Form 990-T	E	EXTER Exempt Orga	NDED TO NOVI				ax Return	ı]	OMB No 1545-0687
	For co	(a lender year 2018 or other tax year	nd proxy tax und	er se					2018
	10,00		.irs.gov/Form990T for in	structio		and ending	ation	- 1	2010
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbe						. [Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (<u> </u>	, viker	D Empl	oyer identification number loyees' trust, see uctions)
B Exempt under section	Print	BARR FOUNDA	TION					0	4-6579815
\mathbf{X} 501(c \mathbf{Q} 3)	or Type	Number, street, and room		x, see ii	nstruction	ns.			lated business activity code instructions)
408(e) 220(e) 408A 530(a)	"	TWO ATLANTI City or town, state or pro	•	r forein	n nostal i	code		1	
529(a)		BOSTON, MA	02110	Tiorety	iii postai i			531	390
C Book value of all assets at end of year	<i>C</i> E	F Group exemption num		<u> </u>	. 🔽	T 504/2\ 2	104/5		Other toward
1,309,576,9 H Enter the number of the		G Check organization typ		1	ո <u>[X</u>		the only (or first) us	,	Other trust
	-	EE STATEMENT					the only (or first) ur complete Parts I-V.		
		ce at the end of the previous		rts I an	d II. com	-			
business, then complete					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•
I During the tax year, was	the corp	oration a subsidiary in an	affiliated group or a parei	nt-subs	ıdıary cor	ntrolled group?	▶ [Y(es X No
		lifying number of the parer							-
J The books are in care of					1		one number 🕨 6		
L		le or Business Inc	ome	7	(#	A) Income	(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or sale			• Polono	1					
b Less returns and allow2 Cost of goods sold (S		Δ line 7\	c Balance	1c 2			The second	2.02.5	
3 Gross profit Subtract		•		3			HEN DE WES		\$ ₋
4a Capital gain net incom				4a	7	69,127.	医血管 "路通		· 769,127.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	n 4797)	4b			M "adiati" till		. 4
c Capital loss deduction				4c			C" HARE TERMS		., ',
		ship or an S corporation (a	ttach statement)	5	<50	4,920.>	LALEBRUSCHAN	Rich	<504,920.>
6 Rent income (Schedu		(0.1.1.17)	,	6					
7 Unrelated debt-financ		ne (Schedule E) nd rents from a controlled (7			•		-
1		na rents from a controlled on 501(c)(7), (9), or (17) o	-	8 9			-		
10 Exploited exempt activ			rganization (Schedule d)	10					
11 Advertising income (S		• •		11					
12 Other income (See ins		· ·	TATEMENT 21	12		77,847.	可以的对对对对		77,847.
13 Total, Combine lines			,	13		42,054.			342,054.
		t Taken Elsewher							
· · · · · · · · · · · · · · · · · · ·		itions, deductions must	<u> </u>	with t	ne unre	lated business	income)	1	
	icers, di	rectors, and trustees (Sche	RECEIN	/ED	} {			14	
15 Salaries and wages16 Repairs and mainten	2000		·		() 			15	
17 Bad debts	alice		ଞ୍ଚି NOV 1 9	2019	-OS			17	
18 Interest (attach sche	dule) (s	ee instructions)	[S] NOV 1.0	כוט	S	SEE STAT	EMENT 22	18	87,950.
19 Taxes and licenses	, (0	· · · · · · · · · · · · · · · · · · ·	CODEN	1.17				19	<64,384.>
20 Charitable contribution	ons (See	instructions for limitation	ules) OGDEN	<u>, U</u>				20	202,318.
21 Depreciation (attach	Form 45	562)				21		:22	
22 Less depreciation cla	umed or	Schedule A and elsewher	e on return			22a		22b	
23 Depletion								23	
24 Contributions to defe		mpensation plans						24	
25 Employee benefit pro	-	hadula I)						25	
26 Excess exempt exper27 Excess readership co	•	•						26	
28 Other deductions (at	•	•						28	
29 Total deductions A		•						29	225,884.
		ncome before net operating	loss deduction Subtrac	t line 29	from lin	ie 13		30	116,170.
		oss arısıng ın tax years be						31	企业的企业的
		ncome. Subtract line 31 fro						32	116,170.
823701 01-09-19 LHA Fo	r Paper	work Reduction Act Notice	e, see instructions.						Form 990-T (2018)

<u> </u>	W T-t-libert to de Dirico Tourista la como	01 007		
Part I	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructi	ons)	33	116,170.
34	Amounts paid for disallowed fringes		34	19,709.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	135,879.
07			37	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		31	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			124 070
	enter the smaller of zero or line 36		38	134,879.
Part I	IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from;		
	Tax rate schedule or X Schedule D (Form 1041)	•	40	25,951.
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
				
43	Tax on Noncompliant Facility Income. See instructions		43	2E 0E1
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	25,951.
Part \	V Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	25,951.		
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800		, -	
d	1 Credit for prior year minimum tax (attach Form 8801 or 8827) 45d]	
	• Total credits. Add lines 45a through 45d		45e	25,951.
46	Subtract line 45e from line 44		46	0.
		Othersun		
47		Other (attach schedule)	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	a Payments: A 2017 overpayment credited to 2018	<u>1,058,052.</u>	l ' ' '	
b	b 2018 estimated tax payments 50b]. ·	
С	c Tax deposited with Form 8868		.4	
d	d Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	e Backup withholding (see instructions) 50e		1.	
	f Credit for small employer health insurance premiums (attach Form 8941) 50f		1.7	
		·····	١٠,	
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g			4 050 050
51	Total payments Add lines 50a through 50g		51	1,058,052.
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	>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54	1,058,052.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax 1,058,052.	Refunded >	55	0.
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other al	•		Yes No
30				165 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		البينا
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign 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 >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	d to the best of my knowled	ige and b	elief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known			
Here	North Will WAR PRESIDENT &	mpiiampi 1		discuss this return with
	Signature of officer Date Title		prepare structions	r shown below (see
		_	_	
	Print/Type preparer's name Preparer's signature Date	Check if	f PTII	N
Paid	$ \alpha_{\alpha}\rangle$	self- employed		
Prepa	arer GARRY T. NICHOL Jany Told Niche 11/14/19	7		00697789
Use C		Fırm's EIN ▶	0	4-2206126
	78 BLANCHARD ROAD, SUITE 106			
	Firm's address ► BURLINGTON, MA 01803	Phone no. 6	17-	357-0100

Schedule A - Cost of Good	Is Sold. Enter	r method of inve	ntory valuation N/A			<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of year			6	
2 Purchases	2		7 Cost of goods sold. S	ubtract	line 6	[]	
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes No
Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to		
5 Total Add lines 1 through 4b	5	•	the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	_ease	d With Real Prop	erty) 	
1 Description of property							
(1)					•••		
(2)							
(3)							
(4)							
		ed or accrued			3(a) Deductions directly	connected with	h the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percente personal property exceeds 50% or if ent is based on profit or income)	i Ge	columns 2(a) as	nd 2(b) (attach s	chedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	nstructions)				
			Gross income from or allocable to debt-	(6)	3. Deductions directly con to debt-finance	ed property	
1. Description of debt-f	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(D) O (att	Other deductions each schedule)
(1)				†		<u> </u>	
(2)	-		· ·				
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1)			%				· · · · · · · · · · · · · · · · · · ·
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		ere and on page 1, ine 7, column (B)
Totals			•		0	.	0.
Total dividends-received deductions (ncluded in columi	n 8	-			-	0 -

Schedule F - Interest, A	Annuiti	es, Royan	ies, and		Controlled O			tion	s (see in:	struction	ns)
1. Name of controlled organizate	on	2. Em Identifii num	cation	3. Net unr	elated income instructions) (4. To	tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)					,						·
(3)										Î	
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Ne	et unrelated incom (see instructions	e (loss) ;)	9. Total	of specified payi made	nents	10. Part of column the controllingross		nization's		eductions directly connected th income in column 10
(1)						*					
(2)											
(3)											
(4)									• • •		*
							Add colum Enter here and line 8, c	on page	e 1, Part I,	l	ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.	l	0.
Schedule G - Investme			ection	501(c)(7	'), (9), or (17) Org	ganization				
(see instr	uctions)	1									
1 Descri	ription of in	ocome			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)	·										
(2)							•				
(3)											
(4)											
					Enter here and o Part I, line 9, co		-	`. 		u	- Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.		٠	2 ff ,		0.
Schedule I - Exploited (see instru	•	ot Activity	Income	, Other	Than Adv		g Income				
· · · · · · · · · · · · · · · · · · ·			0 -		4. Net incom	ne (loss)					7 -
1 Description of exploited activity	unrelat	. Gross led business ome from or business	3. Exp directly co with pro of unre business	onnected duction elated	from unrelated business (co minus columi gain, compute through	Itrade or lumn 2 n 3) If a e cols 5	 Gross inco from activity to is not unrelate business inco 	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)											
(2)							· - · · ·				
(3)		j									
(4)											
	page	here and on e 1, Part I, 10, col (A)	Enter her page 1, line 10,	Part I,	-		•	+	* "		Enter here and on page 1, Part II, line 26
Totals -		0.		0.					٢,		0.
Schedule J - Advertisir											
Part I Income From F	Period	icals Repo	orted on	a Cons	solidated	Basis				,	
1 Namo of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat e income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							•] ,,
(2)											
(3)] '' '°
(4)					<u></u>	•					
Totals (carry to Part II, line (5))	•	().	0							0.
											

Form 990-T (2018) BARR FOUNDATION 04-65798 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)							
(2)							
(3)		-					
(4)							,
Totals from Part I	•	0.	0.	• '			0.
		Enter here and on page 1, Part I, Ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1 <i>'</i>			Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	•	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	r	•	0.

Form 990-T (2018)

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

OM8 No 1545-0092

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

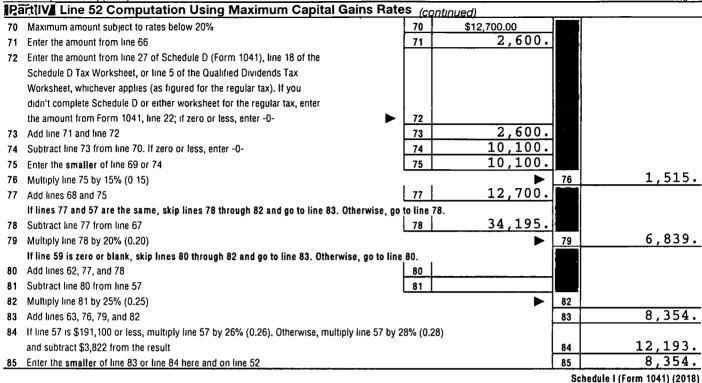
► Go to www.irs.gov/Form1041 for instructions and the latest information.

	RR FOUNDATION	04-	03/9013
Pa	art I ' Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	135,879.
2	Interest	2	
3	Taxes	3_	-64,384.
4	Reserved for future use	4	
5	Refund of taxes	5	()
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	interest from specified private activity bonds exempt from the regular tax	8	_
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	0.
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18_	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	(
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	(
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	71,495.
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44		
27	Estate tax deduction (from Form 1041, line 19)	ļ	
28	Add lines 26 and 27	28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	71,495.
	If line 29 is		
	• \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the		
	alternative minimum tax.		
	 Over \$24,600, but less than \$180,300, go to line 45. 		
_	• \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.		
	rt II Income Distribution Deduction on a Minimum Tax Basis	r	
	Adjusted alternative minimum taxable income (see instructions)	30	71,495.
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31_	
32	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for		
	charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	760 405
35	Capital gains computed on a minimum tax basis included on line 25	35	(769,127.)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	0.
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	0.
40	Total distributions Add lines 38 and 39	40	0.
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	0.

Schedule I (Form 1041) (2018) BARR FOUNDATION

04-6579815

Page 2



SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

2018

OMB No. 1545-0092

Employer identification number

BARR FOUNDATION

04-6579815

	Form 5227 filers need to complete only Parts I and II.		110 11		,	
: Pa	art I Short-Term Capital Gains and Losses-Gene	erally Assets He	eld One Year or	Less (See	instr	uctions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for			1		
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all			. 1	•	
	these transactions on Form 8949, leave this line blank and go to line 1b				_	
1 b	Totals for all transactions reported on Form(s) 8949 with					
	Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with					·
_	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
-	Box C checked					
			'	<u> </u>		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r actatae or tructe			5	25,781.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of				<u> </u>	23,701.
U	Carryover Worksheet	tile 2017 Gapital LUSS			6	l, ,
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	Lon line 17		├-	
,	column (3) on page 2	inin (n). Linter nere and	TOTT TITLE 17,	_	, '	25,781.
Pa	irt II : Long-Term Capital Gains and Losses-Gene	rally Assets He	ld More Than O	ne Year (S	See ir	nstructions)
	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(9)		(h) Gain or (loss)
	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, l line 2, columi	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for			· -		
	which basis was reported to the IRS and for which you have no	•		ia).		
	adjustments (see instructions). However, if you choose to report all			١.	Ų	
	these transactions on Form 8949, leave this line blank and go to line 8b			ولا رف	-,	
8 b	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					·
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	
	3 ··· · · · · · · · · · · · ·					
12	Net long-term gain or (loss) from partnerships, \boldsymbol{S} corporations, and other	estates or trusts			12	217,029.
13	Capital gain distributions				13	** · · - · · · · · · · · · · · · · · · ·
14	Gain from Form 4797, Part I				14	526,317.
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of Carryover Worksheet	the 2017 Capital Loss			15	(
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in column (3) on page 2	umn (h) Enter here and	d on line 18a,	.	16	743,346.

42

43

25.951

48,292

43 Add lines 37, 41, and 42

G, line 1a (or Form 990-T, line 40)

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

44 Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

25,951.

4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number INVESTMENT ACTIVITY FROM BARR FOUNDATION FLOW-THROUGHS 04-6579815 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married fiting separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (a) Depreciation deduction 3-year property 19a b 5-year property c 7-year property 10-year property d 15-year property 20-year property 25 yrs S/L 25-year property 9 27 5 yrs MM S/L Residential rental property h 27 5 yrs MM S/L ММ S/L 1 39 yrs Nonresidential real property ı MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L 30-year 30 yrs MM S/L c 40 yrs 40-year MAM S/L Part IV Summary (See instructions)

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

21 Listed property Enter amount from line 28

portion of the basis attributable to section 263A costs

0.

21

22

23

BARR FOUNDATION 04-6579815 Page 2 Form 4562 (2018) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No Yes No (c) (b) (e) (h) (a) Type of property (d) Date Business/ Basis for depreciation Elected Depreciation Method/ Cost or Recovery placed in investment section 179 (business/investment deduction (list vehicles first) Convention other basis period service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use % S/L · % S/L S/L -% 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (e) (f) (a) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (d) Code section (a) (c) (e) (f) Description of costs Date amortization begins Amortizable Amortization period or percentag 42 Amortization of costs that begins during your 2018 tax year 379,847 525,596. 43 43 Amortization of costs that began before your 2018 tax year

905,443.

44 Total. Add amounts in column (f) See the instructions for where to report

BARR FOUNDATION 04-6579815

FORM 990-T	DESCRIPTION (OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 20
		BUSINESS ACTIVI'	ΓΥ	

INVESTMENTS IN ACTIVITIES GENERATING UBTI

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 21
DESCRIPTION .		AMOUNT
INTEREST AND DIVIDEND INCOME FI	ROM K-1 ALLOCATIONS	77,847.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	77,847.
FORM 990-T	TAMERING DATE	
	INTEREST PAID	STATEMENT 22
	INTEREST PAID	STATEMENT 22 AMOUNT
DESCRIPTION INTEREST EXPENSE FROM K-1 ALLOG		