Form 990-T	E	Exempt Organ	nization Bus	sine	ss Income T	ax Return	L	OMB No. 1545-0687
		· (aı	nd proxy tax und	er se	ection 6033(e))			0040
	For ca	lendar year 2018 or other tax ye	ar beginning $\overline{\mathtt{JUL}} \;\; 1$,	20	18 , and ending JU	N 30, 2019	<u> </u>	2018
Department of the Treasury Internal Revenue Service	•	► Go to www • Do not enter SSN numbe			ons and the latest inform de public if your organiz		O ₁	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address change	d	Name of organization (Check box if name cl	hanged	and see instructions.)	I ⁻	Employ (Employ instruct	rer identification number yees' trust, see tions.)
B Exempt under section	Print	THE CHILDRE	NS MUSEUM				04	1-2103993
X 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. box	, see ii	nstructions.			ed business activity code structions.)
408(e) 220(e	() Type	308 CONGRES	S STREET					,
408A	´	City or town, state or prov BOSTON, MA	02210	_		4	520	000
C Book value of all assets		F Group exemption numb	per (See instructions.)	<u>▶</u>				
57,204,	138.	F Group exemption numb G Check organization type	e X 501(c) corp	oratio	1 501(c) trust	401(a) tr	ust	Other trust
H Enter the number of th	e organiza	ation's unrelated trades or b	ousinesses.	2		the only (or first) unre	lated	
		EE STATEMENT				complete Parts I-V. If		
describe the first in the	blank spa	ace at the end of the previou	ıs sentence, complete Pa	rts I ar	nd II, complete a Schedule	M for each additional	trade o	or
business, then comple								I == I
		ooration a subsidiary in an a		nt-subs	idiary controlled group?	▶ ∟	Yes	X No
		tifying number of the paren					171	40C CE00
		AMY AUERBACH				one number 🕨 (6 (B) Expenses	<u> </u>	
		de or Business Inc 3,991.	one		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sa			• Dolonos	۱.	3,991.			
b Less returns and al2 Cost of goods sold		A, line 7)	c Balance	1c 2	3,331.			
3 Gross profit. Subtra				3	3,991.			3,991.
		ch Schedule D)		4a	3,3321			3,3320
		Part II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (a		5				
				6				
		me (Schedule E)		7				
		and rents from a controlled		8				
		on 501(c)(7), (9), or (17) o		9				
10 Exploited exempt a	ctivity inco	ome (Schedule I)		10				
11 Advertising income	(Schedule	e J)		11				
12 Other income (See	instructior	ns; attach schedule)		12				
		igh 12						3,991.
		ot Taken Elsewhei utions, deductions must				s income.)		
14 Compensation of o	officers, di	rectors, and trustees (Sche	dule K)				14	
15 Salaries and wage	s						15	
							16	
							17	
		ee instructions)					18	
19 Taxes and licenses	3						19	
		e instructions for limitation					20	
21 Depreciation (attac	on Form 4:	562)	o on roturn		21		006	
		n Schedule A and elsewher					22b 23	
		mnoncation plane					24	
		chedule I)					26	
27 Excess readership	costs (So	hedule J)					27	
		hedule)					28	
		14 through 28					29	0.
		ncome before net operating					30	3,991.
		loss arising in tax years be					31	
32 Unrelated busines	s taxable i	ncome. Subtract line 31 fro	m line 30				32	3,991.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

3,991. Form **990-T** (2018)

Part III Total Unrelated Business Taxable Income 33 3, 991	Form 990-1	T (2018) THE CHILDRENS MUSEUM		04-21	03993	Pa	age
34 Anounts paid for disablewed fringes 35 Debeduction for net operating loss saving in tax years beginning before January 1, 2018 (see instructions) 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 38. If line 37 is greater than line 36, either the standler of zero of lines 38 39 Organizations Taxable as Carporations. Multiply line 38 by 21% (0.21) 40 Trasts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: □ Tax care as Shedule of the Scheduled (in form 1041) 41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility income. See instructions 44 Totals. Additions 41, 42, and 45 to line 39 or 40, whichever applies 45 Fredly to x credit (corporations attach from 390) 45 Text and Payments 45 Fredly to x credit (corporations attach from 390) 45 Text and Payments 46 Subtract is credit (corporations attach from 5910 or 8877) • Total credits. Adel lines 43 at 47 of 48 to line 30 or 47 of 48 to 18 t	Part I	II Total Unrelated Business Taxable Income					_
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See Deduction for net operating loss arising in tax years beginning before samely 1, 2019 (see instructions) From the sum of lines 32 and 34 35. Specific deduction. (Semestide income before septic deduction.) Selected time 58 income 1 and 1 an			•	,	· — —		_
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enter the smaller of zer or line 36					. 31	1,00	_
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39 0 0 1 1 1 1 1 1 1 1	Dord I	V Tay Computation			. 38		
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Tax rate schedule or					39		
41 Proxy tax. See instructions	40				10		
42 Alternative minimum tax (trusts only) 42 43 44 44 44 44 44 44					 		
43 Tax on Noncompilant Facility Income. See instructions 43	41	Proxy tax. See instructions		>			
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45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			. 44		0
b Other credits (see instructions) c General business credit. Attach Form 8801 or 8827) d Gredit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 47 Other taxes, Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 47 Total tax. Add lines 46 and 47 (see instructions) 48 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 008 a Payments. A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) c Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ▶ 50g 50 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 50 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 51 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 51 53 Tax due. If ins 51 is less than the total of lines 48, 49, and 52, enter amount overpal 54 Overpayment. If line 51 is larger than the total of lines 49, 49, and 52, enter amount overpal 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ Refunded ▶ 55 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If Yes," the organization may have to file. FinCRN Form 114, Report of Foreign Bank and Financial Accounts, If Yes," enter the name of the foreign country here ▶ Signature of officer Paid Preparer Date		-					
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b 2018 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations: Tax paid or withheld at source (see instructions) 50d d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:	50 a		1 1				
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Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X if "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed Pol 1269879 Firm's name ▶ EDELSTEIN AND COMPANY, LLP Firm's EIN ▶ 04-2442519			iiu	1			
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Title Print/Type preparer's name Preparer's Signature Date Check if PTIN Self- employed PO1269879 Firm's name ►EDELSTEIN AND COMPANY, LLP Firm's EIN ► 04-2442519	57		, or transferor	to, a foreign trust?			X
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SVP & CFO May the IRS discuss this return with the preparer shown below (see instructions)? ▼ Yes Nowledge Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Pol 1269879 Firm's name ► EDELSTEIN AND COMPANY, LLP Firm's slin ► 04-2442519							
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SVP & CFO	58						
Here SVP & CFO May the IRS discuss this return with the preparer shown below (see instructions)? X Yes Not	0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	s and statements preparer has any	s, and to the best of my kr v knowledge.	nowledge and beli	ef, it is true,	
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Print/Type preparer's name Preparer's signature Paid Preparer Preparer EUGENE BORGONZI Firm's name ►EDELSTEIN AND COMPANY, LLP Firm's sell ► 04-2442519	Here		k CFO		-		
Paid Preparer Firm's name EDELSTEIN AND COMPANY LLP Firm's EIN D4-2442519 P01269879 P012698879 P01269879 P01269879 P01269879 P01269879 P01269879		Signature of officer Date Title			instructions)?	Yes	No
Preparer EUGENE BORGONZI 07/08/20 P01269879		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Preparer EUGENE BORGONZI 07/08/20 P01269879	Paid			self- employe	d		
Lise Only Firm's name ► EDELSTEIN AND COMPANY, LLP Firm's EIN ► 04-2442519		rer EUGENE BORGONZI	07/08/			269879	
	-	Trin's name ► EDELSTEIN AND COMPANY, LLP	•	Firm's EIN	▶ 04-2	442519	
TOO I DESIGN DINNEY, JIN I HOOK	J36 (160 FEDERAL STREET, 9TH FLOO	OR				

823711 01-09-19

Form **990-T** (2018)

Phone no. 617-227-6161

Firm's address ▶ BOSTON, MA 02110

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	. 3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	. 4a		8		263A (v	with respect to		Yes N	No
b Other costs (attach schedule)	. 4b			property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income (Figure (see instructions)	rom Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty	·)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2/0\Daduations disastly		ad with the income in	
rent for personal property is more than				sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) and			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 20 here and on page 1, Part I, line 6, column (0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	(0.
Schedule E - Unrelated Debt	:-Financed	I Income (see	instru	ıctions)					
			2	2. Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed prope	erty	
1. Description of debt-fina	nced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(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 a schedule)		3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions blumn 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(2)				%					
(4)				%					
_			•			nter here and on page 1, Part I, line 7, column (A).		nter here and on page 1, art I, line 7, column (B).	
Totals				•		0.		(0.
Total dividends-received deductions incl						>	1		0.

Form **990-T** (2018)

Schedule F - Interest,	inidities, Hoya			Controlled O				130 (300 1118	sir uction i	ین	
1. Name of controlled organizat	identif	nployer ication nber	3. Net unre	elated income instructions)	4. Tot	al of specified nents made	includ	t of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated incor (see instruction		9. Total o	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colur Enter here and line 8,		e 1, Part I, A).	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).	
Totals				<u></u>	▶			0.		0.	
Schedule G - Investme		Section :	501(c)(7), (9), or	(17) Or	ganizatior	1				
(see insti	ructions)										
1. Desc	ription of income			2. Amount of	income	 Deduction directly connected (attach sched) 	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2) (3)											
(3)											
(4)											
				Enter here and of Part I, line 9, co	on page 1, umn (A).					Enter here and on page 1 Part I, line 9, column (B).	
Totals					0.					0.	
Schedule I - Exploited (see instru	Exempt Activity	y Income	, Othe	r Than Ad	vertisi	ng Incom	9				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly cor with prod of unrel business i	nnected uction ated	4. Net incomfrom unrelated business (cominus columngain, compute through	trade or lumn 2 n 3). If a cols. 5	5. Gross incomplete from activity is not unrelabusiness incomplete.	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(1) (2) (3) (4)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I, ol. (B).							Enter here and on page 1, Part II, line 26.	
Totals •	0.		0.							0.	
Schedule J - Advertisi Part I Income From	ng Income (see Periodicals Rep		,	solidated	Basis						
				. .							
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	I. 2 minus in, comput	5. Circula income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2) (3) (4)											
(3)											
(4)											
Totals (carry to Part II, line (5))		0.	0							0.	
, , , , , , , , , , , , , , , , , , , ,		'				•		•		Form 990-T (2018	

823731 01-09-19

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	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 - 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	0.		

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
	I	BUSINESS ACTIVIT	ГY			

SALE OF NON-RELATED EXEMPT PURPOSE MUSEUM STORE INVENTORY

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	27,534.	27,534.	0.	0.
06/30/10	3,193.	3,193.	0.	0.
06/30/12	16,550.	16,550.	0.	0.
06/30/13	111,347.	6,181.	105,166.	105,166.
06/30/14	22,288.	0.	22,288.	22,288.
06/30/15	29,569.	0.	29,569.	29,569.
06/30/16	74,462.	0.	74,462.	74,462.
06/30/18	29,716.	0.	29,716.	29,716.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	261,201.	261,201.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning \underline{JUL} 1, $\underline{2018}$, and ending \underline{JUN} 30, $\underline{2019}$

► 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).

ENTITY OMB No. 1545-0687

501(c)(3) Organizations Only

Employer identification number

	THE CHILDRENS MUSEUM	04-2103	993		
$\overline{}$	Inrelated business activity code (see instructions) > 53112				
	Describe the unrelated trade or business UNRELATED	DEI	BT-FINANCED	INCOME	
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales				
b	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		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)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	782,343.	833,882	-51,539.
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	700 242	000	E4 520
<u>13</u>	Total. Combine lines 3 through 12	13	782,343.	833,882	-51,539.
Pa	Tell Deductions Not Taken Elsewhere (See instruct				t for contributions,
	deductions must be directly connected with the	unrela	ted business incom	ne.)	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses				
20	Charitable contributions (See instructions for limitation rules)				
21	Depreciation (attach Form 4562)				
22	Less depreciation claimed on Schedule A and elsewhere on return			221	
23	Depletion				
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs				
26	Excess exempt expenses (Schedule I)				;
27	Excess readership costs (Schedule J)				,
28	Other deductions (attach schedule)				
29	Total deductions. Add lines 14 through 28				
30	Unrelated business taxable income before net operating loss dedu				-51,539.
31	Deduction for net operating loss arising in tax years beginning on	or after	January 1, 2018 (see		
	instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	-51,539.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

04	-2	1	0	3	9	9	3

Form 990-T (2018)						Page
THE CHILD					04-2103	993
Schedule A - Cost of Good		method of invent				
1 Inventory at beginning of year			6 Inventory at end of year			6
2 Purchases			7 Cost of goods sold. Su			
3 Cost of labor	3		from line 5. Enter here a			
4a Additional section 263A costs			line 2			7
(attach schedule)			8 Do the rules of section	263A (wi	ith respect to	Yes No
b Other costs (attach schedule)			property produced or a		,	
5 Total. Add lines 1 through 4b			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property I	Lease	d With Real Prop	erty)
Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if	age		onnected with the income in 2(b) (attach schedule)	
10% but not more than 50% (1))	the rent	is based on profit or income)			
(2)						
(3)						
(4)						
Total		Total				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter		1	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
Schedule E - Unrelated Dek			nstructions)		Fart I, line 6, column (B)	
			2. Gross income from		3. Deductions directly connected to debt-financed	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation	(b) Other deductions
·			initalised property		(attach schedule)	(attach schedule) STATEMENT 4
(1) OFFICE SPACE @ 3	08 CONG	RESS ST.	1,869,397.		0.	1,992,550.
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	of or a debt-fina	e adjusted basis allocable to anced 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) 12,393,750.	2.9	,611,556.	41.85%		782,343.	833,882.
(2)		, 022, 0000	%		, 02 , 0 2 0 0	000,002
(3)			%			
(4)			%			
V.7	STATE	MENT 3	70		er here and on page 1, rt I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					782,343.	833,882.
Totals Total dividends-received deductions in		_				033,002
		. •				Form 990-T (2018

STATEMENT

3

AVERAGE ADJUSTEI			STATEMENT 5					
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVITY NUMBER						
OFFICE SPACE @ 308 CONGRESS ST.		1	AMOUNT					
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST			30,386,577.					
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	THE YEAR		29,611,556.					
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5								
FORM 990-T (M) SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT 4					
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL					
TRAVEL & MEETINGS BUILDING OPERATING EXPENSES CONTRACT SERVICES REPAIRS AND MAINTENANCE TELEPHONE, INTERNET & FAX POSTAGE AND PRINTING COMPUTER AND EQUIPMENT MATERIALS AND SUPPLIES INSURANCE PROFESSIONAL FEES BANK SERVICE CHARGES AND OTHER FEES DEPRECIATION AND AMORTIZATION BOND EXPENSE INCLUDING INTEREST DUES AND SUBSCRIPTIONS UTILITIES EQUIPMENT AND RENTALS MISCELLANEOUS SALARIES PAYROLL TAXES BENEFITS PROFESSIONAL DEVELOPMENT MARKETING/ADVERTISING	_ 1	5,800. 554,752. 115,264. 166,622. 14,756. 4,447. 7,425. 2,250. 47,128. 49,317. 3,446. 550,315. 131,589. 1,814. 270,612. 898. 4,237. 51,555. 3,357. 5,765. 1,199. 2.	1 992 550					
- SUBTOTAL -	- 1		1,992,550.					

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)

1,992,550.

FORM 990-T (M)		ACQUISITION TO DEBT-FIN			STATEMENT	5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITI		- SUBTOTAL -	- 1	12,393,750.	12,393,75	50.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4					12,393,75	50.