here	Mua Holle 2/11/20 HEAD OF SCHOOL			own below (see	
	Signature of officer Date Title		instructions)?	X Yes N	Vo
	Print/Type preparer's name Preparer's signature Date	Check	If PTIN		
Paid	LORI ROTHE LORI ROTHE	self- employ			
Prepa	er YOKOBOSKY, CPA YOKOBOSKY, CPA 12/09/19			273422	
Use C	nly Firm's name ► COHNREZNICK LLP	Firm's EIN	▶ 22-	1478099	
	350 CHURCH STREET, 12TH FLOOR				
	Firm's address ► HARTFORD, CT 06103	Phone no.	959-20	0-7000	
			_		

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation ► N/A	<del></del>				
1 Inventory at beginning of year	1			Inventory at end of year	ır		6	· · · · · · · · · · · · · · · · · · ·	
2 Purchases	2			Cost of goods sold. St	ubtract	line 6			
3 Cost of labor	3		╛	from line 5. Enter here	Part I,				
4a Additional section 263A costs		line 2					7		
(attach schedule)	4a		8 Do the rules of section			with respect to		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or acquired for resa			for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					l
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prope	erty)		
<del></del>				·	•••				
Description of property									
(1)	<del></del>							<del></del>	
(2)	<del></del>	<del> </del>				<del> </del>			
(3)				<del></del>					——
(4)	2. Rent receiv	ed or accrued							
(a) From personal property (if the per			and nare	onal property (if the percentage	20	3(a) Deductions directly			ı
rent for personal property is more 10% but not more than 50%)	of rent for	personal	property exceeds 50% or if ed on profit or income)	90	columns 2(a) and	d 2(b) (a	ttach schedule)		
(1)									
(2)	<u> </u>							<u> </u>	
(3)									
(4)									
Total	0.	Total			0.				
<ul> <li>c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column</li> </ul>		ter			0.	(b) Total deductions. Enter here and on page 1,	_		0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)	<u> </u>	Part I, line 6, column (B)			<u> </u>
			2	. Gross income from		3. Deductions directly conn- to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	9
(1)			+				1		
(2)		•					1		
(3)			1						
(4)			1						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction of a total of column 6 x total of column 3(a) and 3(b))	
(1)			1	%			†		
(2)				%			Ï		
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page art I, line 7, column (E	
Totals						0.	1		0.
rotals Total dividends-received deductions in	ickided in column	. 8					+		0.

			Exempt	Controlled O	rganızatı	ons					
1. Name of controlled organiza	, ident	mployer ification imber	3. Net un (loss) (se	related income e instructions)	e 4, Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)	-		<u>.                                    </u>	· ··· · · · · · · · · · · · · · · · ·				-			
(2)											
(3)											
(4)			1								
Ionexempt Controlled Organ	ızatıons										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's	11. De	ductions directly connecte income in column 10	
(1)			<del>                                     </del>			•					
(2)				· · · · · · · · · · · · · · · · · · ·							
(3)											
(4)											
						Add colum Enter here and line 8, c		1, Part I, A)		id columns 6 and 11 ere and on page 1, Part I, line 8 column (B)	
otals				-> 4-> 4	<u> </u>			0.		0	
Schedule G - Investme		Section	501(c)(7	7), (9), or ( <sup>•</sup>	17) Org	anization					
······	cription of income			2. Amount of	ıncome	3. Deduction directly connected to the second	cted	4. Set-		5. Total deductions and set-asides	
(1)						(attach sched	ui <del>o</del> j			(col 3 plus col 4)	
(2)	<del> </del>			·····		<del> </del>		<del></del>		<del></del>	
(3)											
(4)						•					
				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9 column (8)	
otals			•		0.					0	
Schedule I - Exploited (see instru		/ Income	e, Other	Than Adv	ertisin	g Income				-1.	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business incon	nat ed	6. Exp ettribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					1						
(2)											
(3)									<del>.</del>		
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 26	
otals ► Schedule J - Advertisii	ng Incomo (see		0.	<u> </u>		`				0	
					n : -					<del> </del>	
Part I Income From I	Periodicals Rep	ortea or	a Cons	solidated	Basis	_					
1. Name of periodical	2. Gross advertising income		3. Direct artising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus in, compute	5. Circulati income	on	6. Reade costs		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)					1						
(3)											
(4)											
otals (carry to Part II, line (5))	•	0.	0							0	
otals (carry to rait ii, line (3))		<del></del>		•1						Form 990-T (201	

## 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)	Ì						
(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)	<b>&gt;</b>	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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

## INCOME FROM FACILITIES USED BY OTHER THAN STUDENTS AND FACULTY

FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
ALLOCATED INTEREST EXPE	NSE	73,277
TOTAL TO FORM 990-T, PAG	GE 1, LINE 18	73,277
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
AUXILIARY ENTERPRISE - I		182,948. 3,310.
INSURANCE UTILITIES MAINTENANCE SUPPLIES WATER GENERAL SUPPLIES		18,952 31,628 26,931 3,624 12,911

NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
54,736.	0.	54,736.	54,736.
30,241.	0.	30,241.	30,241.
37,301.	0.	37,301.	37,301.
123,582.	0.	123,582.	123,582.
24,541.	0.	24,541.	24,541.
104,996.	0.	104,996.	104,996.
22,024.	0.	22,024.	22,024.
169,125.	0.	169,125.	169,125.
89,631.	0.	89,631.	89,631.
234,283.	0.	234,283.	234,283.
332,368.	0.	332,368.	332,368.
ER AVAILABLE THIS	YEAR	1,222,828.	1,222,828.
	54,736. 30,241. 37,301. 123,582. 24,541. 104,996. 22,024. 169,125. 89,631. 234,283. 332,368.	LOSS PREVIOUSLY APPLIED  54,736. 0. 30,241. 0. 37,301. 0. 123,582. 0. 24,541. 0. 104,996. 0. 22,024. 0. 169,125. 0. 89,631. 0. 234,283. 0.	DREVIOUSLY REMAINING