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Sempt unger section   Print   TRUSTRES OF FORBES LIBRARY   On-Fore Print   TRUSTRES OF FORBES LIBRARY   On-Fore Print   On-F							Open to Public inspection for 501(c)(3) Organizations Only	
Note   Section		Name of organization ( Check box if name changed and see instructions.)				(Employees' trust, see		
Addition   Book   Boo	B Exempt under section	Print TRUSTEES OF FORBES LIE	BRAR	Y		04	-60	04208
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B. 473, B.68.   6 Check organization type   X   501(c) corporation   501(c) trust   401(a) trust   10 lourny that as year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	C Book value of all assets		<u>,                                     </u>					
Bescribe the organization's primary unrelated business activity.   BACKUP WITHHOLDING ON A BEQUEST	at end of year 8 473 8		noration	501(c) trust	401(a)	trust		Other trust
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If Yes, enter the name and identifying number of the parent corporation.					▶ [	_	X	No
J The books are in care of ▶ CHERT BUCKHOUT. TREAS  Feliphone number ▶ 413 585-2226  Part I Unrelated Trade or Business Income  (A) Income (B) Expanses (C) Nt  Less returns and allowanes  Cost of goods odi (Schedule A, Ine 7)  Gross profit. Subtract line 2 from line 1c  3 Gross profit. Subtract line 2 from line 1c  4 Capital gain ent returnore (attach Schedule D)  Net gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction for frusts  Income (loss) (Form 4797, Part II, Ine 17) (attach Form 4797)  Copital loss deduction (Ine 170, Ine				,	_			
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Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		·		,		$\rightarrow$		
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Depletion  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	•			····· <del>                                 </del>		224		
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	•	aimed on Schedule A and elsewhere on return		[228]		+ +		
Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	•				··· ·	$\overline{}$		
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Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.					24	35		
line 32	33 Specific deduction (	denerally \$1,000, but see line 33 instructions for exception	15) - aracte			T	-	
mile 62		taxable income, Subtract line 33 from line 32. If line 33 l	yreater	unan mie 32, enter the Sil	1011 CT 2610 UI	34		0.
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions,		y Panerwork Reduction Act Notice see instructions			<u> </u>	1	Form	990-T (2017

Form 980-	TROOTED OF FORDED DIDRARI	004208	Page 2
Part I	II' Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Centrolled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	l, l	
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$	,,	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	'4	
	(2) Additional 3% tax (not more than \$100,000)		
C	Income tax on the amount on line 34	▶ 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	, 1	
	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	<del> </del>
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I		1 40 1	ν.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
	Other credits (see instructions)	<b>─</b>  , , `	
	General business credit. Attach Form 3800 41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del> </del> :	
	Total credits. Add lines 41a through 41d	7,-	
42	Subtract line 41e from line 40	41e   42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach school		<u> </u>
	Total tax. Add lines 42 and 43	44	0.
	Payments: A 2016 overpayment credited to 2017	144	<u> </u>
		<del> </del> ;	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)  45d	<del></del>	
	Backup withholding (see instructions)  51e 45e 5,29	,	
	Credit for small employer health insurance premiums (Attach Form 8941)	,	
9	Other credits and payments: Form 2439		
40	Form 4136 Other Total ▶ 45g	—	5,295.
	Total payments. Add lines 45a through 45g	46	5,435.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	48	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	49	5,295.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		5,295.
Part V	Enter the amount of line 49 you want Credited to 2018 estimated tax    Refunded   Statements Regarding Certain Activities and Other Information (see instructions)	1 50 1	5,435.
		· · · · · · · · · · · · · · · · · · ·	Yes No
	At any time during the 2017 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		X
	here	······································	$-\frac{x}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	•	
	If YES, see instructions for other forms the organization may have to file.		
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	v knowledge and beli	ef. It is true.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of neocrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	.,	
Here			es this return with
	Signature of officer Date Tritle	the preparer show instructions)?	
			1.00
	1 7 7 7	1	
Paid	ROBB D. MORTON, CFM, ROBB D. MORTON, self-empl	• 1	17527
Prepa			260189
Use O	nly Firm's name ► BOISSELLE, MORTON & WOLKOWICZ, LLP Firm's El	IN ► T2-6	200103
	48 BAY ROAD, PO BOX 374	. <b>413-58</b> 7	7000
	Firm's address ► HADLEY, MA 01035 Phone n		m <b>990-T</b> (2017
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