|                 |                                     |            | Exempt Organ  | ization Rus            | iness I        | Income 1                              | ſax R  | eturr          | 1                                    | (                           | OMB No 1545-068                              | 87   |
|-----------------|-------------------------------------|------------|---|------------------------|----------------|---------------------------------------|--|----------------|--------------------------------------|-----------------------------|--|--|
| Form            | 990-T                               | •          |   | roxy tax unde          |                |                                       |  |                |                                      |                             |  |  |
|                 |                                     | Far asla   | •   | •                      |                | -                                     |  | 30 <b>3</b> 14 | 100                                  |                             | 2018   | ,  |
| 0               | 1 . 6 4 1                           | For cale   | ndar year 2018 or other to  ► Go to www.irs.go                      |                        |                |                                       |  |                |                                      | 1                           |  |  |
|                 | ent of the Treasury Revenue Service | ▶Doi       | not enter SSN numbers of  |                        |                |                                       |  |                | (c)(3).                              | Ope: 501                    | n to Public Inspecti<br>(c)(3) Organizations | ion for<br>s Only                                |
|                 | Check box if address changed        |            | Name of organization ( [  |                        |                |                                       |  |                |                                      |                             | r identification nui                         |  |
|                 | pt under section                    | 1          | ROGER WILLIAMS U  |                        |                |                                       | ,  |                | (Employees' trust, see instructions) |                             |  | tions)   |
| _               | 01( c ) <b>(0</b> 3 )               | Print      | Number street and room or suite no. If a P.O. box, see instructions |                        |                |                                       |  |                |                                      | 0                           | 5-0277222                                    |  |
| ☐ 40            |                                     |            | TUDO ONE OLD FERRY ROAD   |                        |                |                                       |  |                |                                      | related                     | business activity                            | code   |
| ☐ 40            |                                     | .,,,,,     | City or town, state or pro  |                        | or foreign i   | postal code                           |  |                | (See instructions )                  |                             |  |  |
| □ 52            | 29(a)                               |            | BRISTOL, RI 02809   |                        |                |                                       |  |                |                                      |                             | 721110                                       |  |
| C Book<br>at en | value of all assets<br>d of year    |            | oup exemption numb  |                        |                |                                       |  |                |                                      |                             |  |  |
|                 | 285,177,476                         |            | neck organization typ   |                        |                |                                       | (c) trust  |                |                                      | a) tru                      |  |  |
|                 |                                     |            | organization's unrelat  |                        |                |                                       |  |                |                                      |                             | or first) unrelate                           |  |
|                 | ide or business                     |            |   |                        |                |                                       |  |                |                                      |                             | n one, describe                              |  |
|                 |                                     |            | at the end of the pre   | vious sentence, c      | complete       | Parts I and II                        | , compl  | ete a S        | chedu                                | ıle M                       | for each addit                               | tional   |
|                 |                                     |            | omplete Parts III-V.  |                        |                |                                       |  |                |                                      |                             |  |  |
|                 |                                     |            | e corporation a subsid  |                        |                |                                       | liary cont                                       | trolled g      | roup?                                | •                           | ► ☐ Yes ✓                                    | ] No   |
|                 |                                     |            | and identifying numb  |                        |                |                                       |  |                |                                      |                             |  |  |
| _               |                                     |            | Jerome F William  |                        | and Adm        | inistration 161<br>(A) Income         |  |                |                                      |                             | 401-254-3536<br>(C) Net                      | <u> </u>   |
|                 | _                                   |            | e or Business Inc   | ome                    |                | (A) income                            |  | (B) EX         | pense                                |                             | (C) Net                                      |  |
| - 1a<br>b       | Gross receipts Less returns and     |            |   | <br>c Balance I        | ▶ 1c           |                                       |  |                |                                      |                             |  |  |
| 2               |                                     |            | Schedule A, line 7) .   |                        | 2              |                                       | +  |                |                                      |                             |  |  |
| 3               |                                     |            | t line 2 from line 1c.  | ···TM                  | 3              |                                       |  | _              |                                      |                             |  | <del>                                     </del> |
| 4a              |                                     |            | ne (attach Schedule   | D)                     | 4a             |                                       |  |                |                                      |                             |  | _  |
| b               |                                     |            | 4797, Part II, line 17) (   | •                      | -              |                                       | <del>                                     </del> |                |                                      |                             |  | 7  |
| c               |                                     | -          | n for trusts  |                        |                | · · · · · · · · · · · · · · · · · · · |  |                |                                      |                             | EIVED  | 10   |
| . 5             | •                                   |            | tnership or an S corpora  |                        | $\vdash$       |                                       |  |                | R                                    | EU                          | 1  | MY.  |
| 4 6             | Rent income (                       |            |   |                        | 6              |                                       |  |                |                                      | -                           | = 3030                                       | 121  |
| 3 7             |                                     |            | ced income (Schedul   |                        | 7              |                                       |  | \u             | 12                                   | NPR                         | 27 2020                                      | 1R.  |
| <b>z</b> 8      |                                     |            | and rents from a controlled   |                        | e F) <b>8</b>  |                                       |  | 13             |                                      |                             |  |  |
| 2 8<br>1 9      | Investment incom                    | e of a sec | ction 501(c)(7), (9), or (17) o                                     | organization (Schedule | G) <b>9</b>    |                                       |  | /              |                                      | 7                           | DEN, UT                                      |  |
| 10              | Exploited exe                       | mpt act    | ivity income (Schedu  | ıle I)                 | 10             |                                       |  |                |                                      | $\mathcal{O}_{\mathcal{I}}$ | 30   |  |
| 11              | _                                   |            | Schedule J)   |                        |                |                                       | <u> </u>   |                | <u> </u>                             |                             |  |  |
| 星12             | Other income (                      | See inst   | tructions; attach sched   | dule)                  | 12             | 223,221                               | 00   |                |                                      |                             | 223,221                                      | 00   |
| Z 13            | Total. Combin                       |            |   | <u></u>                | 13             | <del></del>                           | $\perp$  |                |                                      |                             |  |  |
| Part            |                                     |            | Taken Elsewhere   |                        |                |                                       |  | s.) (Exc       | ept fo                               | r cor                       | itributions,                                 |  |
| 97              |                                     |            | be directly connect   |                        |                |                                       |  |                |                                      | 44                          |  | T  |
| 14              | •                                   |            | cers, directors, and t  |                        |                |                                       |  |                | 1                                    | 14<br>15                    | 34,723                                       | <del> </del>                                     |
| 15<br>16        | Salaries and v                      | _          | ance  |                        |                |                                       |  |                |                                      | 16                          | 34,723                                       | 00   |
| 17              | •                                   |            |   |                        |                |                                       |  |                |                                      | 17                          |  | _  |
| 18              |                                     |            | dule) (see instructions   |                        |                |                                       |  |                |                                      | 18                          |  |  |
| 19              |                                     |            |   |                        |                |                                       |  |                |                                      | 19                          | 80,480                                       | 00   |
| 20              |                                     |            | ons (See instructions   |                        |                |                                       |  |                |                                      | 20                          | 30,100                                       |  |
| 21              |                                     |            | Form 4562)  |                        |                |                                       |  | 22,446         | 1                                    |                             |  |  |
| 22              |                                     |            | imed on Schedule A  |                        |                |                                       |  |                |                                      | 22b                         | 22,446                                       | 00   |
| 23              | Depletion .                         |            |   |                        |                |                                       |  |                |                                      | 23                          |  |  |
| 24              | •                                   |            | rred compensation p   |                        |                |                                       |  |                | .                                    | 24                          |  |  |
| 25              | Employee ber                        | efit pro   | grams   |                        |                |                                       |  |                | . [                                  | 25                          | 13,499                                       | 00   |
| 26              | Excess exemp                        | ot expe    | nses (Schedule I) .   |                        |                |                                       |  |                | . [                                  | 26                          |  |  |
| 27              |                                     |            | sts (Schedule J) .  |                        |                |                                       |  |                | [                                    | 27                          |  |  |
| 28              |                                     |            | ach schedule)   |                        |                |                                       |  |                | ا در.                                | 28                          | 137,454                                      | 00   |
| 29              |                                     |            | dd lines 14 through 2   |                        |                |                                       |  |                | B                                    |                             | 288,602                                      | 00   |
| 30              |                                     |            | xable income before   | _                      |                |                                       |  |                |                                      | 30                          | (65,381                                      | 00)  |
| 31              |                                     |            | ating loss arısıng ın tax   |                        |                |                                       |  |                | ns)                                  | 31                          |  | igsquare   |
| 32              | Unrelated bus                       | iness ta   | axable income. Subtr  | act line 31 from lir   | ne 30 <u> </u> | · . · . · ·                           |  | <u> </u>       | .51                                  | 32                          | (65,381                                      |  |

| Part I | II T     | otal Unrelated Business Taxab  | le Income                        |                             |  |            | ·                               | <del></del>      |
|--------|----------|--|----------------------------------|-----------------------------|--|------------|---------------------------------|------------------|
| 33     | Total o  | f unrelated business taxable income  | e computed from all unrelate     | ed trades or businesses (   | see  |            |                                 | T                |
|        | instruct | tions)   |                                  |                             |  | 33         | 77,960                          | 00               |
| 34     |          | ts paid for disallowed fringes   |                                  |                             |  | 34         | 77,000                          | -                |
| 35     | Deduct   | tion for net operating loss arising  | in tax years beginning be        | efore January 1, 2018 (     | see  |            |                                 | <del>- 00</del>  |
|        |          | tions)   |                                  |                             |  | 35         | 77,960                          | 00               |
| 36     |          | f unrelated business taxable income  |                                  |                             | um İ   |            |                                 | - 00             |
| -      |          | 33 and 34  | · ·                              |                             |  | 36         | 0                               |                  |
| 37     |          | c deduction (Generally \$1,000, but s  |                                  |                             | 1  | 37         |                                 | 0                |
| 38     |          | ted business taxable income. Sub   |                                  |                             |  | 3/         |                                 |                  |
| 30     |          | ne smaller of zero or line 36  |                                  |                             |  |            | _                               |                  |
| Dort   |          |  |                                  | · · · · · · · ·             | <u>·</u>   | 38         | 0                               | 0                |
| Part   |          | ax Computation   | Markarda Bara 00 has 04 07 70 04 |                             | _  | 00.1       |                                 |                  |
| 39     |          | zations Taxable as Corporations.   |                                  |                             | <b>&gt;</b>                                      | 39         | 0                               | 00               |
| 40     |          | Taxable at Trust Rates. See  |                                  |                             | 011  |            |                                 |                  |
|        |          | ount on line 38 from: Tax rate scl   |                                  |                             |  | 40         |                                 | <u> </u>         |
| 41     |          | tax. See instructions  |                                  |                             | •  | 41         |                                 | <del> </del>     |
| 42     |          | tive minimum tax (trusts only)   |                                  |                             |  | 42         |                                 | ├                |
| 43     |          | Noncompliant Facility Income. Se   |                                  |                             |  | 43         |                                 | ļ                |
| 44     |          | Add lines 41, 42, and 43 to line 39 or   | r 40, whichever applies          | <u> </u>                    | <u>.                                    </u>     | 44         | 0                               | 00               |
| Part   |          | ax and Payments  | ·                                |                             |  |            |                                 |                  |
|        |          | tax credit (corporations attach Form 1   |                                  | 45a                         |  |            |                                 |                  |
| b      |          | credits (see instructions)   |                                  |                             |  |            |                                 |                  |
| C      |          | l business credit Attach Form 3800   | •                                | <del></del>                 |  |            |                                 |                  |
| d      |          | for prior year minimum tax (attach Fo  |                                  | ·- ·                        |  |            |                                 |                  |
| е      |          | redits. Add lines 45a through 45d  |                                  |                             | .  | 45e        |                                 | <u> </u>         |
| 46     |          | ct line 45e from line 44   |                                  |                             | .  | 46         |                                 | <u> </u>         |
| 47     |          | xes. Check if from.  |                                  |                             |  | 47         |                                 | <u> </u>         |
| 48     |          | ax. Add lines 46 and 47 (see instruct  |                                  |                             | ·  | 48         |                                 |                  |
| 49     |          | et 965 tax liability paid from Form 96   |                                  | f ' 1                       |  | 49         |                                 | ļ <u>.</u>       |
| _      | -        | nts: A 2017 overpayment credited to  |                                  |                             |  |            |                                 |                  |
| ь      |          | stimated tax payments  |                                  |                             |  |            |                                 |                  |
| C      |          | posited with Form 8868   |                                  |                             |  |            |                                 |                  |
| d      | _        | organizations: Tax paid or withheld  | -                                | <del></del>                 | -  |            |                                 |                  |
| e<br>• | -        | - ·  |                                  |                             |  |            |                                 |                  |
| f      | Credit   | for small employer health insurance  | premiums (attach Form 8941       | ) . 50f                     |  |            |                                 | l                |
|        |          | redits, adjustments, and payments:   |                                  |                             |  |            |                                 | İ                |
|        | Forn     |  |                                  | al ▶ 50g                    |  |            |                                 |                  |
|        |          | ayments. Add lines 50a through 50g   |                                  |                             |  | 51         |                                 | <del></del>      |
| 52     |          | ted tax penalty (see instructions). Ch   |                                  |                             | - 7  | 52         |                                 | ├─               |
|        |          | e. If line 51 is less than the total of li   |                                  |                             |  | 53         |                                 | ├─               |
|        |          | syment. If line 51 is larger than the to   |                                  |                             | . 🏲  | 54         |                                 | <del> </del>     |
| 55     |          | e amount of line 54 you want. Credited to  |                                  |                             |  | 55         |                                 | L                |
| Part \ |          | tatements Regarding Certain A  |                                  |                             |  |            | ority Yes                       | No               |
|        |          | time during the 2018 calendar year,  |                                  |                             |  |            | /···/y <u> </u>                 | 140              |
|        |          | financial account (bank, securities, of<br>I Form 114, Report of Foreign Bank                              |                                  |                             |  |            |                                 | 1                |
|        |          |  | and Financial Accounts. If       | res, enter the name of the  | ie ior   | eign cou   |                                 |                  |
|        | here ►   | England, Ireland, Scotland, Wales  | - New March                      |                             |  |            |                                 | <del> ,-</del> - |
|        |          | he tax year, did the organization receive  |                                  |                             | a tore   | ign trust? | ·                               |                  |
|        |          | " see instructions for other forms the   |                                  | _                           |  |            |                                 |                  |
| _58    |          | ne amount of tax-exempt interest rec<br>pendities of perjury, I declare that I have examine                |                                  |                             | ho boo   | of my kee  | wledge and ha                   | iof it is        |
| Sign   |          | penalities of penury, I declare that I have examine<br>oprect, and complete. Declaration of preparer (othe |                                  |                             |  |            |                                 | _                |
| _      | <b>.</b> | 11. 11/1/1.  | / / 👠                            |                             |  |            | S discuss this<br>reparer shown |                  |
| Here   |          | is of office   | ・ ファクラス F EVP C                  | of Finance and Administrati | on   |            | tions)? (Yes                    |                  |
|        | Signati  | /  | <del></del>                      | TELL TO SERVICE STREET      | <del>,                                    </del> |            | DATE:                           |                  |
| Paid   |          | Print/Type preparer's name   | Preparer's signature             | Date                        |  | ick 🔲 if   | PTIN                            |                  |
| Prepa  | ner l    | Craig Klein  | 1 W/W                            | 14/17/20                    |  | -employed  | P00734                          |                  |
| Use C  |          | Firm's name ► CBIZ MHM, LLC  | <u> </u>                         |                             |  | 's EIN ►   | 26-37531                        |                  |
|        |          | Firm's address ► 500 Boylston Street.  | Boston, MA 02116                 |                             | Pho  | ne no      | 617-761-06                      |                  |
|        |          |  |                                  |                             |  |            | Form <b>990-T</b>               | (2018)           |

| Sche   | dule A-Cost of Goods Se  | old. Er    | ter metho     | d of inv                                     | ento    | ry va  | luation >  |   |                                 |           |     |  |  |
|--|--|------------|---------------|--|---------|--|--|---|---------------------------------|-----------|-----|--|--|
| 1  | Inventory at beginning of year   | ar         | 1             |  |         | 6  | Inventory a                                      | at end of year  | 6                               |           |     |  |  |
| 2  | Purchases  |            | 2             |  |         | 7  | Cost of  | goods sold. Subtract  |                                 |           |     |  |  |
| 3  | Cost of labor  |            | 3             |  |         |  |  | n line 5. Enter here and  |                                 |           | ļ   |  |  |
| 4a   | Additional section 263A co   | osts       |               |  |         |  | ın Part I, Iır                                   | ne 2  | 7                               |           |     |  |  |
|  | (attach schedule)  | · [        | 4a            |  |         | 8  |  | les of section 263A (wr   |                                 |           | No  |  |  |
| b  | Other costs (attach schedule   | ′ ⊢        | 4b            |  |         |  |  | roduced or acquired for   |                                 |           | 504 |  |  |
| 5  | Total. Add lines 1 through 48  |            | 5             |  |         | ·  |  | anization?  |                                 |           |     |  |  |
|  | dule C-Rent Income (Fro  | om Re      | al Propert    | ty and I                                     | Pers    | onal   | Property   | Leased With Real Pro  | operty)                         |           |     |  |  |
|  | instructions)  |            |               |  |         |  |  |   |                                 |           |     |  |  |
|  | ription of property  |            |               |  |         |  | <del></del>                                      |   |                                 |           |     |  |  |
| (1)  |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| (2)  |  |            |               | •  |         |  |  |   |                                 |           |     |  |  |
| (3)  |  |            |               |  |         |  |  |   | _                               |           |     |  |  |
| (4)  | 2. Re  | ent receiv | ed or accrued |  |         |  |  |   |                                 |           |     |  |  |
| (a) F  | :  |            | I             |  |         |  |  | 3(a) Deductions directly  | v connected with                | the incon | no  |  |  |
|  | im personal property (if the percentage<br>personal property is more than 10% be<br>more than 50%) | percentage | of rent for   | r perso                                      | nal pro | perty (if the<br>operty exceeds<br>of the or income) |  |   |                                 | ie        |     |  |  |
|  | ·  |            | _             |  |         |  |  |   |                                 |           |     |  |  |
| (1)  |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| (2)  |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| (3)  |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| Total  |  |            | Total         |  |         |  |  |   |                                 |           |     |  |  |
|  | al income. Add totals of columns   | 2/a) an    |               |  |         |  |  | (b) Total deductions. Enter here and on page                              | .1                              |           |     |  |  |
|  | nd on page 1, Part I, line 6, column   |            | 0 2(b) Lillei |  |         |  |  | Part I, line 6, column (B)  |                                 |           |     |  |  |
|  | dule E—Unrelated Debt-F  |            | ed Incom      | e (see in                                    | nstruc  | tions  | )  | ······································                                    |                                 |           |     |  |  |
|  |  |            |               |  | 2. Gr   | oss inc  | ome from or                                      | Deductions directly connected with or allocable to debt-financed property |                                 |           |     |  |  |
|  | <ol> <li>Description of debt-finar</li> </ol>  | nced prop  | erty          |  | alloca  |  | debt-financed<br>perty                           | (a) Straight line depreciation (b) Other deduction                        |                                 |           |     |  |  |
|  |  |            |               |  |         | pio,   | COLLY  | (attach schedule)   | (attach s                       | chedule)  |     |  |  |
| <u>(1)</u>   |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| (2)  |  |            |               |  |         |  |  |   |                                 |           |     |  |  |
| (3)  |  |            |               |  |         |  |  |   | ļ                               |           |     |  |  |
| (4)  | 4 Amount of average  | F. A       |               |  |         |  |  |   | <u> </u>                        |           |     |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of allocable to debt-financed property (attach schedule) |  |            |               | <b>6.</b> Column<br>4 divided<br>by column 5 |         |  | 7. Gross income reportable (column 2 × column 6) |   |                                 |           |     |  |  |
| (1)  |  |            |               |  |         |  | %  |   |                                 |           |     |  |  |
| (2)  |  |            |               |  |         |  | %  |   | <u> </u>                        |           |     |  |  |
| (3)  |  |            |               |  |         |  | %  |   |                                 |           |     |  |  |
| (4)  |  |            |               |  |         |  | %  |   |                                 |           |     |  |  |
|  |  |            |               |  |         |  |  | Enter here and on page 1,<br>Part I, line 7, column (A)                   | Enter here ar<br>Part I, line 7 |           |     |  |  |
| Totals   |  |            |               |  |         |  | •  |   |                                 |           |     |  |  |
|  | lividends-received deductions  | ncluded    | in column 8   |  |         |  | ·  | <b>&gt;</b>   | •                               |           |     |  |  |

| Schedule F—Interest, Ann                             | uities, Royaities,  |   |   | Controlled Org   | janizations (se  | e instruc                            | tions)   |  |  |
|--|---|---|---|--|--|--------------------------------------|--|--|--|
| a at a second and                                    | 0.5   | Exempt                                      | Controlled                                  | Torganizations   |  |                                      |  |  |  |
| Name of controlled<br>organization                   | 2. Employer identification number                               |   | lated income<br>instructions)               | 4. Total of specified payments made  | 5. Part of colum included in the coorganization's gro                                | controlling                          | 6. Deductions directly connected with income in column 5 |  |  |
| (1)  |   |   |   |  |  |                                      |  |  |  |
| (2)  |   |   |   | ·  |  |                                      |  |  |  |
| (3)  |   |   |   |  |  |                                      |  |  |  |
| (4)  |   | 1   |   |  |  |                                      |  |  |  |
| Nonexempt Controlled Organi                          | zations   |   |   |  |  |                                      |  |  |  |
| 7. Taxable Income 8. Net unrelated (loss) (see insti |   |   |   | otal of specified yments made  | 10. Part of column 9 that is included in the controlling organization's gross income |                                      | 11. Deductions directly connected with income column 10  |  |  |
| (1)  |   |   |   |  |  |                                      | <del>                                     </del>         |  |  |
| (2)  | -   |   |   |  | <del> </del>   |                                      | <del> </del>   |  |  |
| (3)  |   |   |   |  |  |                                      | <del> </del>   |  |  |
| (4)  |   | · <del>- · · · · -</del>                    |   |  |  |                                      |  |  |  |
|  |   |   | <u> </u>                                    |  | Add columns 5  |                                      |  | columns 6 and 11<br>nere and on page 1,  |  |
|  |   |   |   |  | Part I, line 8, co   |                                      |  | line 8, column (B)   |  |
| Totals   |   |   |   | (47) 0   | - Aio - /  |                                      | <u>, l                                     </u>          |  |  |
| Schedule G-Investment                                | income of a Sec   | tion 501                                    |   | Or (17) Organi<br>Deductions   |  |                                      |  | otal deductions  |  |
| 1. Description of income                             | 2. Amount   |   |   | ctly connected<br>ach schedule)  | 4. Set-asides (attach schedule)  |                                      | and set-asides (col 3<br>plus col 4)                     |  |  |
| (1)  |   |   | _   |  |  |                                      |  |  |  |
| (2)  | <u>.</u>  |   |   |  |  |                                      |  |  |  |
| (3)  |   |   |   |  |  |                                      |  |  |  |
| (4)  |   |   |   |  |  |                                      |  |  |  |
| Totals   | Enter here an Part I, line 9,                                   | column (A)                                  |   | Advantising In   | 2272 (222 )224   |                                      | Part I, II   | re and on page 1,<br>ne 9, column (B)  |  |
| Schedule I—Exploited Exc                             | empt Activity inc   | come, Ot                                    | ner inan                                    | Aavertising in   | icome (see inst  | ructions                             | 5)   |  |  |
| Description of exploited active                      | 2. Gross<br>unrelated<br>business inc<br>from trade<br>business | come connected with production of unrelated |   | 4. Net income (loss)<br>from unrelated trade<br>or business (column<br>2 minus column 3)<br>If a gain, compute<br>cols 5 through 7 | 5. Gross income<br>from activity that<br>is not unrelated<br>business income         | 6. Expenses attributable to column 5 |  | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |  |
| (1)  |   |   |   |  |  |                                      |  |  |  |
| (2)  |   |   |   |  |  |                                      |  | -  |  |
| (3)  |   |   |   |  |  |                                      |  |  |  |
| (4)  |   |   |   |  |  |                                      |  |  |  |
| Totals .   | Enter here ar<br>page 1, Pal<br>line 10, col                    | rti, pag                                    | here and on<br>ge 1, Part I,<br>10, col (B) |  |  |                                      |  | Enter here and<br>on page 1,<br>Part II, line 26   |  |
| Schedule J-Advertising                               | Income (see instru  | uctions)                                    |   | · -  |  |                                      |  |  |  |
| Part I Income From F                                 | Periodicals Repo  | rted on a                                   | Consoli                                     | dated Basis  |  |                                      |  |  |  |
| 1. Name of periodical                                | 2. Gross<br>advertisin<br>income                                | ه ا ه                                       | 3. Direct rtising costs                     | 4. Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7                                  | 5. Circulation income  |                                      | dership<br>sts   | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4)   |  |
| (1)  |   | _   |   |  |  | <del> </del>                         |  |  |  |
| (2)  |   |   |   | 1  |  |                                      |  | 1  |  |
| (3)  |   | _   |   | 1  | _  | <del> </del>                         |  | j  |  |
| (4)  |   |   |   | 1  |  |                                      |  | j  |  |
|  |   |   |   |  | _  |                                      |  |  |  |
| Totals (carry to Part II, line (5))                  | · <b>P</b>  |   |   |  |  | L                                    |  |  |  |

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 6. Readership 5. Circulation 3. Direct 1. Name of periodical advertising minus column 5, but ıncome costs advertising costs ıncome a gain, compute not more than column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business % (1) % (2)

Form **990-T** (2018)

%

%

lack

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

**2018** 

Employer identification number

ROGER WILLIAMS UNIVERSITY 05-0277222 Part I Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part I. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (q) the result with column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked (68, 360)4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 (68, 360)Long-Term Capital Gains and Losses (See instructions. Part II See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 8a 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 adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 172,444 11 Enter gain from Form 4797, line 7 or 9. 11 10,364 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) . . . . 14 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 182,808 Part III Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 114,448 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . 18 114,448 Note: If losses exceed gains, see Capital losses in the instructions.

## **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment Sequence No 12A

Social security number or taxpayer identification number

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

| Description of property (Example 100 sh XYZ Co)  Date acquired (Mo , day, yr)  Date sold or disposed of (Mo , day, yr)  Date sold or disposed of (Mo , day, yr)  Date sold or disposed of (Mo , day, yr)  Date sold or disposed of (Mo , day, yr)  (See instructions)  See the Note below and see Column (e) in the separate instructions  Code(s) from column (g)  Amount of adjustment  From Schedule K-1 (Form 1065)  (74.0)  | ROGER WILLIAMS UNIVERSITY  |   |  |  |  |  | 05-0277222                                    |   |
|--|--|---|--|--|--|--|---|---|
| Instructions). For long-term transactions, see page 2.  Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).  You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.  (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  (B) Short-term transactions reported to you on Form 1099-B  (a)  (b)  Description of property  (Example 100 sh XYZ Co)  (b)  Date sold or disposed of (Mo , day, yr)  (Mo , day, yr)  (Mo , day, yr)  (Cost or other basis See the Note below and see Column (e) in the separate instructions  (h)  Cost or other basis See the separate instructions  (h)  Code(s) from Amount of adjustment with column (g)  (n)  Code(s) from Instructions  (n)  (1)  Code(s) from Instructions  (n)  (A)  (Dode(s) from Instructions  (n)  (A)  (Dode(s) from Instructions  (n)  (Dode(s) from Instructions  (n)  (Dode(s) from Instructions  (n)  (Dode(s) from Instructions  (n)  (Dode(s) from Instructions  (Dode(s) from Instructio | statement will have the same informat  | ion as Form 10  | r you received<br>199-B. Either v                              | any Form(s) 1099<br>will show whether  | -B or substitute st<br>your basis (usually               | atement(s) fr<br>your cost) w                                | om your broker A<br>vas reported to the       | substitute<br>e IRS by your             |
| complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.    (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)   (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS   (C) Short-term transactions not reported to you on Form 1099-B    (a)   | instructions). For lo <b>Note:</b> You may agg reported to the IRS   | ng-term trai<br>gregate all sl<br>and for whi   | nsactions, s<br>hort-term tr<br>ich no adjus                   | see page 2.<br>ansactions rep<br>stments or cod                              | oorted on Form<br>les are required                       | (s) 1099-E<br>d. Enter the                                   | showing basi<br>e totals directly             | s was<br>y on                           |
| 1 (a) Description of property (Example 100 sh XYZ Co) (Example 100 sh XYZ Co)  (b) Date acquired (Mo , day, yr) (Mo , day, yr) (Example 100 sh XYZ Co)  (c) Date sold or disposed of (Mo , day, yr) (Mo , day, yr) (see instructions)  (d) Proceeds (sales price) (see instructions) (see instructions)  (e) Cost or other basis See the Note below and see Column (e) in the separate instructions  (f) Code(s) from (g) enter a code in column (g) see the separate instructions (f) Code(s) from instructions (c) (T) Code(s) from instructions (c) (c) Gain or (loss) Subtract column (g) from column (g)  | complete a separate Form 8949, pfor one or more of the boxes, com  (A) Short-term transactions (B) Short-term transactions | page 1, for ean<br>aplete as mare<br>reported on<br>a reported on                                 | ach applicabl<br>ny forms with<br>Form(s) 1099<br>Form(s) 1099 | le box. If you have<br>the same box of<br>9-B showing bas<br>9-B showing bas | ve more short-te<br>checked as you r<br>sis was reported | rm transact<br>need.<br>to the IRS                           | tions than will fit<br>(see <b>Note</b> above | on this page                            |
| (Example 100 sh XYZ Co)  (Mo , day, yr)  (Mo , day, yr)  (Sales pince) (see instructions)  (in the separate instructions  (r)  Code(s) from adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Combine the result of adjustment  (r)  Code(s) from adjustment  (r)  Code(s) from adjustment  (r)  Combine the result of adjustment  (r)  Code(s) from adjustment  (r)  | (a)  |   |  | c) (d) Cost or other basis   |  | If you enter an<br>enter a c                                 | amount in column (g),<br>ode in column (f)    | (h) Gain or (loss). Subtract column (e) |
|  |  | sh XYZ Co) (Mo , day, yr ) disposed of (sales price) and see column (sales price) in the separate | in the separate  | (f)<br>Code(s) from  | Amount of  | from column (d) and<br>combine the result<br>with column (g) |   |   |
| From Form 6781   | From Schedule K-1 (Form 1065)  |   |  |  |  |  |   | (74,046)                                |
|  | From Form 6781   |   |  |  |  |  |   | 5,686                                   |
|  |  |   |  |  |  |  |   |   |
|  |  |   |  | _  |  |  |   |   |
|  |  |   |  |  |  |  |   |   |
|  |  |   |  |  |  |  |   |   |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract  | 2 Totals. Add the amounts in column  | s (d), (e), (a), and  | d (h) (subtract  |  |  |  |   |   |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

(68, 360)

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

Form 8949 (2018) Attachment Sequence No 12A Page 2 Social security number or taxpaver identification number Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side ROGER WILLIAMS UNIVERSITY Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D. E. or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS [7] (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 (e) If you enter an amount in column (q) (h) enter a code in column (f) (c) (d) Cost or other basis Gain or (loss). (a) (b) See the separate instructions Date sold or Proceeds See the Note below Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) (see instructions) (Mo, day, yr) in the separate combine the result Code(s) from Amount of instructions with column (a) instructions adjustment 163,916 From Schedule K-1 (Form 1065) 8,528 From Form 6781

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶

172,444

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of the organization

ROGER WILLIAMS UNIVERSITY

Unrelated business activity code (see instructions) ▶

For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June 30 , 20 19

► 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).

900099

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

**Employer Identification number** 

05-0277222

| De   | scribe the unrelated trade or business <a> Income from investme</a>   | nt in lim | ited partnersh | ıps      |             | ···                 |         |          |  |
|------|---|-----------|----------------|----------|-------------|---------------------|---------|----------|--|
| Part | Unrelated Trade or Business Income  |           | (A) Income     |          | (B) Expense | es                  | (C) Net |          |  |
| 1a   | Gross receipts or sales   |           |                |          |             |                     |         |          |  |
| b    | Less returns and allowances c Balance ▶   | 1c        |                |          |             | <b></b>             |         |          |  |
| 2    | Cost of goods sold (Schedule A, line 7)   | 2         |                |          |             |                     |         |          |  |
| 3    | Gross profit. Subtract line 2 from line 1c  | 3         |                |          |             |                     |         |          |  |
| 4a   | Capital gain net income (attach Schedule D)   | 4a        | 114,448        | 00       |             | <b>_</b>            | 114,448 | 00       |  |
| b    | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  | 4b        |                |          |             | $\perp$             |         |          |  |
| С    | Capital loss deduction for trusts   | 4c        |                |          |             | -                   |         |          |  |
| 5    | Income (loss) from a partnership or an S corporation (attach statement)   | 5         | (36,488        | 00)      |             |                     | (36,488 | 00)      |  |
| 6    | Rent income (Schedule C)  | 6         |                |          |             |                     |         |          |  |
| 7    | Unrelated debt-financed income (Schedule E)   | 7         |                |          |             |                     |         |          |  |
| 8    | Interest, annuities, royalties, and rents from a controlled   |           |                |          |             | 1                   | ì       |          |  |
|      | organization (Schedule F)   | 8         |                |          |             |                     |         |          |  |
| 9    | Investment income of a section 501(c)(7), (9), or (17)  |           |                | -        |             |                     |         |          |  |
|      | organization (Schedule G)   | 9         |                |          |             |                     |         |          |  |
| 10   | Exploited exempt activity income (Schedule I)   | 10        |                |          |             | $\perp \perp \perp$ |         |          |  |
| 11   | Advertising income (Schedule J)   | 11        |                | _        |             | $\bot$              |         |          |  |
| 12   | Other income (See instructions, attach schedule)  | 12        |                |          |             |                     |         |          |  |
| 13   | Total. Combine lines 3 through 12   | 13        | 77,960         | 00       |             |                     | 77,960  | 00       |  |
| 14   | deductions must be directly connected with the unrelate<br>Compensation of officers, directors, and trustees (Schedule K) |           |                |          |             | 14                  |         |          |  |
| 15   | ·   |           |                |          |             | 15                  | -       |          |  |
| 16   | Salaries and wages  |           |                |          |             | 16                  |         |          |  |
| 17   | Bad debts   |           |                |          |             | 17                  |         |          |  |
| 18   | Interest (attach schedule) (see instructions)   |           |                |          |             | 18                  |         |          |  |
| 19   | Taxes and licenses  |           |                |          |             | 19                  |         |          |  |
| 20   | Charitable contributions (See instructions for limitation rules)  |           |                |          |             | 20                  |         |          |  |
| 21   | Depreciation (attach Form 4562)   |           |                | • •      | · · · ·     |                     |         |          |  |
| 22   | Less depreciation claimed on Schedule A and elsewhere on re   |           |                |          |             | 22b                 |         |          |  |
| 23   | Depletion   |           |                |          |             | 23                  |         |          |  |
| 24   | Contributions to deferred compensation plans  |           |                |          |             | 24                  |         |          |  |
| 25   | Employee benefit programs   |           |                |          |             | 25                  |         |          |  |
| 26   | Excess exempt expenses (Schedule I)   |           |                |          |             | 26                  |         |          |  |
| 27   | Excess readership costs (Schedule J)  |           |                |          |             | 27                  |         |          |  |
| 28   | Other deductions (attach schedule)  |           |                |          |             | 28                  |         |          |  |
| 29   | Total deductions. Add lines 14 through 28   |           |                |          |             | 29                  | o       | 00       |  |
| 30   | Unrelated business taxable income before net operating loss d   |           |                |          |             | 30                  | 77,960  | 00       |  |
| 31   | Deduction for net operating loss arising in tax years beginn  |           |                |          |             |                     |         | <u>-</u> |  |
|      | instructions)   | _         |                | -        |             | 31                  |         |          |  |
| 32   | Unrelated business taxable income. Subtract line 31 from line   | 30 .      | <u> </u>       | <u> </u> | <u></u>     | 32                  | 77,960  | 00       |  |

# Form 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.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990-T 05-0277222 ROGER WILLIAMS UNIVERSITY **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions) . . . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) 6 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 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions . 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Property subject to section 168(f)(1) election . . . 16 16 Other depreciation (including ACRS) 22,446 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method period only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27 5 yrs ММ S/L h Residential rental 275 yrs MM S/L property 39 yrs ММ S/L i Nonresidential real S/L ММ property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year 30 yrs ММ S/L c 30-year 40 yrs ММ S/L d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 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 instructions 22,446 23 For assets shown above and placed in service during the current year, enter the 

| ,<br>Form | 4562 (2018)                                  |                                  |                                    |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           | Page 2          |
|-----------|--|----------------------------------|------------------------------------|-------------------------------|------------------|--------------|------------------------------------|---------------|----------|------------------|--------------------------------------|--|------------------------|---------------|---------------------------|-----------------|
|           | rt V Listed                                  | d Proper                         |                                    | clude aut                     |                  |              | ertain                             | other         | vehicle  | s, ce            | rtaın                                | aircraft   | , and                  | prope         |                           |                 |
|           |  | -                                |                                    | on, or amu                    |                  | •            |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
|           |  |                                  |                                    | which you<br>(c) of Section   |                  |              |                                    |               |          |                  |                                      | j lease  | expens                 | e, com        | olete <b>or</b>           | ıl <b>y</b> 24a |
|           |  |                                  |                                    | nd Other In                   |                  |              |                                    |               |          |                  |                                      | for na   | cenger                 | autom         | obilee )                  |                 |
| 24:       | Do you have e                                |                                  |                                    |                               |                  |              |                                    |               |          |                  |                                      | is the ev  |                        |               |                           | □ No            |
|           | (a)  | _                                | (c)                                | , business, inv               | COLITICITE       |              | (e)                                |               |          | <u> </u>         | (g)                                  | 1  | (h)                    | 1             | (i)                       |                 |
| • • •     | e of property (list<br>vehicles first)       | (b)<br>Date placed<br>in service | Busines:<br>investment<br>percenta | use Cost or d                 | d)<br>other basi |              | for depre<br>ness/inve<br>use only | stment        | Recovery |                  | ethod/<br>ethod/<br>ethod/<br>ethod/ |  | preciation<br>eduction | Ele           | ected sec<br>cost         |                 |
| 25        | Special dep                                  |                                  |                                    |                               |                  |              |                                    |               |          |                  | 25                                   |  |                        |               | -                         |                 |
| 26        | Property use                                 | ed more tha                      | an 50%                             | ın a qualifie                 | d busin          | ess use      | e:                                 |               |          |                  | <del>_</del>                         |  |                        |               |                           |                 |
|           |  |                                  |                                    | %                             |                  |              |                                    |               |          |                  |                                      | I  |                        |               |                           |                 |
|           | _  |                                  |                                    | %                             |                  |              |                                    |               |          |                  | _                                    | <u> </u>   |                        |               |                           |                 |
|           |  | l                                | <u> </u>                           | %                             |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
| 27        | Property use                                 | ed 50% or I                      | less in a                          |                               | usiness          | use.         |                                    |               |          | S/L -            |                                      |  |                        | <del></del>   |                           |                 |
|           |  | -                                |                                    | %                             |                  | +            |                                    |               |          | 5/L -            |                                      | +  |                        |               |                           |                 |
|           |  | <del></del>                      | -                                  | %                             |                  |              |                                    | -             |          | 5/L -            |                                      | <del> </del>                                     |                        |               |                           |                 |
| 28        | Add amount                                   | ts in columi                     | n (h), line                        | 1                             | sh 27. E         | nter he      | ere and                            | on line       | 21. pag  |                  | 28                                   | <del>                                     </del> |                        |               |                           |                 |
| 29        |  |                                  |                                    | _                             |                  |              |                                    |               |          |                  |                                      |  | . ]                    | 29            |                           |                 |
|           |  |                                  |                                    |                               |                  |              |                                    |               | e of Ve  |                  |                                      |  |                        |               | _                         |                 |
|           | plete this sect<br>our employees,            |                                  |                                    |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           | vehicle         |
| 30        | Total busines                                | s/investmen                      | it miles d                         | riven during                  |                  | a)<br>icle 1 |                                    | (b)<br>icle 2 |          | c)<br>cle 3      |                                      | (d)<br>nicle 4                                   |                        | (e)<br>ıcle 5 |                           | f)<br>cle 6     |
|           | the year (don                                |                                  | -                                  |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
|           | Total communication Total other miles driven | personal                         |                                    | •                             |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
| 33        | Total miles lines 30 thro                    |                                  | -                                  | =                             |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
| 34        | Was the veh                                  |                                  |                                    |                               | Yes              | No           | Yes                                | No            | Yes      | No               | Yes                                  | No   | Yes                    | No            | Yes                       | No              |
| 35        | use during of Was the veh                    | •                                |                                    |                               |                  |              |                                    |               |          |                  | <u> </u>                             | <u> </u>   |                        | <u> </u>      |                           |                 |
|           | than 5% ow                                   |                                  |                                    |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
| 36        | Is another vet                               |                                  | <del></del>                        |                               | Ĺ                |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
|           | wer these que<br>e than 5% ow                | estions to d                     | letermine                          | •                             | t an ex          | ception      |                                    |               |          |                  | •                                    |  |                        |               | who <b>ar</b>             | en't            |
|           | Do you mair                                  | ntain a writ                     | ten poli                           | cy statemer                   | nt that p        | orohibit     |                                    |               |          |                  |                                      |  | mmutıı                 | ng, by        | Yes                       | No              |
| 38        | Do you main employees?                       | ntain a writ                     | ten poli                           | cy statemer                   | nt that p        | prohibit     | s perso                            | onal us       | e of veh | ıcles, e         | except                               | commu  |                        |               |                           |                 |
| 39        | Do you treat                                 |                                  |                                    |                               |                  | •            | •                                  |               |          |                  |                                      |  |                        |               |                           |                 |
| 40        | Do you provuse of the ve                     |                                  |                                    |                               |                  |              | ees, ob                            |               | formatio |                  | •                                    |  |                        |               |                           |                 |
| 41        | Do you mee                                   |                                  |                                    |                               |                  |              | mobile d                           |               |          |                  |                                      |  |                        |               |                           |                 |
|           | Note: If you                                 |                                  |                                    |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
| Pai       | rt VI Amor                                   | tization                         |                                    |                               |                  |              |                                    |               |          |                  |                                      |  |                        |               |                           |                 |
|           |  | a)<br>on of costs                |                                    | (b)<br>Date amortiz<br>begins | ation            | Amo          | (c)<br>rtizable ar                 | mount         | C        | (d)<br>ode secti | ion                                  | (e)<br>Amortiza<br>period<br>percent             | ation<br>or            | Amortiza      | <b>(f)</b><br>tion for th | ıs year         |
| 42        | Amortization                                 | of costs th                      | nat begir                          | ns during yo                  | ur 2018          | 3 tax ye     | ear (see                           | ınstruc       | ctions): |                  |                                      |  |                        |               |                           |                 |

Amortization of costs that began before your 2018 tax year . . . .
 Total. Add amounts in column (f). See the instructions for where to report

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Fiscal Year Ended 6/30/19
Emp ID 05-0277222

Part II, LINE 31 - NET OPERATING LOSS CARRYOVER TO FY 20 Pre-Fy19 Net operating losses

| TAX YEAR ENDED | EXPIRATION DATE | NOL GENERATED | NOL UTILIZED | NOL CARRYFORWARD. |
|----------------|-----------------|---------------|--------------|-------------------|
| JUNE 30, 1999  | JUNE 30, 2019   | 33,000        | 33,000 00    | -                 |
| JUNE 30, 2000  | JUNE 30, 2020   | 8,000         | 8,000.00     | -                 |
| JUNE 30, 2001  | JUNE 30, 2021   | 159,000       | 53,725 00    | 105,275           |
| JUNE 30, 2002  | JUNE 30, 2022   | 10,000        | •            | 10,000            |
| JUNE 30, 2003  | JUNE 30, 2023   | 30,190        | -            | 30,190            |
| JUNE 30, 2004  | JUNE 30, 2024   | 196,457       | -            | 196,457           |
| JUNE 30, 2005  | JUNE 30, 2025   | 115,102       | -            | 115,102           |
| JUNE 30, 2006  | JUNE 30, 2026   | 140,446       | -            | 140,446           |
| JUNE 30, 2007  | JUNE 30, 2027   | 119,578       | -            | 119,578           |
| JUNE 30, 2008  | JUNE 30, 2028   | 47,534        | -            | 47,534            |
| JUNE 30, 2009  | JUNE 30, 2029   | 63,470        | -            | 63,470            |
| JUNE 30, 2010  | JUNE 30, 2030   | 99,319        | -            | 99,319            |
| JUNE 30, 2012  | JUNE 30, 2032   | 30,243        | -            | 30,243            |
| JUNE 30,2015   | JUNE 30, 2035   | 3,915         | -            | 3,915             |
| JUNE 30, 2016  | JUNE 30, 2036   | 35,981        | -            | 35,981            |
| JUNE 30, 2017  | JUNE 30, 2037   | 95,176        | -            | 95,176            |
| JUNE 30, 2018  | JUNE 30, 2038   | 143,854       | -            | 143,854           |
|                | TOTAL           | \$ 1,331,265  | \$ 94,725    | \$ 1,236,540      |

Roger Williams University Form 990-T Fiscal Year Ended 6/30/19 Emp ID 05-0277222

# Part II, LINE 31 - NET OPERATING LOSS CARRYOVER TO FY 20 Post-FY18 Net operating losses

#### Net Operating Losses from Hotel Rental Activity

TAX YEAR ENDED: EXPIRATION DATE NOL GENERATED NOL UTILIZED NOL CARRYFORWARD

JUNE 30, 2019 JUNE 30, 2039 65,381 - 65,381

#### Roger Williams University Form 990-T Fiscal Year Ended 6/30/19 Emp. ID 05-0277222

### Schedule M, Entity 1 - Income from investment in limited partnerships.

| from K-18 2016                                      |                |
|---|----------------|
| Adamas  | \$<br>7,242    |
| Truebridge-Kauffman Fellows III                     | (91)           |
| TrueBridge-Kauffman Fellows IV                      | (199)          |
| Metropolitan Real Estate Partners                   | (3,367)        |
| Commonfund Capital Natural Resources Partners X LP  | (18,340)       |
| Commonfund Capital US Private Equity Partners IX LP | 77             |
| Commonfund Capital Natural Resources IX             | (20,393)       |
| Commonfund Capital International Partners VIII, L P | 121            |
| Commonfund Capital Venture Partners XI, LP          | <br>(1,538)    |
| Total   | \$<br>(36,488) |

#### Roger Williams University Form 990-T Fiscal Year Ended 6/30/19 Emp. ID 05-0277222

#### Form 990T, Page 1 - Hotel Rental

| Part I - Line 12 - Other Income Hotel Rentals Total | \$ 223,221<br>\$ 223,221 |
|---|--------------------------|
| Part II - Line 28- Other Deductions                 |                          |
| Maintenance Workers/Others                          | \$ 24,768                |
| Office Supplies                                     | 1,828                    |
| Telephone   | 3,240                    |
| Insurance   | 10,302                   |
| Linens  | 8,605                    |
| Food  | 4,321                    |
| Rubbish Removal                                     | 3,842                    |
| Electric/Gas  | 45,594                   |
| Water   | 5,792                    |
| Building Supplies & Repairs                         | 22,691                   |
| Contract Services                                   | 2,719                    |
| Landscaping   | 3,752                    |
| Total   | \$ 137,454               |