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19		_			_ _				
x	1								
			AM	END	ED RETURN	1.7	117) _	
	•			.	-! ! !	T D-4/-	916		
4 ' Cara	" 990-T		cempt Organization				rn	OMB No 1545-0687	
, FOR	n 330-1	_			der section 6033(. 10	@@ 40	
	ÿ	For cale	ndar year 2018 or other tax year begin				20 1 0	<u> 20 18</u>	
	rtment of the Treasury all Revenue Service	, No.	Description — D				c)(3)	Open to Public Inspection fi 501(c)(3) Organizations On	or
ΑT	Check box if	200			ame changed and see instruction			loyer identification number	
	address changed	1	,		•	,	(Emp	loyees' trust, see instructions)	
B Ex	empt under section	1	WARREN ALPERT FOUND	ATIC	ON				
X	501(C)(3)	Print	Number, street, and room or suite no	lfaPC) box, see instructions		05-0	1426623	
	408(e) 220(e)	Type	1					lated business activity cod	ie
	408A 530(a)	1 y pe	90 ELM STREET			2	(See i	nstructions)	
	529(a)		City or town, state or province, countr	y, and	ZIP or foreign postal code		1		•
	ok value of all assets]	PROVIDENCE, RI 0290	3			5230	000	
at	end of year	F Gro	up exemption number (See instruct	ions)	>				
3	83,932,177.	G Che	ck organization type 🕨 X 501	(c) cc	orporation 501(c)	trust	401(a)	trust Other tr	ust
			nization's unrelated trades or busine			Describe	e the onl	y (or first) unrelated	
tr	ade or business her	e ►PAR	TNERSHIP INVESTMENTS		If only one,	complete Parts I	-V If mo	re than one, describe the	
fi	rst in the blank spa	ce at the	end of the previous sentence, co	mplete	e Parts I and II, complete a So	chedule M for ea	ch additic	onal	
tr	ade or business, the	en comple	ete Parts III-V			<u>.</u>			
1 D	uring the tax year,	was the	corporation a subsidiary in an affil	iated g	proup or a parent-subsidiary o	ontrolled group?		▶Yes X	No
_			identifying number of the parent co	rporati					
	he books are in care					e number ▶ 40	1-383		_
Pa	rt Unrelated	Trade c	or Business Income		(A) Income	(B) Expen	ses	(C) Net	
1 a	Gross receipts or s	sales							
b			c Balance	-				<u> </u>	
2			ule A, line 7)	2					_
3			2 from line 1c	3	25.6 5.55			- 356 55	
4a	, -	-	ttach Schedule D)	4a	356,555.			356,55	15.
b			Part II, line 17) (attach Form (4797).	4b					
_ C			rusts	4c	-227,117.	ATCH 1		-227,11	-
5	• • •	-	an S corporation (attach statement)	5	-221,111.	AICH I		-227,11	<u> </u>
6				6					_
7			come (Schedule E)	7		 -			
8	· · · · · · · · ·		nts from a controlled organization (Schedule F)					 	
10			I(c)(7), (9), or (17) organization (Schedule G)			·		-	_
11			ule J)		 			-	
12	=	-	tions, attach schedule)					-	
13	•		ough 12		129,438.	· · · · ·		129,43	8.
			Taken Elsewhere (See insti			eductions) (F	xcept		_
	_		be directly connected with t			, ,		, , , , , , , , , , , , , , , , , , , ,	
14			directors, and trustees (Schedule K)				. 14		
15	•								_
16									_
17									
18			see instructions)						
19							_	12,43	0.
20			ee instructions for limitation rules)						
21		•	4562)		1 1			_	
22			on Schedule A and elsewhere on re				22b		
23	Denletion						. 23		_
24	Contributions to d	eferred c	compensation plans	. RI	CEIVED		24		
25	Employee benefit	programs	e l				. 25		
26	Excess exempt ex	penses (S	chedule I)		D. 1 .0: 2000		. 26		
27	Excess readership	costs (Sc	chedule I)	. FE	R T 9 SNSN O		27		
28	Other deductions				ISI.		28		

Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions. 8X2740 1,000 37 PH JSA 592

Total deductions. Add lines 14 through 28.

Unrelated business taxable income before net operating loss deducted

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-T (2018)

12,430.

117,008.

117,008.

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WARREN ALPERT FOUNDATION

	990-1 (2							Page ∠
Pai	t III	Total Unrelated Business Taxab	ole Income					
33	Total	of unrelated business taxable income co	omputed from all unrelated tra	ades or businesses (s	ee	ł		
	ınstruc	tions)			33		117,	008.
34	Amoun	ts paid for disallowed fringes			34			
35	Deduct	ion for net operating loss arising in	tax years beginning before	January 1, 2018 (s	ee	T		
		tions)				ĺ	39,	631.
36		of unrelated business taxable income before						
30	_	33 and 34					77.	377.
27					<u> </u>	+		000.
37	•	deduction (Generally \$1,000, but see line 37	• •			+		
38		ted business taxable income. Subtract lin-					76	377.
D-		ne smaller of zero or line 36			· · <u> </u> 38	┸──		5//.
	t IV	Tax Computation					1.0	020
39	-	zations Taxable as Corporations. Multiply line	• •			 	10,	039.
40	Trusts	Taxable at Trust Rates. See in	structions for tax computat	tion Income tax o	n	-		
	the am	ount on line 38 from Tax rate schedule	or Schedule D (Form 104	1)	. ▶ 40	 		
41		ax. See instructions						
42		tive minimum tax (trusts only)						
43	Tax on	Noncompliant Facility Income. See instruction	ns		. 43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whic	hever applies	<u> </u>	. 44		16,	039.
Par	t V	Tax and Payments						
45 a	Foreign	tax credit (corporations attach Form 1118, tru	usts attach Form 1116) 4	5a				
		redits (see instructions)						
		business credit Attach Form 3800 (see instru		<u> </u>		ĺ		
		or prior year minimum tax (attach Form 8801 of						
		redits. Add lines 45a through 45d			. 45e	1		
46		t line 45e from line 44			_		16,	039.
47			1 Form 8697 Form 8866				<u> </u>	
48		x. Add lines 46 and 47 (see instructions)					16.	039.
						 		
49		et 965 tax liability paid from Form 965-A or Fo			· 43	 		
		nts A 2017 overpayment credited to 2018			_			
		stimated tax payments			$\overline{\leftarrow}$	1		
		osited with Form 8868				ļ		
		organizations Tax paid or withheld at source (Coo 7+	. +	لممما
		withholding (see instructions)	I	0e	_	See At		nea
		or small employer health insurance premiums	(50f		Paymen		
g		redits, adjustments, and payments	2439	10.00	_	Schedu	ıle	
			19,866. Total ▶ 5		——	-	0.0	
51		ayments. Add lines 50a through 50g			. 51	<u> </u>		866.
52	Estimat	ed tax penalty (see instructions) Check if Form	n 2220 is attached	▶[]	52	<u> </u>		659.
53	Tax du	e. If line 51 is less than the total of lines 48, 4	9, and 52, enter amount owed		▶ 53	ļ		
54	Overpa	yment. If line 51 is larger than the total of line	es 48, 49, and 52, enter amount ove	erpaid	▶ 54		4,	168.
55	Enter th	e amount of line 54 you want Credited to 2019 es		Refunded		<u> </u>		
Par	t VI	Statements Regarding Certain A	Activities and Other Infor	mation (see instruct	ons)			
56	At any	time during the 2018 calendar year, did	I the organization have an inte	rest in or a signature	or other	r authority	Yes	No
	over a	financial account (bank, securities, or ot	her) in a foreign country? If "	Yes," the organization	may ha	ive to file	'	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,"	enter the name of the	ne foreig	n country		
	here 🕨							Х
57	Durina	the tax year, did the organization receive a dis	tribution from or was it the granto	or of, or transferor to, a fe	reign tru:	st?		Х
•	•	see instructions for other forms the organization	· · · · · · · · · · · · · · · · · · ·	,,	•			
58		e amount of tax exempt interest received or a						
	1.0	oder nendties of denuny I declare that I have examined	this return including accompanying schedu	lules and statements, and to the	e best of	my knowledge	and beli	ef, it is
Sigr	l to	ie, correct, and complete Declaration of pregaper (other than	taxpayer) is based on all information of which i	preparer has any knowledge				
Her		My IM.	1-2-4-2020 124	outive Director	-	IRS discuss		
1161		gnature of officer	Date Title	CHIVE DILCCHOP		preparer sh		No
		Print/Type preparer's name	Preparer's signature	Date		PTIN	3	1 140
Paid		l '' ' '	oparci o signaturo			1 5010	0 5 2 2	1
Prep		SHY JOSEPH			elf-employe	12 556		
Use		Firm's name KPMG LLP	DOGMON W7 00111		m's EIN			
		Firm's address ▶ 60 SOUTH STREET,	BOSTON, MA UZIII	Pi	one no 6	17-988-1		
ISA						Form 99	30-T ∂	(2018)

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JSA 822741 1 000

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05-0426623

Form 990-T (2018)									_	Page
Schedule A - Cost of Goo	ds Sold. E	nter method	d of invent	ory v	valuation					
1 Inventory at beginning of year	r . 1			6	Inventory	at end of ye	ar	6		
2 Purchases	2			7	Cost of	goods so	old. Subtract line			
3 Cost of labor	. 3				6 from	fine 5 Er	nter here and in			
4a Additional section 263A cost	s							7_	<u> </u>	
(attach schedule)	. 4a			8	Do the	rules of	section 263A (w	ith r	espect to	Yes No
b Other costs (attach schedule)	-						or acquired for			
5 Total. Add lines 1 through 4b					to the org	anization?			<u></u>	
Schedule C - Rent Income (From Real P	roperty a	nd Perso	nal l	Property	Leased V	With Real Proper	ty)		
(see instructions)		_								
Description of property									_	
(1)										
(2)					.					
(3)				_						
(4)	0. Doub						T			
	2. Rent recei			_			-			
(a) From personal property (if the per for personal property is more than			rom real and age of rent fo				3(a) Deductions dir in columns 2(a			
more than 50%)	10 % 541 1101		if the rent is				00/4/////02/0	, 4.14	.(o) (allaan aan	
(4)		-								
(1)		 		-					_	
(2)							·			
(3) (4)										
Total		Total								
(c) Total income. Add totals of colu	mns 2(a) and 2(-	(b) Total deduction		_	
here and on page 1, Part I, line 6, or	• • •						Enter here and on Part I, line 6, colum			
Schedule E - Unrelated Deb			e instructi	ons)			T are i, line o, coluir	III (D)		
Joneans E - Officialist Bes	t i iiidiloca ii	iloonie (sc				3. [Deductions directly con			le to
1 Description of debt-fit	nanced property		2 Gross allocable			410	debt-finance	_		
			pı	ropert	y		nt line depreciation ch schedule)	(b) Other deduction (attach sched) 	
(1)									· ·	
(2)	· 					<u> </u>				
(3)									<u> </u>	
(4)							-			
4 Amount of average	5. Average adju			Colun					Allocable ded	uctions
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			divide			income reportable n 2 x column 6)		mn 6 x total o	
property (attach schedule)	(attach sche		by c	colum	n 5	(COIGIIII	1 2 X Column o)		3(a) and 3(t	D))
(1)					%					
(2)					%					
(3)					%					
(4)					%					
							e and on page 1,		r here and or	
						Part I, lin	e 7, column (A)	Part	I, line 7, colu	ımn (B)
Totals							İ			

Form **990-T** (2018)

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Total dividends-received deductions included in column 8 .

					ED RETU	JRN							
Form 990-T (2018)	WARREN											0426623	Page
Schedule F-Interest, Ann	<u>uities, Royaltie</u>	s, and						zatio	ons (see	instruction	ons)		
·			Exem	pt Co	ntrolled Org	ganızatı	ons						
1 Name of controlled organization	2 Employer identification num	ber			ated income instructions)	4. Total payme	of spec ents ma		ıncluded	f column 4 to in the control on's gross in	olling	6. Deductions connected with an column	h income
(1)										·			
(2)		_											
(3)													
(4)													
Nonexempt Controlled Organi	zations												
7 Taxable Income	8 Net unrelated ((loss) (see instruc				Total of specific ayments made		in:	clude	of column d in the co ation's gross	ntrolling		1 Deductions di innected with inc column 10	
(1)													·
(2)													
(3)						_							
(4)													
Totals						•	Er	iter h	olumns 5 a ere and on line 8, colui	page 1,	Er	dd columns 6 an Iter here and on p art I, line 8, colum	age 1,
Schedule G-Investment Ir	come of a Sec	ction	501(c	(7).	(9), or (17	Orga	L nizati	ion	(see inst	ructions)			
1 Description of income	2 Amount o			Λ- //	3 Deduct directly con (attach sch	tions nected			4 Set	asides schedule)		5 Total dedu and set-asides plus col	(col 3
(1)					(41.441.441.441.441.441.441.441.441.441.	<u></u>						p.u.s se.	-,
(2)													
(3)						-				· · · -			
(4)													
Totals ▶	Enter here and Part I, line 9, c											Enter here and o Part I, line 9, co	
Schedule I-Exploited Exe	mpt Activity In	come	. Othe	r Th	an Adverti	sina In	com	e (se	e instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 coni pro	Expense directly nected work of the control of the	s rith of	4 Net incomfrom unrelated or business (2 minus column again, column agai	e (loss) ed trade (column umn 3) mpute	5. C from	Pross action	income vity that irelated income	6. Experattributa colum	ble to	7 Excess 6 expens (column 6 column 5, more the	es minus but not ian
(1)													
(2)													
(3)							_						
(4)	Enter here and on page 1, Part I, line 10, col (A)	pag	here and ge 1, Part 10, col (1,	,		_					Enter here on page Part II, lin	1,
Totals ,	2000 (222 :224						-					_ _	
Schedule J-Advertising In Part I Income From Per				no o li	idated Bas								
1 Name of periodical	2 Gross advertising income	3	B Direct		4 Adverti gain or (loss 2 minus col a gain, con cols 5 throi	sing s) (col l 3) If npute	5	Circu	ilation me	6 Reade		7 Excess recosts (columnus column	ımn 6 ın 5, but than
(1)]								
(2)		-			1	Ì						7	
2)			_		1	Ì							

Form **990-T** (2018)

Totals (carry to Part II, line (5))

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
·	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 - Compensation of Officers, Directors, and Trustees (see instructions)

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.	· · · · · · · · · · · · · · · · · · ·	. <u></u> . >	

Form 990-T (2018)

AMENDED RETURN

WARREN ALPERT FOUNDATION

05-0426623

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)

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

Department of the Treasury Internal Revenue Service

Employer identification number

WAR	REN ALPERT FOUNDATION				(05-0426623
Par	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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
16	whole dollars 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	- Coulco price)	(d. d. d	column (g)		the result with column (g)
11	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	(
7 Par	Net short-term capital gain or (loss) Combine lines 1 Long-Term Capital Gains and Losses			<u></u>	7	44,299.
	See instructions for how to figure the amounts to enter on	·		(g) Adjustments	to gain	(h) Gain or (loss)
	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)	or loss from Form 8949, Part II, line column (g)	n(s)	Subtract column (e) from column (d) and combine the result with column (g)
82	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					
8t	O 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 Pari	Net long-term capital gain or (loss) Combine lines 8:	a through 14 in column	h	<u>.,</u>	15	312,256.
	· · · · · · · · · · · · · · · · · · ·		 -			
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16	44,299.
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,				17	312,256. 356,555.
	Note: If losses exceed gains, see Capital losses in the				لت	

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.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

WARREN ALPERT FOUNDATION

05-0426623

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

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)

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)

X (C) Short-term transactions 1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, if a if you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (
(Example 100 sh XYZ Co)	(Mo , day, yr)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
PARTNERSHIP FLOW-THROUGH - ST	VAR	VAR	44,299		,		44,299
							
		-			,		
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 a	al here and incl e is checked), line	ude on your 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)

		AM	ENDED RET	URN							
Form 8949 (2018)					At	tachment Sequence No	12A	Page 2			
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 05-0426623											
Before you check Box D, E, or F below, statement will have the same informati broker and may even tell you which box	on as Form 10	-									
Part II Long-Term. Transactinstructions) For sho				I more than 1	year are ge	enerally long-te	rm (see				
Note: You may aggi to the IRS and for w 8a, you aren't requir	vhich no ad	justments o	r codes are re	quired Enter	the totals d	irectly on Sche					
You must check Box D, E, or F b a separate Form 8949, page 2, fo more of the boxes, complete as ma (D) Long-term transactions re (E) Long-term transactions re X (F) Long-term transactions re	r each applic any forms wit eported on F eported on F	able box If y th the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ong-term transa rou need was reported to	o the IRS (see	will fit on this pa		-			
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) trate instructions	(h) Gain or (Subtract co from columi combine th	loss) dumn (e) n (d) and ne result			

(a) Description of property	(b) Date acquired (Mo , day, yr) (c) Date sold or disposed of (Mo , day, yr)	Date sold or	Date sold or Proceeds s		enter a co See the sepa	Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)		(see instructions)	and see Column (e) in the separate instructions	(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
					-		
			_		-		
					-		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above above is checked).	here and inclusions checked), line Fabove is che	ide on your 9 (if Box E ecked) ▶	21,181				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)

AMENDED RETURN

ATTACHMENT 2

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

ATTACHMENT TO 990T - NET OPERATING LOSS CARRYFOWARD

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

AMENDED RETURN

WARREN ALPERT FOUNDATION

EIN: 05-0426623

FORM 990-T AMENDED RETURN - STATEMENT OF CHANGES

THE WARREN ALPERT FOUNDATION IS AMENDED ITS FYE 12/31/18 FORM 990-T TO: 1) REMOVE AMOUNTS PAID FOR DISALLOWED FRINGES NO LONGER TAXABLE AS INCOME DUE TO THE REPEAL OF IRC 512(A)(7).

2) INCREASE ITS STATE TAX DEDUCTION FOR STATE TAX AMOUNTS DETERMINED AFTER ITS ORIGINAL FILING

Form 990-T	FYE 12/31/2018 AS ORIGINALLY FILED	FYE 12/31/2018 AS AMENDED
LINE 19	943	12,430
LINE 29	943	12,430
LINE 30	128,495	117,008
LINE 32	128,495	117,008
LINE 33	128,495	117,008
LINE 34	2,880	-
LINE 35	39,631	39,631
LINE 36	91,744	77,377
LINE 37	1,000	1,000
LNIE 38	90,744	76,377
LINE 39	19,056	16,039
LINE 44	19,056	16,039
LINE 50(c)	1,000	1,000
LINE 50(g)	-	19,866
LINE 51	1,000	20,866
LINE 52	784	659
LINE 53	18,840	-
LINE 54	-	4,168
LINE 55 (credit)	-	4,168

WARREN ALPERT FOUNDATION

EIN 05-0426623

FYE DECEMBER 31, 2018

Reasons for Amended Return

Warren Alpert Foundation's 2018 Form 990-T is being amended to:

- 1) Remove the \$2,880 in amounts paid for disallowed fringes reported on Line 34 of its original filing in response to the repeal of IRC §512(a)(7).
- 2) Increase the state tax deduction on Line 19 by \$11,487 to reflect additional state income tax amounts incurred by the Foundation that were not available at the time of its original filing.

Payment Schedule

Line	Description	Date of Payment	Amount
50c	Deposited with Form 8868	April 15, 2019	\$ 1,000
50g	Made with Original Filing	November 15, 2019	\$ 18,840
50g	Response to Penalty Notice CP161	January 17, 2020	\$ 1,026
		Total	\$ 20,866