				29393	052	0800	<b>N</b> 1		
T	Exempt Organization	Bus	siness Incom			OMB No 19	٠,		
Form <b>990-T</b>	(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31 2019								
	For calendar year 2019 or other tax year begin	nning _	01/01 , 2019, and	ending 12/31	2614	ഉന:	1 <b>Q</b>		
Department of the Treasury	► Go to www irs gov/Form990	OT for i	nstructions and the la	itest information.		4	IJ		
Internal Revenue Service	Do not enter SSN numbers on this form				c)(3).	Open to Public 501(c)(3) Organ	nspection for zations Only		
A Check box if	Name of organization ( Check b	ox if na	me changed and see instru	ictions)		yer identificatio	n number		
address changed					(Emplo	yees' trust, see insti	ructions )		
B Exempt under section	WARREN ALPERT FOUND	OITA	N						
X 501( C )(DE)	Print Number, street, and room or suite no	lf a P O	box, see instructions		05-04	126623			
408(e) 220(e)	or Type					ted business a	tivity code		
408A 530(a)	90 ELM STREET			2	(See in	structions)			
529(a)	City or town, state or province, count	ry, and 2	ZIP or foreign postal code	-					
C Book value of all assets	PROVIDENCE, RI 0290	)3			52000	00			
at end of year	F Group exemption number (See instruc	tions)	<b>&gt;</b>						
385,142,969.	G Check organization type ► X 50	1(c) co	rporation 5	01(c) trust	401(a)	trust	Other trus		
	the organization's unrelated trades or busine		<b>▶</b> 1	Describ	e the only	(or first) unrela	ited		
trade or business her	e PARTNERSHIP INVESTMENTS		If only o	one, complete Parts	I-V if more	than one, des	cribe the		
first in the blank spa	ce at the end of the previous sentence, co	mplete	Parts I and II, complete	e a Schedule M for ea	ch addition	nai			
trade or business, the	en complete Parts III-V						·····		
I During the tax year,	was the corporation a subsidiary in an affi	liated g	roup or a parent-subsid	ary controlled group?		▶Y	es X N		
If "Yes," enter the na	ame and identifying number of the parent co	orporati							
	e of ▶KIM FRANCIS		Tele	phone number > 40	)1-383 <b>-</b>	1331			
Part I Unrelated	Trade or Business Income		(A) Income	(B) Exper	nses	(C)	Net		
1a Gross receipts or s	sales								
<b>b</b> Less returns and allowa	ncesc Balance ▶	<u>1c</u>							
<del>-</del>	d (Schedule A, line 7)	_							
	tract line 2 from line 1c	3							
	ncome (attach Schedule D)	4a	377,31	3.	_/_	;	377,31		
	rm 4797, Part II, line 17) (attach Form 4797)								
c Capital loss dedu	ction for trusts		470.40	0 2 2 2 2 2			100 10		
	artnership or an S corporation (attach statement)		-479,48	0. ATCH 1			479,48		
	edule C)			/	OF IV	En			
_	nanced income (Schedule E)	<u> </u>		<   RE	CFIA	اي			
	alties, and rents from a controlled organization (Schedule F					20 10			
	section 501(c)(7), (9), or (17) organization (Schedule G)			<u>    <del> </del>          </u>	<b>√ 23</b> 7	N20 12			
	activity income (Schedule I)			181		120			
	ne (Schedule J)	11		1 1	GDEN	117			
12 Other income (Se	ee instructions, attach schedule)	12	100 16	<del>-     O</del>	3ULI	-	100 16		
13 Total. Combine lii	nes 3 through 12	1/3	-102,16		Dad. sakia		102,16		
	d with the unrelated business incom		ons for ilmitations (	on deductions ) (	Deductio	ons must be	airectly		
					144				
•	officers, directors, and trustees (Schedule K					-			
<ul><li>15 Salaries and wage</li><li>16 Repairs and main</li></ul>	es				15	<u> </u>			
17 Bad debts		• • •		• • • • • • • • •	16				
	chedule) (see instructions)								
	s					<del>                                     </del>	1,75		
20 Depreciation (atta	ach Form 4562)		20	• • • • • • • • • •					
	claimed on Schedule A and elsewhere on r				21b	1			
	deferred compensation plans								
	programs					<u> </u>			
							-		
26 Excess readership	costs (Schedule J)				26				
27 Other deductions	penses (Schedule I)	• • •		47%.7.4.	27	-			
28 Total deductions.	Add lines 14 through 27.			THY T	2B		1,75		
,	ss taxable income before net operating					-:	103,92		
/	-				30		-		
					∬ 3h	:	103,92		
	ion Act Notice, see instructions.				V 1		90-T 520		
30 Deduction for net 31 Unrelated busine	operating loss arising in tax years beginning staxable income Subtract line 30 from linion Act Notice, see instructions.	e 29 .	or after January 1, 2018	(see instructions)	$\overline{}$	:	103,		

Par	t III Total Unrelated Business Taxable Income					
32	Total of unrelated business taxable income computed from all unrelated trades or businesses	(seè				
	instructions)	<b>J</b> .	32	-:	103,	925.
33	Amounts paid for disallowed fringes		33			
34	Charitable contributions (see instructions for limitation rules)		34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract	line				
••			35		103,	925.
26	34 from the sum of lines 32 and 33	. ح ددد/	13			
36	Deduction for net operating loss arising in tax years beginning defore January 1, 2018					
	instructions)		36		103,	025
37	Total of unrelated business taxable income before specific deduction—Subtract line 36 from line 35	•	37	<del></del>	103,	925.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38			
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line	1.1				
	enter the smaller of zero or line 37		39	<u>-</u> :	103,	925.
Par	t IV Tax Computation		· · · · · ·			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		4,0			
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax	on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶	41			
42	Proxy tax. See instructions	▶	42	-		
43	Alternative minimum tax (trusts only)		43			
44	Tax on Noncompliant Facility Income. See Instructions		44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			
Par					-	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1146), 46a					
	Other credits (see instructions)		1 1			
	General business credit Attach Form 3800 (see instructions)		1 1			
	Total credits. Add lines 46a through 46d		46e			
47	Subtract line 46e from line 45		47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduler)					
49	Total tax. Add lines 47 and 48 (see instructions)		49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.		50			
51 a		68.	'			
b	2019 estimated tax payments	00.				
C	Tax deposited with Form 8868					
d	Foreign organizations Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)					•
f	Credit for small employer health insurance premiums (attach Form 8941)			,		٠,
	Other credits, adjustments, and payments Form 2439		]		•	• •
	Form 4136 Other Total ▶ 51 g					
52-	Total payments. Add lines 51a through 51g		52	- •	-23,	168:
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		58		-	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	$\overline{}$	54		~~ <del>~</del>	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	•	23.	168.
\56°	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶23,168. Refunde		56			
	tVI Statements Regarding Certain Activities and Other Information (see instru					
					Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of the control of the contr				163	110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the	toreign	country		v
	here ►				-	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a fore	gn trust?	· · · · ·		Х
	If "Yes," see instructions for other forms the organization may have to file					
59	Enter the appount of tax-exempt interest received or accrued during the tax year > \$					
	Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	o the b	est of my	knowledge	and bel	ief, it i
Sign		Ма	v the li	RS discuss	this	retum
Her	e 7 Mg Ollin 11/3/2027 Eyec. Director	wit	h the p	orep <u>arer</u> si		
	Signature Date Title	(se	e instructio	ns)?X Y	es	No
	Print/Type preparer's name Preparer's signature Date	Checi	k 🗌 (f	PTIN		
Paid	GENEVA FURLANO	i .	mployed	P018	7739	92
•	arer Firm's name > KPMG LLP			13-556	5207	
Use	Only Firm's address ▶ 60 SOUTH STREET, BOSTON, MA 02111			7-988-	1000	1
JSA		. ,,,,,,,,,	. 117.	Form 9		
2741 1 0	00 1116LA 1592 V 19-7.5F 722648					,,,

Form 990-T (2019)

Total dividends-received deductions included in column 8.

Schedule F - Interest, Alli	ulues, Royalue			ntrolled Or			iuons (se	e instructi	ions)	Section Section 2015	
1 Name of controlled organization	2 Employer identification numb	loyer n number 3 Ne		ted income structions)	4. Total	of specified included		rt of column 4 that is led in the controlling zation's gross income		<u> </u>	
(1)											
(2)					-						
(3)											
(4)											
Nonexempt Controlled Organiz	zations	•			1		1			10 (10)	
7. Taxable Income	8 Net unrelated if (loss) (see instruc			otal of specifi		ınclu	art of column ded in the co ization's gros	ntrolling	1 co	Deductions directly     nected with income in     column 10	
(1)							<b>3</b>				
(2)							~~		<del></del>	* * > & =	
(0)										-	
(4)										وم آیاد ایس دا به سال ایس	
(4)						٨٨	columno E c	nd 10	<del>                                     </del>	dd'anluman C and 44	
						Ente	columns 5 a here and on I, line 8, colu	page 1,	En	dd columns 6 and 11 Iter here and on page 1, art I, line 8, column (B)	
Totals	<del> </del>				<u> ▶</u>					- *	
Schedule G-Investment In	ncome of a Sec	ction 501(c	)(7),			<u>nizatio</u>	n (see ins	tructions)			
1 Description of income	2 Amount of	2 Amount of income		3 Deduction of the directly control of the directly co	nnected			et-asides i schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)										•1	
(3)		-							ĺ	•	
(4)										-	
1 Name of pince 2		Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)					
Totals ▶	1		<u> </u>							र्ग के का सम्बद्धकार जन्म	
Schedule I-Exploited Exe	mpt Activity In	come, Othe	er Tha	in Advert	ising In	come	see instru	ctions)		اء بيدائي	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	connected with production of unrelated attributable or unrelated unrelated attributable attributable production of unrelated attributable attributable or unrelated unrelated attributable		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)						
(1)	<del>  -                                   </del>				-			<del>                                       </del>			
(2)		<del></del>		<u></u>				<del>                                     </del>			
	_							<del>                                     </del>		<u> </u>	
(3)	-							-			
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	ti,			<u></u>				Enter here and on page 1, Part II, line 25	
Totals	<u> </u>	<del></del>							_		
Schedule J-Advertising In											
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Bas	sis						
1. Name of periodical	2 Gross advertising income	3 Direct advertising co		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) if mpute	l I		6 Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										- :	
(2)								<del>                                     </del>		1	
(3)	<del> </del>							<del>                                     </del>		,	
	<del> </del>									+	
(4)	<del>                                     </del>							<del> </del>		- '	
Totals (carry to Part II, line (5))											

The state of the state of the

Form 990-T (2019) 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.)

Z through / on a i	ine-by-line basis	ə. <i>)</i>				
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)				n		
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 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

%
0/
70
%
%

Form 990-T (2019)

JSA 9X2744 1 000 1116LA 1592

V 19-7.5F

722648

ATTACHMENT 1

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

ORDINARY INCOME FROM PARTNERSHIP INVESTMENTS

-479,480.

INCOME (LOSS) FROM PARTNERSHIPS

-479,480.

33 2 3

+ 4.... en un , eu alliba "

## 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

2019

Employer identification number WARREN ALPERT FOUNDATION 05-0426623 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (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 (g) the result with column (g) 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 16,127 -16,127.Short-term capital gain from installment sales from Form 6252, line 26 or 37 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 -16,127 Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below 1 - 17-2 or loss from Form(s) Subtract column (e) from \_\_ Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales price) (or other basis) the result with column (g) whole dollars column (g) 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 Totals for all transactions reported on Form(s) 8949 72,245. 72,245. 11 Enter gain from Form 4797, line 7 or 9 321,195. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 393,440. Summary of Parts I and II Part III Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 377,313. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 17 377,313. 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

## 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

2019

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.

Attachment Sequence No 12A

Social security number or taxpayer identification number

WARREN ALPERT FOUNDAT:	ION				05-	-0426623	
Before you check Box A, B, or C below statement will have the same informa broker and may even tell you which bo	tion as Form 10						
Part I Short-Term. Transactinstructions). For Ion				1 year or less	are genera	lly short-term (	see
Note: You may aggr reported to the IRS Schedule D, line 1a	and for whic i, you aren't i	h no adjustr required to r	ments or codes report these tra	are required insactions on	Enter the to Form 8949	otals directly or (see instruction	n . ns)
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, cor	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac		
(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis			•	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions.	Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (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		16,127			-16,127
						·	
							• •
						-	, 4 / 1 / 14
	<u> </u>						
	<u> </u>						
	<u> </u>						
2 Totals Add the amounts in columns negative amounts) Enter each total							

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.

Schedule D, fine 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 (2019)

-16,127

Form 8949 (2019)					At	tachment Sequence No	12A 💃 'Page 2
Name(s) shown on return Name and SSN or tax	payer identification n	o not required if sh	own on other side	Social se	curity number or	r taxpayer identificat	ion number
WARREN ALPERT FOUNDATI	ON					05-0426623	e 3
Before you check Box D, E, or F below, statement will have the same informat broker and may even tell you which bo	ion as Form 10						
Note: You may agg to the IRS and for verse, you aren't require	ort-term trar regate all lo vhich no ad	nsactions, se ong-term tra justments o	ee page 1. insactions repo ir codes are rei	rted on Forr	n(s) 1099-B the totals d	showing basis	was reported
You must check Box D, E, or F base a separate Form 8949, page 2, formore of the boxes, complete as m  (D) Long-term transactions of the boxes, complete as m  (E) Long-term transactions of the boxes, complete as m	or each applic any forms wit reported on F reported on F	able box If y th the same to orm(s) 1099 orm(s) 1099-	ou have more lo box checked as y -B showing basis -B showing basis	ng-term trans ou need was reported	to the IRS (see	will fit on this pa	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	√ See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 Sil X12 CO)	(INIO , day, yi )	(Mo, day, yr)	(see instructions)	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	72,245				72,245
-							
-							
							1 15. 25
					+		

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

72,245.

Form 8949 (2019)

72,245

JSA 9X2616 2 000

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) ▶