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Description of the Trainary International Contents of the Con			For cale					2018	୭ଲ1ଛ
Married Revenue Service No. December 1988 Numbers on this form as it may be made upside if your organization to a \$01(t) Service Revenue Service Service Reven	Depa	rtment of the Treasury							<u> </u>
Sezempt under section X Soft C (2001) Vigor			▶ Do					c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
BEANDED INFORMATION DISTRICT COUNTY Coun	Α			Name of organization (Check b	ox if na	me changed and see instruction	ns)		
Service (NOS) Service	- 4	_	4	MADDEN ALDEDT FOUND	ስ ም ፕ <i>ር</i>	NN1			
Top Grown value of all assets State PROVIDENCE. RI 02903 S2909 S2909 PROVIDENCE. RI 02903 S2909 S2909 PROVIDENCE. RI 02903 S2909		n ' .	Print		05-0	126623			
Size	/ <u> </u>	1 —	or	Number, street, and room or suite no					
City or time - state or premise, country, and ZP or foreign postal code PROVIDENCE, RI 02903	` <u> </u>	1 -	יש אליון	90 ELM STREET			2		
Consider water and assess at end of years a		1 ` <i>'</i>	Ί		ry, and i	ZIP or foreign postal code			
383, 932, 177. □ C Check organization purpose ■ X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades of businesses ▶ 1 Describe the only (or first) unrelated trade or businesses ▶ 1 Describe the only (or first) unrelated trade or businesses ▶ 1 Describe the only (or first) unrelated trade or businesses ▶ 1 Telephone number 401	C Bo		1	'	•	• .		5230	00
Enter the number of the organization's unrelated trades or businesses. ► □ Describe the only (or first) unrelated trade or business here. ► PARTNERSHET INVESTMENTS If only one, complete Parts I-V firm or than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.V If or the blank space as the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.V If or the blank space as the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or Business III.V If or the same and identifying number of the parent corporation. ► I seleptione number I all of costs of the same and identifying number of the parent corporation. ► I seleptione number I all of costs of costs of solid (Schedule A, line 7). If or the sentence and allewances is a selected or sel	at	end of year	F Gro	up exemption number (See instruc	tions)	>			
If the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts I li. V If the server was the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business it the complete Parts I li. V If the server was the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or Business III. V If the books are in care of ₱KIM FRANCIS If the books) 3	83,932,177.	G Che	eck organization type X 50	1(c) co	rporation 501(c) trust	401(a)	trust Other trust
If the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts I li. V If the server was the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business it the complete Parts I li. V If the server was the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or Business III. V If the books are in care of ₱KIM FRANCIS If the books	3 H E				esses	▶ 1	Describe	the only	(or first) unrelated
trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		ade or business he	re ▶PAF	RTNERSHIP INVESTMENTS		If only one,	complete Parts I	-V If mor	e than one, describe the
Trade of business, hen complete Parts III-V If During the tay year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If gross recepts or seles. It gross recepts or seles Less returns and illumentors Less returns and illumentors Less returns and illumentors Cost of goods sold (Schedule A, line 7). Gross profit Subtract line 2 from line 1c. In the blooks growing spiriture in the complete Parts of the comple		rst in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for ea	ch additio	nal
Trest									
Trest	ጀ□	•		•	_		controlled group?		▶Yes X No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	<u> </u>				rporati			1 202	1 2 2 1
3 Gross profit Subtract line 2 from line 1c							T		T
3 Gross profit Subtract line 2 from line 1c				or Business income	Т	(A) Income	(B) Expen	ses	(C) Net
3 Gross profit Subtract line 2 from line 1c		•	-	a Raignes	1				
3 Gross profit Subtract line 2 from line 1c	ઌૢૻૺૢ૾૾				<u> </u>				- ::-
As Capital gain net income (attach Schedule D) As 356, 555. Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). Capital loss deduction for frusts 6 Rent income (Oshedule C) 7 Unrelated debt-financed income (Schedule E) 7 Income (loss) from a partnership or an Scorporabon (attach statement). 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Investment income of a section 501(c)/1, 8), or (17) organization (Schedule F) 8 Interest, annuales, royalles, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)/1, 8), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and frustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance 17 Taxes and licenses 19 943 Charitable contributions (See instructions) 19 Taxes and licenses 19 943 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 22a				N 1	-				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), ab. c Capital loss deduction for frusts. income (loss) from a partnership or an Scorporation (attach statement), 5 income (loss) from a partnership or an Scorporation (attach statement), 5 Rent income (Schedule C), 6 T Unrelated debt-financed income (Schedule E), 7 interest, annuties, royaltes, and rents from a controlled organization (Schedule F) 9 investment income of a section 501(c)(7), 6), or (17) organization (Schedule F) 9 investment income of a section 501(c)(7), 6), or (17) organization (Schedule G) 9 investment income of a section 501(c)(7), 6), or (17) organization (Schedule G) 9 investment income of Section 501(c)(7), 6), or (17) organization (Schedule G) 9 investment income of Section 501(c)(7), 6), or (17) organization (Schedule G) 9 investment income (Schedule J), 11 Advertising income (Schedule J), 11 Other income (See instructions, attach schedule), 12 Total. Combine lines 3 through 12. 13 Compensation of officers, directors, and trustees (Schedule K), 14 Compensation of officers, directors, and trustees (Schedule K), 14 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 16 Interest (attach schedule) (see instructions), 18 Interest (attach schedule) (see instructions), 18 Depreciation (attach Form 4562), 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b Depletion, 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Excess exempt expenses (Schedule I), 28 Excess exempt expenses (Schedule I), 28 Excess readership costs (Schedule I), 28 Excess readership costs (Schedule I), 29 Total deductions Add lines 14 through 28, 29 Total deductions Add lines 14 through 28, 29 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Unrelated business taxable income Subtract li				1-1		356,555.			356,555
c Capital loss deduction for trusts		, -				·			······································
Income (less) from a partnership or an S corporation (attach statement), 5 -227, 117. ARTHUR -227, 117.		- , , ,			-			=13 /5	7
Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuites, reyalles, and rents from a controlled organization (Schedule F) 8 Interest, annuites, reyalles, and rents from a controlled organization (Schedule F) 8 Interest, annuites, reyalles, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Sce instructions, attach schedule) 12 Other income (Sce instructions, attach schedule) 13 Total. Combine lines 3 through 12. 13 129,438. Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts, 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 943 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (lattach Form 4562), 21 Depreciation (lattach Form 4562), 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22b 22c 22c 22c 22c 22c 22d 22d		•			5	-227,117.	ARCIC		-227,117.
Unrelated debt-financed income (Schedule E) . 7 Interest, annulaes, reyalles, and rents from a controlled organization (Schedule F) . 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . 10 Exploited exempt activity income (Schedule I) . 10 Advertising income (Schedule J) . 11 Other income (See instructions, attach schedule) . 12 Total. Combine lines 3 through 12 . 13 129,438 . 129,438 . 129,438 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) . 14 15 Salaries and wages . 15 16 Repairs and maintenance . 16 17 Bad debts . 17 18 Interest (attach schedule) (see instructions) . 18 17 Taxes and licenses . 19 9 943 20 Charitable contributions (See instructions for limitation rules) . 20 11 Depreciation (attach Form 4562) . 21 22 Less depreciation claimed on Schedule A and elsewhere on return . 223 23 Contributions to deferred compensation plans . 24 Employee benefit programs . 25 Excess exempt expenses (Schedule I) . 27 20 Other deductions (attach schedule) . 28 Total deductions (attach schedule) . 28 Total deductions (attach schedule) . 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 Light 13 10 Unrelated business taxable income Subtract line 31 from line 30 . 32 128,495	6				6			,	1 101
Investment income of a section 501(c)(?), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule J), 10 11 12 12 13 129,438 128,439	7				7		13 NOV 2	1 201	13
Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 129, 438 129, 439 129, 438 129, 439 129, 439 129, 439 129, 439 129, 439 129, 439 130 128, 439 130	8	Interest, annuities, roy	alties, and re	nts from a controlled organization (Schedule F	8		18 140		اکالی
Advertising income (Schedule J). 12 Other income (See instructions, attach schedule). 13 Total. Combine lines 3 through 12 13 129,438. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages. 16 Repairs and maintenance. 16 Repairs and maintenance. 17 Bad debts. 18 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions for limitation rules). 20 Charitable contributions (See instructions for limitation rules). 21 Depreciation (attach Form 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return. 22a 22b 22b 23 Depletion. 24 Contributions to deferred compensation plans. 25 Employee benefit programs. 26 Excess exempt expenses (Schedule I). 27 Excess readership costs (Schedule J). 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28. 29 10 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 Unrelated business taxable income Subtract line 31 from line 30. 32 128, 495.	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9		900	EN	JF
12	10	Exploited exempt	activity in	ncome (Schedule I)	10		UG P		
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16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 943 20 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562)		F		, , , , , , , , , , , , , , , , , , , ,				· · —	
17 Bad debts									-
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Depletion									
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27 Excess readership costs (Schedule J)	25	Employee benefit	programs	3				. 25	
Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income. Subtract line 31 from line 30. 28 29 943 30 128,495.	26	Excess exempt ex	φenses (S	Schedule I)				. 26	
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Unrelated business taxable income Subtract line 31 from line 30				, ,					128,495.
					-			_	120 405
					30 .	<u> </u>	 	. 32	128,495.

Form	990-T (20	18)								Page
Pa	rt III	Total Unrelated Business Taxabl	e Income							
33	Total o	f unrelated business taxable income cor	nputed from all unrelated	trades	or businesses	(see				
	instruct	ons)				[33		128,	495
34	Amount	s paid for disallowed fringes				[34		2,	880
35	Deducti	on for net operating loss arising in	tax years beginning before	e Jan	uary 1, 2018 ((see				
	instruct	ons)				[35		39,	631
36	Total o	f unrelated business taxable income before	e specific deduction Subtra	act lin	e 35 from the s	sum				
		33 and 34					36			744
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)			[37		1,	000
38	•	ed business taxable income Subtract line				ľ				
		e smaller of zero or line 36					38		90,	744
Pai	rt IV	Tax Computation				_				
39		ations Taxable as Corporations. Multiply line 3	38 by 21% (0 21)			▶	39		19,	056
40	Trusts	Taxable at Trust Rates. See ins	tructions for tax compu	tation	Income tax	on [
	the amo	unt on line 38 from Tax rate schedule o	r Schedule D (Form 10	041).		▶	40			
41		x See instructions					41			
42	Alternat	ive minimum tax (trusts only)- · · · · · ·				[42			
43		Noncompliant Facility Income. See instructions					43			
44		dd lines 41, 42, and 43 to line 39 or 40, which							19,	056
Pai		Tax and Payments								
		tax credit (corporations attach Form 1118, tru	sts attach Form 1116)	45a						
		edits (see instructions)								
Č	General	business credit Attach Form 3800 (see instruc	tions)	45c						
4	Credit f	or prior year minimum tax (attach Form 8801 o	8827)	45d						
		edits. Add lines 45a through 45d					45e			
46		t line 45e from line 44					46		19,	056
47		es Check if from Form 4255 Form 8611				· · · ⊢	47			
		k. Add lines 46 and 47 (see instructions)					48		19,	056
48		t 965 tax liability paid from Form 965-A or For					49			
49		ts A 2017 overpayment credited to 2018				-				
		timated tax payments				\neg				
					1,0	00.				
C	lax dep	osited with Form 8868- · · · · · · · · · ·		504			•			
a	Foreign	organizations Tax paid or withheld at source (s	see instructions)	500		$\overline{}$				
		withholding (see instructions)								
		or small employer health insurance premiums (501	·	-				
g		edits, adjustments, and payments Form 2	439	- CO						
	_		Total ▶						1	000
51	-	yments. Add lines 50a through 50g				-	51			784
52		ed tax penalty (see instructions) Check if Form			-	ᄣ	52		10	840
53		. If line 51 is less than the total of lines 48, 49				· · ·	53		10,	040
54		ment. If line 51 is larger than the total of lines		overpai			54			
55		amount of line 54 you want Credited to 2019 est			Refunde		<u>55 </u>			
Pai		Statements Regarding Certain A							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LNI
56		time during the 2018 calendar year, did							Yes	No
		financial account (bank, securities, or oth								١.
		Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,	," ent	er the name of	the f	oreign	country		·
	here >									X X
57	During t	he tax year, did the organization receive a dist	ribution from, or was it the grai	ntor of	f, or transferor to, a	foreig	n trust?.		-	X
		see instructions for other forms the organizatio								
58	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year > \$						L	
	Ur	der penalties of penalty) I declare that I have examined e. correct, and complete Declaration of preparer (other than to	this return, including accompanying sof axpayer) is based on all information of whi	hedules ich prep	and statements, and to arer has any knowledge	the be	st of my	knowledge	and bel	ief, it
Sig	n 📈	full foller	/ /			Мау	the IR	S discuss	this	retum
Her		GUST R SCHIESSER		DIF	RECTOR	with	the pr	reparer st	nown	
	Si	gnature of officer	Date / Title			(see	instructions	s)? X Y	es_	No
		Print/Type preparer's name	Preparer's signature		ate	Check	ıf	PTIN		
Paid		SHY JOSEPH			11/14/2019	self-em	nployed	P010		
•	oarer	Firm's name ► KPMG LLP				Firm's E	EIN ▶ 1	13-556	5207	!
use	Only	Firm's address ▶ 60 SOUTH STREET, B	BOSTON, MA 02111			Phone	no 617	7-988-	1000	

JSA

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Form **990-T** (2018)

Schedule E - Unrelated D	ebt-Financed Income (s	ee instructions)	2. Doductions dispetly as	annosted with as allegable to		
4. Decembran of de	ht fannad amandu	2 Gross income from or allocable to debt-financed	Deductions directly connected with or allocable to debt-financed property			
1. Description of de	oc-imanced property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)				<u> </u>		
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%		_		
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			<u> </u>			
Total dividends-received deduc			<u> </u>			

Form 990-T (2018)

Page 4

Schedule F—Interest, Anni	uities, Royalties	·		trolled Org				300 111011 001		
Name of controlled organization	identification number			ed income structions)		of specified included		irt of column 4 ded in the con ization's gross	trolling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)						_				
(4)									_	<u> </u>
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I		otal of specific yments made	ed	inc	luded in the	imn 9 that is e controlling pross income		Deductions directly nnected with income in column 10
(1)										
(2)										
3)										
4)								·		
Totals	 ncome of a Sec	tion 501(c	· · · · · · · · · · · · · · · · · · ·	9), or (17		Pá	ter here and art 1, line 8, o	column (A)	Pa	nter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly con (attach sch	nected			Set-asides ach schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c	olumn (A)	The	A -d	-: I		. (222) 22	Annahama		Enter here and on page Part I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity in	come, Our	<u>er ma</u>	n Adveru	sing ii	COM	s (see ms	liuctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with of	4 Net incomfrom unrelat or business 2 minus col- If a gain, co- cols 5 thro	ed trade (column umn 3) impute	from	iross income activity that ot unrelated ness income	t attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										-
(2)					-					
3)					_					
			-+		_				_	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,					l	-	Enter here and on page 1, Part II, line 26
Totals					_					<u> </u>
Schedule J-Advertising In					•_					
Part I Income From Per	iodicals Report	ed on a Co	onsolig	lated Bas	is			<u> </u>		
1 Name of periodical	2 Gross advertising income	3 Direc advertising o		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute	5	Circulation income		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
<u> </u>										
1) 2)	 							-		_
								1		\dashv
(3)	 		-							\dashv
	 							_	-	
Totals (carry to Part II, line (5))		_		_			_			Form 990-T (201)

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)						<u></u>
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ORDINARY INCOME FROM PARTNERSHIP INVESTMENTS

-227,117.

INCOME (LOSS) FROM PARTNERSHIPS

-227,117.

SCHEDULE D (Form 1120)

Name

Capital Gains and Losses

OMB No 1545-0123

Employer Identification number

► 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

Department of the Treasury Internal Revenue Service

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

WAR	REN ALPERT FOUNDATION			}	(05 - 0426623
Par	t I Short-Term Capital Gains and Losses	(See instructions)			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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					
11	o 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	44,299.				44,299.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss) Combine lines 1			<u></u>	7	44,299.
Par		(See instructions)		1 (-) 4	·	(h) Colo on (local)
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fom 8949, Part II, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	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	21,181.			_	21,181.
11	Enter gain from Form 4797, line 7 or 9				11	291,075.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	, 		12	
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8a	a through 14 in column	h <u></u>	· · <u>·</u> · · · ·	15	312,256.
						
16	Enter excess of net short-term capital gain (line 7) ov	ver net long-term capita	l loss (line 15)		16	44,299.
17 18	Net capital gain Enter excess of net long-term capital Add lines 16 and 17 Enter here and on Form 1120,				17	312,256. 356,555.
10	Note: If losses exceed gains, see Capital losses in the		Toper line on other rea	uiii5	18	330,333.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

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

2018

Attachment Sequence No 12A

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.

Social security number or taxpayer identification number 0.5-0.42.6.62.3

WARREN ALPERT FOUNDATION

Before you check Box A, B, or C 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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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)

(a) Description of property	(b) (c) Date acquired Date sold or	(d) Proceeds	Cost or other basis See the Note below	See the sepa	Gain or (loss). Subtract column (e)		
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP FLOW-THROUGH - ST	VAR	VAR	44,299				44,299
					_	_	
					-		
<u> </u>							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inci	lude on your e 2 (if Box B	44,299				44,299.

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number WARREN ALPERT FOUNDATION

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 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
X_	(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or disposed of		(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of / adjustment	combine the result with column (g)
PARTNERSHIP FLOW-THROUGH - LT	VAR	VAR	21,181				21,181
					<u> </u>		
						-	
			_				
2 Totals Add the amounts in columns (negative amounts) Enter each total	here and inclu	ide on your					
Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box	F above is che	ecked) ►	21,181		(-) the beau		21,181

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

Form 8949 (2018)

WARREN ALPERT FOUNDATION FOR THE YEAR ENDED 12/31/2018 BIN: 05-0426623

ATTACHMENT TO 990T - NET OPERATING LOSS CARRYFOWARD

		<u>UTILIZED IN PRIOR</u>	UTILIZED IN CURRENT	
TAX YEAR	NOL GENERATED	<u>YEARS</u>	XEAR	AMOUNT REMAINING
12/31/2016	63,070	(23,439)	(39,631)	
	63,070	(23,439)	(39,631)	