

EXTENDED TO MAY 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form sections A through E: Name of organization (THE CARROLL SCHOOL), address (25 BAKER BRIDGE ROAD, LINCOLN, MA 01773), and identification numbers.

Form sections C and G: Book value of all assets (50,900,488) and organization type (501(c) corporation).

Form section H: Enter the number of the organization's unrelated trades or businesses (1) and describe them (SEE STATEMENT 1).

Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Form section J: The books are in care of (DEB MCCARTHY) Telephone number (781-259-8342)

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, and Amount. Rows 14-32.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44. Line 44 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55. Line 51 amount is 2,050.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, Yes/No. Includes questions 56, 57, 58.

Sign Here: 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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 15/12/20, Title: CHIEF FINANCIAL OFFICER.

Paid Preparer Use Only: Print/Type preparer's name: DEREK ANTUNES, Preparer's signature: [Signature], Date: 5/11/20, Check self-employed: [X], PTIN: P02009292, Firm's name: LEONARD, MULHERIN & GREENE, P.C., Firm's EIN: 04-3108635, Firm's address: BRAINTREE, MA 02184, Phone no. (781) 356-4800.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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DISALLOWED FRINGE BENEFITS (PARKING) - SECTION 512 (A)(7) REPEALED

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