, Pai	t III   Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see,		
	instructions)	32	-286
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		
	34 from the sum of lines 32 and 33	35	-286
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-286
38		38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37		
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37 enter the smaller of zero or line 37	39	-286
Par	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	<del></del>
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	t V 🙀 Tax and Payments	<u> </u>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions)	]	
С	General business credit Attach Form 3800 (see instructions)	]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	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 schedule)	48	
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	Payments A 2018 overpayment credited to 2019 64 51a 19,190.		
b	2019 estimated tax payments 51b	] .]	
С	Tax deposited with Form 8868	]	
d	Foreign organizations Tax paid or withheld at source (see instructions)	]	
e	Backup withholding (see instructions) 51e	].	
f	Credit for small employer health insurance premiums (attach Form 8941)  5/1f		
g	Other credits, adjustments, and payments Form 2439		•
	Form 4136 Other Total 51g		
52	Total payments. Add lines 51a through 51g	52	19 <b>,</b> 190.
53	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	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	19,190.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax 19,190. Refunded	56	
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	s)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization ma	ay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
<u>59</u>	Enter the amount of tax-exempt interest received or accrued dy the tax year \$		
	Under penalties of perjury, I declare that I have examined this true correct, and complete Declaration of perparer (other than taxp) used on all information of which preparer has any knowledge	est of my knowledge	and belief, it is
Sign	May	y the IRS discuss	
Here	e / Whythe #- / 100 = 11.13/2020 PHESIONER WITH	h the preparer sh	nown below
			es No
Paid	Print/Type preparer's name Preparer's signature Date Check		
Prep	BOXT D FILES Self-er		33234
Use	Only Firm's name DDC COA, LDC		
	Firm's address 1601 FORUM PLACE, 9TH FLOOR, WEST PALM BEACH, FL 33401 phone	561-688-1	เทบป

Form **990-T** (2019)

Form 990-T (2019)

Total dividends-received deductions included in column 8

Schedule F – Interest, Anr				ontrolled Or								
Name of controlled organization	2. Employer identification numl	uei j		lated income instructions)			5. Part of column 4 that included in the controll organization's gross inco			6. Deductions directly connected with income in column 5		
(1)												
(2)	·· <del>·</del>										<u> </u>	
(3)												
(4)									<del></del>			
Nonexempt Controlled Organi	****	<u> </u>			<del></del>	10	Pari	of column	9 that is	1	Deductions directly	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			ntrolling	connected with income in column 10		
(1)											<del></del>	
2)				<del></del>								
(3)												
(4)			<u></u>		•	Add columns 5 a Enter here and on Part i, line 8, colu		page 1, Ente		dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)		
Totals					<del></del>						(2)	
Schedule G-Investment I	ncome of a Sec	ction 501(	c)(7),			nizati	on			—-т	5. Total deductions	
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)				et-asides i schedule)		and set-asides (col 3 plus col 4)		
1)			4-							-+		
2)	<del></del>		+									
3)								<del></del>			- <del></del>	
4)	Enter here and Part I, line 9, c		<del></del>						<del></del>		Enter here and on page Part I, line 9, column (B)	
rotals Schedule I-Exploited Exe	empt Activity In	come. Oth	er Th	an Adverti	sina In	come	- (s	ee instru	ctions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated	3. Expenses directly connected with production of unrelated business income		e (loss) ed trade column imn 3) mpute ugh 7	5 Gross in		income vity that irelated	ty that attributa		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)				<del>                                     </del>			_					
2)	<del>    -   -   -   -   -   -   -  </del>										<del></del>	
3) 4)							_					
	Enter here and on page 1, Part I, line 10, col (A)	page 1, Pa	er here and on ge 1, Part I, e 10, col (B)					<u> </u>		Enter here and on page 1, Part II, line 25		
otals Schedule J-Advertising In	<u>`</u>			ideted Bee								
Part I Income From Per	lodicals Report	ed on a Co	onsoi	idated bas	15			-	<del>,</del>		<del></del>	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Adverti gain or (loss 2 minus col a gain, con cols 5 throi	s) (col 3) If pute	If inco					7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)					- '	•						
		·										
2) 3)										_		
4)												
otals (carry to Part II, line (5))												
				-							Form <b>990-T</b> (2019	

JSA

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.)

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 26
Totals, Part II (lines 1-5)					<u> </u>	

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

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

Form 990-T (2019)

## ATTACHMENT 2

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

ALLIANCEBERNSTEIN HLDGS - FINAL YEAR ENTERPRISE PRODUCTS PTP	4,003. -4,250.
ADD BACK ENTERPRISE PRODUCTS DISALLOWED LOSS	4,250.
ALPHAKEYS KKR FUND XI	-8,872.
SUNTEX MARINA INVESTMENTS	-36,932.
PETERSHILL II OFFSHORE	
ALLIANCE RESOURCE PARTNERS - FINAL YEAR	2,621.
LESS ALLIANCE PRIOR YEAR LOSSES DISALLOWED	-5,466.
BLACKSTONE GROUP (UST) - FINAL YEAR	137.
ASHBRIDGE TRANSFORMATIONAL	
KKR HEALTHCARE STRATEGIC GROWTH	43,174.
PLAINS ALL AMERICAN 2015	-3,182.
ADD BACK DISALLOWED LOSS	3,182.
PLAINS ALL AMERICAN 2016	-10,427.
ADD BACK DISALLOWED LOSS	10,427.
CARLYLE STRUCTURED CREDIT	1,049.
INCOME (LOSS) FROM PARTNERSHIPS	-286.

## **SCHEDULE D** (Form 1120)

**Capital Gains and Losses** 

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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.

Vame		Employer Identification number						
THE	MARY ALICE FORTIN FOUNDATION	59-2469696						
Did t	he corporation dispose of any investment(s) in a		Yes	X No				
f "Ye	es," attach Form 8949 and see its instructions for	or additional requirer	ments for reporting	your gain or los	ss			
Par	Short-Term Capital Gains and Losses	s (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	to gain (h) Gain or (loss) m(s) Subtract column (e) fror column (d) and combine the result with column (						
18	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.		the result	with column (g)				
11	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked							
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked							
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				.,			_
4	Short-term capital gain from installment sales from F	4	-					
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5		<del></del>	
6	Unused capital loss carryover (attach computation)	6	(		_)			
· 7 Parí	Net short-term capital gain or (loss) Combine lines 1  Long-Term Capital Gains and Losses		1		7	<u> </u>	<del></del>	
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments	to gain	(h) Gain or	(loss)	_
	the lines below.  This form may be easier to complete if you round off cents to	n(s) e 2,	Subtract column (e) from column (d) and combine the result with column (g)					
8a	whole dollars  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		the result of	and column (g)				
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						1	
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked							
11	Enter gain from Form 4797, line 7 or 9	11						
12	Long-term capital gain from installment sales from F	12						
13	Long-term capital gain or (loss) from like-kind exchan	13		<del></del> -				
14	Capital gain distributions (see instructions)	14		60,794	<u>1.</u>			
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h  Part III Summary of Parts I and II							60,794	<u>l .</u>
·	- Samuely alto I allo II				$\Box$			_
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)							60,794	
17	Net capital gain Enter excess of net long-term capit	al dain (line 15) over ne	t short-term canital los	ss (line 7)	1, 1		00,709	٠.
17 18	Add lines 16 and 17 Enter bere and on Form 1120,	17	<del></del>	60,794	<u> </u>			
18	Note: If losses exceed gains, see Cantal Losses in the	18		- 50,754	•			

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

Schedule D (Form 1120) 2019

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

UNRELATED BUSINESS INCOME FROM PASS-THROUGH ENTITIES