1906

30,

Describe the only (or first) unrelated

. If only one, complete Parts I-V. If more than one,

OMB No 1545-0687

D Employer identification number

27-7059768

X No

215-277-3074

Other trust

E Unrelated business activity code

(Employees' trust, see

523000

401(a) trust

990-T

Department of the Treasury

Check box if

B Exempt under section

X 501(c)(30 7)

408(e)

408A

] 529(a) C Book value of all assets

at end of year

address changed

220(e)

530(a)

893,559.

business, then complete Parts III-V.

Print

Type

H Enter the number of the organization's unrelated trades or businesses

If "Yes," enter the name and identifying number of the parent corporation.

trade or business here 
SEE STATEMENT 1

Internal Revenue Service

4	
Received In Batching Ogden	

Part II Unrelated Trade or Business Income  (A) Income  (B) Expenses  (C) Net  1 a Gross receipts or sales b Less returns and allowances b Less returns and allowances correctly soft and any and any any and allowances correctly soft and any and any and any any and any any and any	The books are in care of ► RENE J. PARADIS		Telepho	one number 🕨 2	<u> 15-</u>	277-3074
b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit Subtract line 2 from line 1c 3 Gross profit Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Repair (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalhes, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule J) 11 Advertising income (Schedule J) 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 12 Total. Combine lines 3 through 12 13 470,417. 470,417.  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)  4 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages 6 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 Charitable contributions (See instructions) 10 Except for contributions (See instructions) 11 Dependention of deferred compensation plans 11 Employee benefit programs 12 Except for contributions (See instructions) 19 Total deductions. Add lines 14 through 28 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 234,709. 25 Except for contributions (See instructions) 26 Excess readership costs (Schedule J) 27 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 20 Unrelated business taxable income. Subtract line 31 from line 30						
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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  30 235,708.	·					224 700
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  31  235, 708	•			00		
2 Unrelated business taxable income. Subtract line 31 from line 30 32 235, 708.	· -					235,708.
On T	, , , , , , , ,	ry 1, 20	18 (see instructions)	21		225 700
3701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions			<del></del>		3/2	
5-14	3701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.			ارر		Form 990-1 (2018)
0 1	•		•	9-11		
				0 1		
			_			

EXTENDED TO MAY 15, 2020 Exempt Organization Business Income Tax Return

For catendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN

Name of organization ( Check box if name changed and see instructions.)

19046

describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or

NPT CHARITABLE ASSET TRUST

PA.

F Group exemption number (See instructions )

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

JENKINTOWN,

G Check organization type

Number, street, and room or suite no. If a P O. box, see instructions.

165 TOWNSHIP LINE ROAD, NO. 1200

City or town, state or province, country, and ZIP or foreign postal code

(and proxy tax under section 6033(e))

► 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).

501(c) corporation

X 501(c) trust

Form 990-T	(2018) NPT CHARITABLE ASSET TRUST	27-705	9768	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	265,050.
34	Amounts paid for disallowed fringes		34	
35		***** ****** *	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		-	
36	•			265,050.
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  SEE STATES	irni. S	37	53,810.
38	Unrelated business taxable income. Subtract line 37 from line 35, if line 37 is greater than line 35,	っぱ	<b>1 1 1</b>	011 040
	enter the smaller of zero or line 36	<u> </u>	38	211,240.
Part	V Tax Computation		<del></del>	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	38	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	114	1_1	
	X Tax rate schedule or Schedule D (Form 1041)	4	40	76,545.
41	Proxy tax. See instructions	🕨	41	
42	Alternative minimum by Itructs onkil		42	
43	Tax on Noncompliant Facility Income. See instructions  Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	wald	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	ne	44	76,545.
Part 1	/ Tax and Payments		T	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		$\Pi\Pi$	
	Other credits (see instructions)		]	
	General business credit. Attach Form 3800 45c		111	
ď	Credit for prior year minimum tax (attach Form 8801 o: 8827)		111	
	Total credits. Add lines 45a through 45d	<del></del>	450	
40				76,545.
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other tax		47	10,3431
47		Mach schedule)		76 545
48	Total tax. Add lines 46 and 47 (see instructions)	٦	148	76,545.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	••• •••	149	0.
50 g	Payments: A 2017 overpayment credited to 2018		4	
p	2018 estimated tax payments		4	
D.	tax deposited with Form cops	21,000.	4	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
6	Backup withholding (see instructions) 50e		4	
f	Credit for small employer health insurance premiums (attach Form 8941)		1	
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 500			
51	Total payments. Add lines 50a through 50g		51	121,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		58	
( 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>5</b>	54	44,455.
<b>LANC</b>	Enter the amount of line 54 you want. Credited to 2019 estimated tax > 44,455. Refi	inded 🕨	65	0.
Part '			1	
58	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		., . <del>, ., ., ., ., ., ., ., ., ., ., ., ., .</del>	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign country			
	here >			x x
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ilgo truct?		
0,		agn austr	** *-** *	
59	If "Yes," see instructions for other forms the organization may have to file.			1 1
30	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	1884 of my beauty	ndon and and	
Sign	Under penalties of preyery. I design that I have exemined this rotum, including pocompanying schedular and statements, and to the I conset, post complete. Designation of property (giver than texpelver) is besed on all information of which preparer has any knowledge	or my known		Att it so nagt
Here	17/10/2014 TERRASTIRER	<u> </u>	day the IRS d	iscuss this return with
J. 2	Signature Aboutises Care Title			hown below (see
				X Yes No
			IF PTIN	
Paid		self- employed		
Prep	arer LYNNE JOHNSON			0757336
Uao (	Only Firm's name > RSM US LLP / /	Firm s EIN	42	-0714325
	30 S 17TH STREET, SUITE 710	<b>D</b> )	115 7	CE 4600
****	Firm s address ▶ PHILADELPHIA, PA 19103	Phone no.		65.4600
823711 0	(*d2* 13			Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation   N/A	<u> </u>		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property and	l Personal Property L	.ease	d With Real Prope	rty)
(see instructions)						
1. Description of property						
(1)				,		
(2)	<del> </del>					
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly of columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>O.</b>
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)			,,
			2. Gross income from		Deductions directly conne to debt-financed	
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					- · · · · · · · · · · · · · · · · · · ·	
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h 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)	1		%			
(2)			%	i		
(3)			%			
(4)			%			
					nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
				l		
Totals	امم مرامم	. 0	•	Ц	0.	0.
Total dividends-received deductions in	iciaasa iu colawi	10			•	ι υ.

Form 990-T (2018)

Schedule F - Interest,		Ī		· -	Controlled O				(	struction	·,
1. Name of controlled organiza	ition	2. Em identifi num	cation	3. Net uni	related income e instructions)	<b>4</b> . Tot	al of specified nents made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)										****	
(2)											
(3)		1									
(4)											
Nonexempt Controlled Organ	ızatıons										
7. Taxable Income	8. Net u	inrelated inconsee instructions		<b>9</b> Total	of specified pays made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ i income	nization's		eductions directly connected th income in column 10
(1)	1										<del></del>
(2)					<del></del>						
(3)											
(4)										-	•
			. <del></del>				Add colum Enter here and line 8, c		a 1, Parti, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (	17) Org	anization				
	cructions)	me			2. Amount of	ıncome	3. Deduction directly connected	cted	4 Set-	asides	5 Total deductions and set-asides
							(attach sched	ule)	(attach s	chedule)	(col 3 plus col 4)
(1)					<del></del>					-	
(2)											
(3)											
(4)					<u></u>						<del></del>
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				<u> </u>		0.	<b></b>				0.
Schedule I - Exploited (see instri	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	un elated	Pross business e from business	directly c with pro of uni	penses connected , eduction elated s income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity the is not unrelate business income	nat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						Ī					
(2)	I										
(3)					I	Î					
(4)						i i					
Totals	Enter her page 1 line 10,	,Pautl,	Enter her page 1 line 10,	, Parti,				<u> </u>			Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	ng Incor		nstruction								
Part I Income From					solidated	Basis					•
1. Name of periodical		2. Gross advertising income		3. Direct artising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	on	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>			···					
(2)			i								
(3)											]
(4)	$\overline{}$				7						1
· · · · · · · · · · · · · · · · · · ·			1	- :						•	
Totals (carry to Part II, line (5))	<b>•</b>	(	<u> </u>	0							0. Form <b>990-T</b> (2018)

# Form 990-T (2018) NPT CHARITABLE ASSET TRUST 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	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)	Ī						·
(3)	Ī						]
(4)		********					
Totals from Part I	▶	0.	0.				0.
		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)	▶	0.	0.				0.
Schedule K - Comper	satior	of Officers, D	Directors, and	Trustees (see in	structions)		
					3. Percei		pensation attributable

1. Name	2. Title	<ol> <li>Percent of time devoted to business</li> </ol>	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

#### SCHEDULE I (Form 1041)

## **Alternative Minimum Tax - Estates and Trusts**

S OMB No 1545-0092

➤ Attach to Form 1041.

Department of the Treasury Internal Revenue Service

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

2018

Naii	ne of estate of those	1	pioye	ii iaciitiiicaaon nambei
	PT CHARITABLE ASSET TRUST	2	<u> 7 – '</u>	7059768
IP:	art I   Estate's or Trust's Share of Alternative Minimum Taxable Income	-		<del></del>
1	Adjusted total income or (loss) (from Form 1041, line 17)	<u> </u>	1	265,050.
2	Interest •	<u>_</u>	2	
3	Taxes	L	3	
4	Reserved for future use	L-	4	-
5	Refund of taxes	L	5	(
6	Depletion (difference between regular tax and AMT)	L	6	
7		<u> </u>	7	
8	Interest from specified private activity bonds exempt from the regular tax	<u> </u>	8	
9	Qualified small business stock (see instructions)	L	9	
10	. ,	<u> </u>	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	L	11	
12		<u> </u>	12	
13		L	13	
14	, , , , , , , , , , , , , , , , , , , ,	L	14	
15	·	L	15	
lb	· · · · · · · · · · · · · · · · · · ·		16	
17	,	<u> </u>	17	
18		_	18	
19	- ,		19	
20	· · · · · · · · · · · · · · · · · · ·		20	
21	· ·		21	()
22	· · · · · · · · · · · · · · · · · · ·		22	F2 010
23	Other deflectments, including income based related deflectments	_	23	-52,810.
24	, ,	<u> </u>	24	212,240.
25	•	<b>-</b>	25	212,240.
	Note; Complete Part II below before going to line 26.	ŀ		
26				
27	, , ,			
28		<del></del>	28	212,240.
29		Ľ	29	212,240.
	If line 29 is;			
	<ul> <li>\$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the</li> </ul>			
	alternative minimum tax			
	Over \$24,600, but less than \$180,300, go to line 45.      S180,300 as more acts the amount from line 40. as less 51 and as to line 52.			
I Da	\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.  art II   Income Distribution Deduction on a Minimum Tax Basis	N/A		
			30	
30 31			31	
32		<u> </u>	32	
33		F	<del>- 1</del>	
30	charitable purposes (from Form 1041, Schedule A, line 4)		33	
34			34	
35		<b>—</b>	35	1
36		_	36	1
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter		37	,
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	_	39	
40	Total distributions. Add lines 38 and 39		40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	_	41	
42			42	

Sche	dule   (Form 1041) (2018) NPT CHARITABLE ASSET TRUST				27	-7059768	Page 2
	rt II: Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)		N/	Α	
_	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3			,			
	If zero or less, enter -0-				43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.					
	Enter here and on line 26				44		
IPa	rt III   Alternative Minimum Tax						
45	Exemption amount				45	\$24,600	00
46	Enter the amount from line 29	46		<u></u>		]	
47	Phase-out of exemption amount	47		\$81,900 00	_		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	<u> </u>				
49	Multiply line 48 by 25% (0.25)				49		
50	Subtract line 49 from line 45. If zero or less, enter -0-				50		
51	Subtract line 50 from line 46				51	212	,240.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha						
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	e 51 is				
	• \$191,100 or less, multiply line 51 by 26% (0.26)						c o =
	<ul> <li>Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result</li> </ul>				52	55	<u>,605.</u>
53	Alternative minimum foreign tax credit (see instructions)				53		
54					54		<u>,605.</u>
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedu	-	•		55	/6	,545.
56	Alternative minimum tax. Subtract line 55 from line 54 If zero or less, enter -0- Enter here	and or	1				^
<del></del>	Form 1041, Schedule G, line 1c				56	l	0.
<u>[Pa</u>	rt IV   Line 52 Computation Using Maximum Capital Gains Rate					1	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Work						
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruction	ons					
	before completing this part.				[,		
57	Enter the amount from line 51	1 1	1		_57	L	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax						
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for	58					
50	Form 1041, whichever applies (as refigured for the AMT, if necessary) Enter the amount from Schedule D (Form 1041), line 18b, column (2)	36	<u> </u>	<del></del>	┥ :		
59	(as refigured for the AMT, if necessary). If you didn't complete						
	Schedule D for the regular tax or the AMT, enter -0-	59			İ		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	<u> </u>			_		
00	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter						
	the smaller of that result or the amount from line 10 of the Schedule D Tax						
	Worksheet (as refigured for the AMT, if necessary)	60					
61	Enter the smaller of line 57 or line 60				61		
62	Subtract line 61 from line 57				62		
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by						
	28% (0.28) and subtract \$3,822 from the result			•	63		
64	Maximum amount subject to the 0% rate	64	<u></u>	\$2,600 00			
	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D						
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions		ŀ		1 1		
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't				i i		
	complete Schedule D or either worksheet for the regular tax, enter the amount						
	from Form 1041, line 22, if zero or less, enter -0-	65			_		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			<b>_</b>		
67	Enter the smaller of line 57 or line 58	67					
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68			<b>⊣</b> ∣		
69	Subtract line 68 from line 67	69			11		
81986	2 12-13-18				Sc	hedule I (Form 10-	41) (2018)

Pa	art IV: Line 52 Computation Using Maximum Capital Gains Rate	s (cc	ontinued)		
70	Maximum amount subject to rates below 20%	70	\$12,700 00	J	
71	Enter the amount from line 66	71		]	
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			i	
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax	•			
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 22, if zero or less, enter -0-	72		]	
73	Add line 71 and line 72	73		]	
74	Subtract line 73 from line 70. If zero or less, enter -0-	74		]	
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		▶	76	
77	Add lines 68 and 75	77		]	
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line	78.		
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0 20)		•	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	80.			
80	Add lines 62, 77, and 78	80		1	
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		•	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	8% (0.:	28)		
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	

Schedule I (Form 1041) (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRES	LATED STATEMENT 1
	BUSINESS ACTIVITY	

#### UNRELATED BUSINESS INCOME FROM QUALIFYING PARTNERSHIP INTERESTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
HITCO LLC - ORDINARY BUSINESS	INCOME (LOSS)	470,417.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	470,417.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
FORM 990-T  DESCRIPTION/KIND OF PROPERTY	CONTRIBUTIONS . METHOD USED TO DETERMINE FMV	STATEMENT 3  AMOUNT

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 4
CARRYOVER OF PRIOR YEARS U	NUSED CONTRIBUTIONS		
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	468,252		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CON	TRIBUTIONS	468,252 14,259,948	
TOTAL CONTRIBUTIONS AVAILA		14,728,200 234,709	_
EXCESS 50% CONTRIBUTIONS FOTAL EXCESS CONTRIBUTIONS	- -	14,493,491 14,493,491	
ALLOWABLE CONTRIBUTIONS DE	DUCTION		234,709
TOTAL CONTRIBUTION DEDUCTI	ON		234,709

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	-	AMOUNT
QUALIFIED BUSINESS INCOME DI	EDUCTION	52,810.
TOTAL TO FORM 990-T, PAGE 2	, LINE 37	52,810.

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

## Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

30, 2019 **2018** 

Employer identification number 27-7059768

Department of the Treasury
Internal Revenue Service (99)

Name of the organization

▶ 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).

NPT CHARITABLE ASSET TRUST

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

OMB No 1545-0687

ENTITY

	Unrelated business activity code (see instructions)   Security See Instructions   UBI FROM		TNERSHIP INVI	ESTMENT		
	t I. Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 6	5	29,342.			29,342.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	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				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	29,342.			29,342.
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken Elsewhere)	ions f inrela	for limitations on de ated business incom	ductions.) (Exce	ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			<u> </u>	14	
15	Salaries and wages			Ļ	15	
16	Repairs and maintenance			<u> </u> _	16	
17	7 Bad debts			ļ_	17	
18	8 Interest (attach schedule) (see instructions)			ļ.	18	
19	9 Taxes and licenses			ļ	19	
20	Charitable contributions (See instructions for limitation rules)			<u> </u>	20	
21						
22	2 Less depreciation claimed on Schedule A and elsewhere on return 22a			22b		
23	3 Depletion		<u>_</u>	23		
24	Contributions to deferred compensation plans			<u>_</u>	24	
25	Employee benefit programs			<u> </u>	25	
26	6 Excess exempt expenses (Schedule I)			Ļ	26	
27	7 Excess readership costs (Schedule J)			Ļ	27	
28	Other deductions (attach schedule)			L	28	
29	9 Total deductions. Add lines 14 through 28			29	0.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

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31

29,342.

29.342.

instructions)

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FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
ADVANTAGE CAPITAL NMTC INVESTOR III, LLC - ORDINARY BUSINESS INCOME (LOSS)	29,342.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	29,342.

### NPT CHARITABLE ASSET TRUST

SCHEDULE I	OTHER ADJUSTMENTS	STATEMENT 7
DESCRIPTION		AMOUNT
QUALIFIED BUSINESS INCOME D	EDUCTION	-52,810.
TOTAL TO SCHEDULE I, PAGE 1	, LINE 23	-52,810.