Form 990-T	E	Exempt Organization Bus			Tax Retur	n	OMB No 1545-06	87		
74 TA		· (and proxy tax und	er se	ction 6033(e))		~~	2040	•		
	For cal	lendar year 2018 or other tax year beginning JUL 1 20	18	, and ending JU	N 30, 2019	<u>œ</u> ′	2018	5		
Department of the Treasury		► Go to www.irs gov/Form990T for in				- 1	Onen to Public Insper	ction for		
Internal Revenue Service	<u>`~.</u> ▶	Do not enter SSN numbers on this form as it may	be ma	de public if your organ	ization is a 501(c)(Open to Public Inspect 501(c)(3) Organization			
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)					D Employer identification number (Employees' trust, see instructions)				
B Exempt under section	Print	NONOTUCK RESOURCE ASSOCIATES INC.					04-2510006			
\times 501(c 0 (3)	Type	Number, street, and room or suite no. If a P.O. box	k, see ir	nstructions.			E Unrelated business activity code (See instructions)			
408(e) 220(e)	',,,,,	425 PROSPECT STREET				4				
408A530(a)		City or town, state or province, country, and ZIP or	r foreig	n postal code						
529(a)	<u> </u>	NORTHAMPTON, MA 01060		<u> </u>		900099				
C Book value of all assets at end of year F Group exemption number (See instructions.) ► G Check organization type ► x 501(c) corporation 501(c) trust 401(a) trust						a) truet	Other to	ruet		
H Enter the number of the	organiza	G Check organization type Lx 501(c) corpation's unrelated trades or businesses.	Joration		e the only (or first)	•		-		
	_	NSPORTATION FRINGE			e, complete Parts I-					
		ace at the end of the previous sentence, complete Pa	arts I ar							
business, then complete				,			• •·			
		poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	· •	Y	es No ,	·		
		tifying number of the parent corporation.						•		
J The books are in care of		DIANE BASNET CFO	•	Telep	hone number 🕨	413-58	86-5256			
Part M Unrelate	d Tra	de or Business Income		(A) Income	(B) Expens	es	(C) Net	5. M. M. C. C. C.		
1a Gross receipts or sale	es			-						
b Less returns and allo	wances	c Balance	<u>1c</u>							
2 Cost of goods sold (S			2_	-			7.00	*****		
3 Gross profit. Subtrac		•	3		500000000000000000000000000000000000000	24.753.454	·			
4a Capital gain net incor			4a		30000 3000 0000 0000					
		Part II, line 17) (attach Form 4797)	4b			**************************************				
c Capital loss deductio			4c			88888 - C.M.				
		ship or an S corporation (attach statement)	5		330000000000000000000000000000000000000	MAN AND THE PARTY OF THE PARTY				
6 Rent income (Schedi		ma (Cahadula E)	<u>6</u> 7							
	7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			-	,		-			
							-			
			10							
•					1.					
13 Total. Combine lines 3 through 12			13	0						
Part II Deduction	ons No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions	.)	k .	w	•		
(Except for	contrib	utions, deductions must be directly connected	d with	the unrelated busine	ss income.)					
14 Compensation of of	ficers, d	rectors, and trustees (Schedule K)				14				
15 Salaries and wages				•		15				
16 Repairs and mainter	nance				,	16	_			
17 Bad debts						17		<u></u>		
18 Interest (attach sch	edule) (s	see instructions)	\neg	•		18				
19 Taxes and licenses		RECEIVED	701			19	0			
K .)		e instructions for limita tion rules)	181	1 1		20				
21 Depreciation attach	i Form 4	n Schedule A and elsewhere on Vetum 9 2019	0-8	21						
22 Less depreciation c	laimed o	in Schedule A and elsewhere on return	الإا	22a		22b				
23 Depletion	faad a	ompensation plans OGDEN, UT				23				
24 Contributions to de			التسسي		·	25				
25 Employee benefit pr26 Excess exempt experies						26				
26 Excess exempt expenses27 Excess readership of				1		27				
28 Other deductions (a						28	_			
(Bara)		•			•	29	, , , , , , , , , , , , , , , , , , , 	0.		
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13					30		0.			
		loss arising in tax years beginning on or after Janua				31				
		income. Subtract line 31 from line 30	, ., -	- ()		32		0.		
		rwork Reduction Act Notice, see instructions.			- 1	2	Form 990-T	(2018)		

Form 990-1		NONOTUCK RESOURCE ASSOCIATES				04-2510	006			Pag	₽ 2
Part I	T	otal Unrelated Business Taxab	ole Income								
33	Total	of unrelated business taxable income compute	d from all unrelated trades or businesses	(see instr	uctions)		3	3			0.
34	Arhounts paid for disallowed fringes						_ 3	4	1	5,90	0.
35	Deduc	ction for net operating loss arising in tax years	beginning before January 1, 2018 (see in	structions	s)		3	5		_	
36	Total	of unrelated business taxable income before sp	pecific deduction. Subtract line 35 from th	e sum of							
	lines 3	33 and 34					3	6	1	5,90	0.
37	Specif	fic deduction (Generally \$1,000, but see line 37	7 instructions for exceptions)				3	7		1 00	0.
38	Unrel	ated business taxable income Subtract line 3	37 from line 36. If line 37 is greater than hi	ne 36,							
	enter	the smaller of zero or line 36					3	8	1	4 90	0.
Part i	V T	ax Computation									
39	Organ	izations Taxable as Corporations. Multiply lir	ne 38 by 21% (0.21)			•	▶ 3	9		3.12	9.
40	Trusts	Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amou	int on line	38 from:		~~~			•	
		Tax rate schedule or Schedule D (Fori	m 1041)			•	- 4	0			
41	Proxv	tax. See instructions	,			•	- 4	1			_
42	-	ative minimum tax (trusts only)				•	4	2			_
43		n Noncompliant Facility Income. See instruct	ions				4				_
44		Add lines 41, 42, and 43 to line 39 or 40, which					4			3 12	9.
Part \		ax and Payments						*		<u> </u>	
		in tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a							_
		credits (see instructions)		45b							
		al business credit. Attach Form 3800		45c				,			
C		for prior year minimum tax (attach Form 880°	1 or 8827)	45d			\neg	1,			
		credits. Add lines 45a through 45d	1 01 0027)	1 430	1			50			
		*					4	5e		2 10	_
46		act line 45e from line 44 taxes. Check if from: Form 4255 F	Form 8611 Form 8697 Form	00CC [Other			<u> </u>		3,12	۶.
47			-01111 6611 F01111 6697 F01111	0000	Other	(attach schedule	· -				_
48		tax Add lines 46 and 47 (see instructions)	005 B B- + H 1 (1) 1 0				4			3,12	
49		net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (K), line 2	1	ı		4	9			0.
	-	ents: A 2017 overpayment credited to 2018		50a	 		┥`				
		estimated tax payments		50b	_			j			
		eposited with Form 8868		50c			-				
		on organizations: Tax paid or withheld at sourc	e (see instructions)	50d	<u> </u>						
		ip withholding (see instructions)		50e	ļ.						
		t for small employer health insurance premium	is (attach Form 8941)	50f			_				
9	Other		rm 2439					1			
		Form 4136 Oti	her Total	► 50g				-			
51		payments. Add lines 50a through 50g					5	1			
52	Estim	ated tax penalty (see instructions). Check if Fo	rm 2220 is attached 🕨 🔛				5	2			
53	Tax d	ue. If line 51 is less than the total of lines 48, 4	19, and 52, enter amount owed			•	<u> </u>	3		3,12	<u>9.</u>
54	Overp	ayment. If line 51 is larger than the total of lin	es 48, 49, and 52, enter amount overpaid		1	•	► <u> 5</u>	4			
55		the amount of line 54 you want: Credited to 2		_		funded	<u>► 5</u>	5			
Part \	VI S	Statements Regarding Certain	Activities and Other Informa	ation (s	ee ınstru	ctions)					
56	At any	y time during the 2018 calendar year, did the o	rganization have an interest in or a signati	ure or oth	er author	ity			Ye	s N	0_
	over a	a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	tion may	have to fil	e .					
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of	the foreig	n country						
	here	>							_ L		
57	Durin	g the tax year, did the organization receive a di	stribution from, or was it the grantor of, o	r transfer	or to, a fo	reign trust?					
	If "Yes	s," see instructions for other forms the organiz	ation may have to file.								:
58	Enter	the amount of tax-exempt interest received or	accrued during the tax year ▶\$						٠.		
	Un	der penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	nd stateme	nts, and to	the best of my k	nowled	ge and belief	, it is true	,	
Sign	00	rrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pro	eparer nas a	any knowie	age I	14045	a IDC disasse			\neg
				e IRS discus							
		Signature of officer	Date Title					tions)?	Yes	_	lo
		Print/Type preparer's name	Preparer's signature	Date		Check	ıf	PTIN			_
D=: 1			- p		1	self- employe		* =			
Paid		HOWARD L. CHENEY	HOWARD L. CHENEY	l1/12/1	9	Jan Simpley	-	P00381	206		
Prepa	41 C I	· · · · · ·		,, 1	· L	Firm's EIN	<u> </u>	04-271			_
Use Only Firm's name ► MEYERS BROTHERS KALICKA, P.C. 330 WHITNEY AVE, SUITE 800		•			I WALL OF EIN	-	U-2 4/1	_,		_	
		Firm's address HOLYOKE MA 010				Phone no.	412	536_051	٥		
		HOLYOKE MA 010	4U			1 / Hollo Hot	ATO.		- 000	T (00	