Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									
~ '	Eor calo	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 2018								
17	For cale	Go to www.irs.gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
A X Check box if address changed		Name of organization (Check box it hame changed and see instructions.) (Employees' trust, see instructions.)								
B Exempt under section										
<u></u> 501()()		Number, street, and room or suite no. If a P.O. box, see instructions. LAAD TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE								
408(e) X 220(e)	1 . L	44R BRATTLE STREET, NO. 102								
408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02138 900099								
C Book value of all assets at end of year	F Group exemption number (See instructions.) , 0 4 4 . G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust									
				poration		401(a		Other trust		
H Enter the number of the				<u> </u>		the only (or first) ur				
		E STATEMENT				complete Parts I-V.				
		e at the end of the previou	is sentence, complete Pa	arts I an	id II, complete a Schedule	N for each addition	iai trade i	or		
business, then complete I During the tax year, was			offiliated group or a parer	at-cubc	idiany controlled group?		Yes	X No		
	-	fying number of the paren		11-2002	idiary controlled group?		163	(AE) NO		
J The books are in care of				٠.	Teleph	one number 🕨 6	17-5	47-3432		
		e or Business Inc			' (A) Income	(B) Expense		(C) Net		
1 a Gross receipts or sale	es			1			-	. 😘 📶		
b Less returns and allow	wances		c Balance	1c						
2 Cost of goods sold (S	Schedule .	A, line 7)		2				- 1		
3 Gross profit. Subtract	t line 2 fro	om line 1c		3						
4a Capital gain net incon	ne (attach	Schedule D)		4a						
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form	4797)	4b						
c Capital loss deduction	n for trust	ts		4c		•				
• •	•	hip or an S corporation (a	tach statement)	5						
6 Rent income (Schedu				6				 		
7 Unrelated debt-finance	ced incom	ie (Schedule E)		7						
	•	nd rents from a controlled	-	8						
		n 501(c)(7), (9), or (17) o	rganization (Schedule G)							
10 Exploited exempt acti	•	•		10						
11 Advertising income (S		s; attach schedule) ST.	አጥሮΜሮአነጥ 2	11	22,664.			22,664.		
12 Other income (See in:13 Total. Combine lines			AIDMBNI Z	13	22,664.			22,664.		
		t Taken Elsewhei	e (See instructions for		•			22,004.		
		tions, deductions must				s income.)				
14 Compensation of off	ficers, dir	ectors, and trustees (Sche	dule K)		·		14			
15 Salaries and wages	,	(+					15			
16 Repairs and mainter	nance						16			
17 Bad debts							17			
18 Interest (attach sche	edule) (se	e instructions)					18			
19 Taxes and licenses										
		instructions for limitation	rules) TEU	EIV	ED		20			
21 Depreciation (attach	Form 45	62)			O 21					
22 Less depreciátion cl	aimed on	62) Schedule A and elsewher		0, 2	0 21 0 22a		22b			
23 Depletion 🚬				0 2	HS-		23			
24 Contributions to defi	erred con	npensation plans	1 000				24			
25 Employee benefit pro	-		LOGDE	Ŋ.	UT I		25			
26 Excess exempt expe			26							
27 Excess readership c							27			
28 Other deductions (at		•		28						
29 Total deductions. A		=			0.4		29	0.		
		come before net operating					30	22,664.		
		oss arising in tax years be		ıry 1, 20	אדע (see instructions)		31	22 664		
		come. Subtract line 31 fro				•	32	22,664.		
823701 01-09-19 LHA FO	or rapen	WOIK REGUCTION ACT NOTICE	s, see instructions.					Form 990-T (2018)		

34

Pæt I	II Total Unrelated Business Taxa	ble Income								
33	Total of unrelated business taxable income comput	ted from all unrelated trades or businesse	s (see instru	ctions)		3	3	22,	664.	
34	Amounts paid for disallowed fringes	ounts paid for disallowed fringes								
35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018 (see i	nstructions)			3	5			
36	Total of unrelated business taxable income before s	l of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34					3	6	22,	664.	
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)				3	7	1,	664. 000.	
38	Unrelated business taxable income. Subtract line	37 from line 36. If line 37 is greater than	line 36.				\neg			
	enter the smaller of zero or line 36	•	•			3	8	21,	664.	
Part I	V Tax Computation		17 T F	,						
-	Organizations Taxable as Corporations. Multiply I	line 38 by 21% (0.21)		1		. 3	9	4,	549.	
40	Trusts Taxable at Trust Rates. See instructions for		ount on line 3	38 from:						
	Tax rate schedule or Schedule D (Fo				•	. 4	<u>-</u>			
41	Proxy tax. See instructions									
42	Alternative minimum tax (trusts only)				-	4				
43	Tax on Noncompliant Facility Income. See instruc	ctions				4	3			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh					4		4,	549.	
Part \	/ Tax and Payments	· · · · · · · · · · · · · · · · · · ·								
45a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a							
b	Other credits (see instructions)		45b			7				
C	General business credit. Attach Form 3800		45c			7				
d	Credit for prior year minimum tax (attach Form 880)1 or 8827)	45d			┑				
е	Total credits. Add lines 45a through 45d	•	***************************************			45	ie			
46	Subtract line 45e from line 44					4	6	4,	549.	
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🗀	Other (atta	ch schedule)	4	7			
48	Total tax. Add lines 46 and 47 (see instructions)					4	8	4,	549.	
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2				4	9		0.	
50 a	Payments: A 2017 overpayment credited to 2018		50a							
b	2018 estimated tax payments		50b		1,680	7				
C	Tax deposited with Form 8868		50c							
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d			7				
е	Backup withholding (see instructions)		50e				1			
f	Credit for small employer health insurance premiur	ns (attach Form 8941)	50f				1			
g	Other credits, adjustments, and payments: Fo	orm 2439				7				
	Form 4136 0	ther Total	▶ 50g							
51	Total payments. Add lines 50a through 50g					5	1	1,	680.	
52	Estimated tax penalty (see instructions). Check if Fe	orm 2220 is attached 🕨 🔲				5:	2		5.	
53	Tax due. If line 51 is less than the total of lines 48,	49, and 52, enter amount owed			>	5	3	2,	874.	
54	Overpayment. If line 51 is larger than the total of lin	nes 48, 49, and 52, enter amount overpa	d		>	· _ 5	4		•	
55	Enter the amount of line 54 you want: Credited to 2			Refund		5:	5			
Part \	/I Statements Regarding Certain	Activities and Other Inform	ation (see	e instructio	ns)					
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signa	ture or other	r authority				Yes	No	
	over a financial account (bank, securities, or other)		-					i		
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	f the foreign	country					_	
	here	· · · · · · · · · · · · · · · · · · ·						_	X	
57	During the tax year, did the organization receive a d		or transferor	r to, a foreigi	n trust?			L	X	
	If "Yes," see instructions for other forms the organization	-	•						.	
58	Enter the amount of tax-exempt interest received or	, , , , , , , , , , , , , , , , , , ,							!	
\$ign	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other that	d this return, including accompanying schedules in taxpayer) is based on all information of which p	and statement reparer has an	is, and to the b ly knowledge	est of my kr	owledg	e and beli	et, it is true,		
Here	Musel (mag	unlalia > ====			Γ	May the	RS disci	ıss this returi	n with	
Here	Signature of officer	CHAIR					_	n below (see		
	Ψ, , , , , , , , , , , , , , , , , , ,	Date Title					tions)?	Yes	No	
	Print/Type preparer's name	Preparer's signature	Date	Che			PTIN			
Paid	TAVNE A AMERICA	TAXING A ANDROSE	10,000		- employe		D005	1 4 6 - 1	-	
Prepa			10/29	<u>^</u>				1465		
Use C	Inly Firm's name ANSTISS & CO			Fir	m's EIN		U4-2	91720	J 4	
		ORD STREET				/07	0 \ 4	152 21	E 0 0	
823711 01	Firm's address ► LOWELL, MA	0.1031		l Pr	one no.	() /		52-2		
023/11 01	-מס- וס						For	m 990-1	ı (2018)	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	Υ					
1 Inventory at beginning of year	1 1		6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold. S		ine 6		1		
3 Cost of labor	3		from line 5. Enter here			1			
4a Additional section 263A costs			line 2			7			
(attach schedule)	4a		8 Do the rules of section	n 263A (\	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?	-	•				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	oper	ty)		
Description of property	<u></u> -								
(1)				-					
(2)									
(3)									
(4)	0 0-1	ed or accrued							
(a) From a green and a green to (d) the angel			and personal property (if the percen	tane	3(a) Deductions direct	ly conne	ected with the income	ın	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal property exceeds 50% or in nt is based on profit or income)	if	columns 2(a) a	and 2(b)	(attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total	,	0.	1				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		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	instructions)						
	··-	<u> </u>	2. Gross income from		3. Deductions directly co to debt-finar				
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (b) Other deduction (attach schedule)					
(1)				1					
(2)									
(3)									
(4)				İ					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6. Cotumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	columns		
(1)			%						
(2)			%						
(3)			. %						
(4)			%						
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column		
Totals			•		(ا. د		0.	
Total dividends-received deductions in	ncluded in columi	n 8				ightharpoonup		0.	
			 .		······································	'	Form 990 -	T (2018)	

Schedule F - Interest,	Aimunes, noy	ailles, di		Controlled O			Lation	is (see ins	ruction	10)	
1. Name of controlled organiz	ident			nrelated income 4. Tota paym		nents made include		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1)		_	, -								
(2)											
(3)										J	
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified pay made	ments	10. Part of column the controll gross				ductions directly connected income in column 10	
(1)			, , , , , , , ,	:-				· · · · · · · · · · · · · · · · · · ·			
(2)											
(3)	<u> </u>										
(4)	<u> </u>										
			L. — — — — — —			Add colun Enter here and line 8, c		1, Part I.	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (6)	
Totals				,	▶	-		0.		0.	
Schedule G - Investm		Section	501(c)(7), (9), or	(17) Or	ganizatior	1				
	tructions)			2. Amount of	income	3. Deductio	cted	4. Set-a	sides	5. Total deductions and set-asides	
/1\				· · · — · · · · · · · · · · · · · · · ·	, 	(attach sched	iule)	,5		(col 3 plus col 4)	
(1)						_				 	
					-					 	
(3)								···			
(4)				Fil. 6							
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
					ا ہ	•					
Totals	. =				0.					0.	
Schedule I - Exploited (see insti		y Incom	e, Othei	r Inan Ac	ivertisii	ng Income	•				
1. Description of exploited activity	2. Gross unrelated business income from trade or business		elated	4. Net inconfrom unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity in is not unrelated business inco	hat ted	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1 -										
(2)		1		. ,,,,,							
(3)	 	 								 	
(4)	† · · · –	+			 						
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	, Part I, col (B)	. ,	1.	_			,	Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertis	ing Income (see		0.	·						0.	
	Periodicals Rep			solidated	Basis						
Name of periodical	2. Gross advertising income		3. Direct ortising costs	4. Advert or (loss) (c col 3) If a g cols 5 tl		5. Circulat income		6. Reader		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			·							, ,,	
(2)				4							
(3)			,	_}						٠	
(4)						ļ					
Totals (carry to Part II, line (5))	•	0.	0	<u>.l</u>						0.	
										Form 990-T (2018)	

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	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 mor 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.	,			C	

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)

	T		-		1	
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ΓY			

COST OF PARKING AND TRANSPORTATION BENEFITS PAID

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
COST OF PARKING AND TRANSPORTATION BENEFITS PAID	22,664.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	22,664.