

EXTENDED TO NOVEMBER 15, 2019

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning ... and ending ...

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).

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

Department of the Treasury Internal Revenue Service

Part I: Name of organization (NATIONAL MEDICAL FELLOWSHIPS, INC.), Employer identification number (01-0963657), and address (12 EAST 46TH STREET, NO. 5E, NEW YORK, NY 10017).

Part II: Group exemption number and organization type (501(c) corporation).

Part III: Enter the number of the organization's unrelated trades or businesses (1).

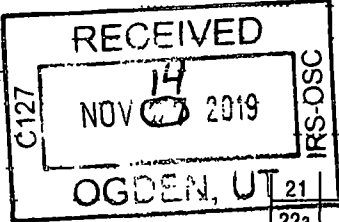
Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Part V: The books are in care of (FRANCA GAUDIO, COO) Telephone number (212) 483-8880.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 2 columns: Description of deduction, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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.

Paid Preparer Use Only: Print/Type preparer's name (JAMES J. REILLY), Preparer's signature, Date (NOV 08 2019), Firm's name (CONDON O' MEARA MCGINTY & DONNELLY LLP), Firm's address (NEW YORK, NY 10004), Firm's EIN (13-3628255), and Phone no. (212-661-7777).