Form	990-T		Exemp		zation Busin					Retur	n	-	OMB N	No 1545	5-0687	<u>, </u>
FOIT	-	. .		• •	•			• •	•				20	01	8	
		For cale			year beginning Jul						19	<i>;</i> ·		_		
	rtment of the Treasury hal Revenue Service	L Do.	Go to Pot enter S	o <i>www.irs.gov.</i> SN numbers on	/Form990T for instr this form as it may b	uction o made	is and the i	atest II	ntori	mation.	401	7 Opt	n to Pu	iblic Ins	pectio	n foi
		P 00 1								1011 15 a 50				rganiza	_	
AL	Check box if address changed	4		-	Check box if name ch	angeo	and see msm	uctions,	,					ification , see ins		
	empt under section 501(c) (0 3_)	Print		national, Inc	or suite no If a P O box	v see in	etnictions						01 070	1402		
	408(e) 220(e)	_ or				K, SEE III	istructions				E Ur		31-273 I busine	ess activ	vity co	de
_	408A 530(a)	Type			nue, NE49-3142 nce, country, and ZIP o	r foreign	n postal code						ructions		•	
	529(a)			ge, MA 02139	noc, country, and zir o	, ioioigi	i postar occi									
C Bo	ook yalue of all assets end of year				er (See instructions	: N 🕨					·—-					
aı	end of year				► 🗸 501(c) cor		on \square	501(c) tru	st	1 401	(a) tru	ıst	Oth	her tr	rust
H	Enter the number				trades or busines					Describ				= t) unre	elate	
	trade or business		J				nly one, c	omple	te P			•	•	•		
1	first in the blank	space a	t the end		ous sentence, cor											
	trade or business					•				•						
<u> </u>	During the tax year	, was the	e corporat	ion a subsidiar	ry in an affiliated gro	up or a	a parent-su	bsidiai	y co	ntrolled g	roup?		▶ □	Yes		No
					of the parent corp				•	·	•					
	The books are in							Teler	hon	e numbe	r►		617	-253-84	435	
				siness Inco	me		(A) In	come		(B) E	pense	5		(C) No		_
1 1:	a Gross receipts	or sale	es											$\overline{}$		
رال آ	b Less returns and	allowance	es		c Balance ▶	1c								_		
	Cost of goods	sold (S	chedule /	A, line 7) .		2										
3	Gross profit S	Subtract	line 2 fro	m line 1c .		3				DE	E	15	b			
¥ 4¢	a Capital gain ni	et incon	ne (attach	Schedule D)		4a				116				ပ]		
5	b Net gain (loss)	(Form 4	1797, Part	i II, Ime 17) (at	tach Form 4797)	4b	<u> </u>		z					જ	\perp	
₹ (· · · · · · · · · · · · · · · · · · ·					4c			S	JUL	<u>. 1 3</u>	ZUZ	U j	_لمّ		
SCANNED 5 6	Income (loss) fro	m a part	nership or	an S corporation	on (attach statement)	$\overline{}$	<u> </u>		口					<u>œ </u>		
(7) 6						6		_	Ш	-OGI	DEI	N. L	iT_		\rightarrow	
7	Unrelated deb			•	•	7		-4	느					<u> </u>	\dashv	
8		•			rganization (Schedule F)			\leftarrow								
9					anization (Schedule G)								<u> </u>			
10	Exploited exer		-			10	/					<u> </u>			_	
11	_					11	<u> </u>	_							-	
12			-		le)	12	 						ļ		-	
13	Total. Combin				<u> /</u>	13		0		\ /F -	0	<u> </u>	A		0	
Pa	Tt II Deduction	ns Not	laken E	isewnere (S	ee instructions fo d with the unrelat	r iimit	ations on	aeau	CTIOI	ns.) (Exc	ept to	or cor	ntribui	iions,		
14					stees (Şchedule K)							14			$\overline{}$	—
15	Salaries and u	ianes	oro, unet	nois, and itu	· · · · · ·			•	•		•	15			+-	
16	Renairs and m	rages Iaintena	nce			•			•			16	-		+	
17	Bad debts			/								17			\dashv	
18	Interest (attacl	n sched	ule) (see i	instructions)		·						18		_	\dashv	
19	Taxes and lice	nses .		. /.								19			_	
20	Charitable con	tributio	ns (See ir	structions fo								20				
21	Depreciation (a	attach F	orm 4562	Ź) . <i></i>			2	1								_
22	Less deprecia	tion clai	med on S	Schedule A ar	nd elsewhere on re	turn .	22	2a				22b				
23	Depletion		<i>.</i> .									23			7	
24	Contributions	to defer	red comp	pensation plai	ns							24				
25												25				
26	Excess exemp	t expen	ses (Sch	edule I)								26			\Box	
27												27				
28												28			\coprod	
29												29			0	
30	Unrelated busi	ness tax	xable inco	ome before ne	et operating loss de	eductio	on. Subtra	ct line	29 f	rom line 1	13	30			0	
31					ears beginning on o							31				
32	Unrelated busi	iness ta	xable inc	ome. Subtrac	t line 31 from line	30 .						32			0	

For Paperwork Reduction Act Notice, see instructions.

ay

Form **990-T** (2018)

•												
orm 99	0-T (2018)										Page 2
Párt I			Business Tax									
33					puted from all unre				е			
		•			<i>.</i>					33		
34										34		
35					x years beginning				e			
		•								35		
36					e specific deductio							
		33 and 34 .							_ _	36		
37					37 instructions for					37		+-
38					ne 37 from line 36.							-
	enter tr	ne smaller of zero	o or line 36 .						ᆚ	38		0
		ax Computation				2.041			_	 -		<u>.</u>
39					ly line 38 by 21% (0					39		0
40					uctions for tax	•				40		
			_		or Schedule D	= '-	-			40		-
41	_									41		_
			•						-	42 43		0
		-	-		ructions				-	43		_
44 Parti		ax and Payme		or 40, w	hichever applies .	· · · · ·		· · ·	١	44		0
				0 1110· tri	usts attach Form 111	(6)	45a					
	_					· —	45b		\dashv			
		•	•		nstructions)	<u> -</u>	45c		┨	ļ		
				•	01 or 8827)	-	45d		┨.			
						<u>-</u>				15e		
		et line 45e from l	-						- ⊢	46		
					☐ Form 8697 ☐ For					47		\top
			and 47 (see instri							48		0
					Form 965-B, Part	II, column (k	k), line 2 .			49		
							50a					
							50b					
С	Tax de	oosited with Fori	n 8868 .			[50c			l		İ
d	Foreign	organizations [.] 1	Tax paid or withhe	eld at sou	ırce (see instructior	ns) . [s	50d					
							50e					
					ıms (attach Form 8	941) .	50f		_			
			nts, and payment									
				_		Total ► 🗓	50g		_ _			
			nes 50a through	-						51	· · · ·	0
			•		Form 2220 is attacl			▶[52		_
					, 49, and 52, enter					53		0
	-	-	_		lines 48, 49, and 52	2, enter amo	_			54 55		0
			you want Credite			formation		funded •	<u> </u>	55		0
Part \					ies and Other In				- 41-		rity Ye	s No
					e organization have r) in a foreign coun						"'y ├──	- 110
					nancial Accounts.							
	here ▶		ort or r oreign ba	in and i	manolal Accounts.	700, 011	ior ino nan	10 01 1110		gii oouii	"' 	-
			o organization rece	we a dietr	bution from, or was i	t the grantor	of or transfe	eror to a f	oreio	in thist?		1
	~	•	•		nization may have t	•	or, or trainsit	w, a i	oi c ig	, i uoti	.	+
			//	_	or accrued during		▶ \$					
<u>~</u>	Under	penalties of perjury, I/	eclare that I have exam	nined this re	turn, including accompany kpayer) is based on all info	ing schedules a	nd statements	, and to the	best o	of my know	ledge and t	pelief, it is
ign 🖹	true, co	orrect and complete	eclaration of preparer (other than ta	(payer) is based on all info	rmation of which	preparer has a	any knowled	3e	May the IRS	discuss th	ıs return
ere	•	1///		\	6 25 200 Tr	easurer			Y	vith the pre	parer show	n below
•		re of officer	$\overline{}$	-	Date Tit				T.	see instructi	ons)7 LY6	а∏ио
aid	<u></u>	Print/Type preparer	s name	Prepa	arer's signature		Date		Chec	k 🗌 ıf	PTIN	
aiu Prons	ror									mployed		

Paid

Preparer Use Only

Firm's name ▶

Firm's address ▶

Form 990-T (2018)				-	
Schedule A-Cost of Goods Sold.	Enter	method of inver	itory va	aluation >	
1 Inventory at beginning of year	1		6	Inventory at end of year	
A D				A	0.4.

Total dividends-received deductions included in column 8

<u>.</u>	6	Inventory at end of year	6			L
	7	Cost of goods sold. Subtract				
		line 6 from line 5. Enter here and				
 		ın Part I, line 2	7			
	8	Do the rules of section 263A (with	res	pect to	Yes	1
	1	property produced or conjured for re		1 0000		

•	inventery at beginning or year										
2	Purchases	2		7 C	ost of	goods sold. Subtract					
3	Cost of labor	3				line 5. Enter here and	<u> </u>				
4a	Additional section 263A costs			ın	Part I, Iır	ne 2	7				
	(attach schedule) .	4a				les of section 263A (wit		'es No			
b	Other costs (attach schedule)	4b				roduced or acquired for	resale) apply				
5_	Total. Add lines 1 through 4b	5				anization?					
Sche	dule C-Rent Income (From R	eal Property and	l Perso	onal Pr	operty	Leased With Real Pro	perty)				
(see	instructions)										
1. Desc	nption of property										
(1)											
(2)											
(3)											
(4)											
	2. Rent rece	ived or accrued						-			
	om personal property (if the percentage of ren personal property is more than 10% but not more than 50%)	(b) From real and percentage of rent 50% or if the rent	for person	nal proper	ty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)						-					
(2)											
(3)											
(4)											
Total		Total				(1) T. A. I. A. A. A. A.					
	al income. Add totals of columns 2(a) a	nd 2(b) Enter		•		(b) Total deductions. Enter here and on page	1				
	id on page 1, Part I, line 6, column (A)	► ►				Part I, line 6, column (B)	. *				
Sche	dule E-Unrelated Debt-Finan	ced Income (see	ınstructı	ions)	-						
			2. Gros	ss incom	e from or	 Deductions directly con debt-financ 		ole to			
	 Description of debt-financed pre 	operty	allocabl		-financed	(a) Straight line depreciation	(b) Other deductions				
				property		(attach schedule)	(attach sched				
(1)											
(2)											
(3)											
(4)			_								
	acquisition debt on or of of olocable to debt-financed debt-f	age adjusted basis or allocable to inanced property ach schedule)		6. Colum 4 divide by colum	d	7. Gross income reportable (column 2 x column 6)	8. Allocable dedu (column 6 × total of 3(a) and 3(b	columns			
(1)					%						
(2)					%						
[3]					%						
(4)					%						
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu				

Schedule F-Interest, Ann	uities	s, Hoyaities,	Exempt	Controlled	Organizations	ganizations (se	e instru	ctions)_	
		2. Employer ification number		ated income nstructions)	4. Total of specified payments made	5. Part of colum included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)									
(2)									
(3)								_	
(4)									
Nonexempt Controlled Organiz	ation	s							
7. Taxable Income		3. Net unrelated ind (loss) (see instructi			otal of specified yments made	10. Part of column included in the organization's gr	controlling	conne	Deductions directly cted with income in column 10
(1)	-							1	
(2)									
(3)									
(4)									
Totals						Add columns s Enter here and o Part I, line 8, co	on page 1,	Enter	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment I	ncon	ne of a Secti	ion 501(d	(7), (9),	or (17) Organi	zation (see ins	tructions	<u> </u>	
1. Description of income		2. Amount of	income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)									
(2)						"-			
(3)									
(4)									
Totals .	•	Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B)
Schedule I-Exploited Exe	mpt	Activity Inco	me, Oth	er Than	Advertising In	come (see inst	tructions	s)	
Description of exploited activity		2. Gross unrelated business incor from trade o business	me conno r prod r un	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals	,	Enter here and page 1, Part line 10, col (A	I, page	ere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I									
Part I Income From P	eriod	licals Report	ted on a	Consoli	dated Basis				
1. Name of penodical		2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)]]
(3)]
(4)									
Totals (carry to Part II, line (5))		<u> </u>	L					F	orm 990-T (2018)

Part II Income From Periodi 2 through 7 on a line-b	-	l on a Separat	e Basis (For ea	ach periodical	listed in Part I	, fill in columns
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)		Ÿ				
(2)	1					
(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, Direc	tors, and Trus	stees (see instru			
1. Name	2	2. Title	3. Percent of time devoted to business	~ 4. Compensa	tion attributable to ed business	
(1)			· -	9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, III	ne 14				▶	

Form **990-T** (2018)