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· · · · · · · · · · · · · · · · · · ·	EXTENDED	O NOVEMBER 15, 2019_	· ** * **		
·om 990,∸T		on Business Income Tax Return	OMB No 1545-0687		
. /	• •	/ tax under section 6033(e))	2040		
,	For calendar year 2018 or other tax year beginning	_   ZU I8			
epartment of the Treasury ternal Revenue Service		m990T for instructions and the latest information. rm as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
Check box if address changed		pox if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)		
Exempt under section	Print NATIONAL MEDICAL FELLOWS	HIPS, INC.	01-0963657		
501(c <b>(f)</b> 3 )	Type I	Number, street, and room or suite no. If a P.O. box, see instructions.			
408(e) [220(e)	12 EAST 40TH STREET, NO.				
408A	City or town, state or province, count NEW YORK, NY 10017				
Book value of all assets at end of year					
	B72. G Check organization type ► X rganization's unrelated trades or businesses.	501(c) corporation 501(c) trust 401(a)  1 Describe the only (or first) un			
trade or business here		Describe the only (or first) un . If only one, complete Parts I-V.			
		complete Parts I and II, complete a Schedule M for each addition			
ousiness, then complete F					
During the tax year, was t	he corporation a subsidiary in an affiliated gro nd identifying number of the parent corporatio		Yes X No		
The books are in care of	FRANCA GAUDIO, COO		212)483-8880		
art Unrelated	Trade or Business Income	(A) Income (B) Expenses			
a Gross receipts or sales	<del></del>				
b Less returns and allow					
Cost of goods sold (So	•				
Gross profit. Subtract  Capital gain net incom		4a			
=	4797, Part II, line 17) (attach Form 4797)	4b			
Capital loss deduction		4c			
Income (loss) from a p	partnership or an S corporation (attach statem	ويتبيدر والمتنافظة والانتهاء والمتاء والمتاء			
Rent income (Schedul	e C)	6			
Unrelated debt-finance	· .	7			
	alties, and rents from a controlled organization				
	a section 501(c)(7), (9), or (17) organization ( ity income (Schedule I)	Schedule G) 9 10			
Advertising income (S		11	<del></del>		
- ,	tructions; attach schedule)	12			
Total. Combine lines	3 through 12	13 0.			
art Deduction	ns Not Taken Elsewhere (See ins	structions for limitations on deductions)			
<del></del>		/ connected with the unrelated business income )	Г., Г		
Salaries and wages	cers, directors, and trustees (Schedule K)		15		
Repairs and maintena	nce	RECEIVED	16		
Bad debts			17		
Interest (attach sched	lule) (see instructions)	2019 SO-SO-SO-SO-SO-SO-SO-SO-SO-SO-SO-SO-SO-S	18		
Taxes and licenses		2019 P	19		
	ns (See instructions for limitation rules)	1 statement manufacture and the	20		
Depreciation (attach i		OGDEN, UT 21 1			
Depletion	med on Schedule A and elsewhere on return		22b 23		
	red compensation plans		24		
Employee benefit pro			25		
Excess exempt expen		and the second s	26		
Excess readership co	-	-	27		
Other deductions (att			28		
T-1   1   1   1   1   1   1   1   1   1	d lines 14 through 28	According to the Control of the Cont	29 0.		
	xable income before net operating loss deduc		STEEN ACTION OF THE PROPERTY O		
Unrelated business ta		n anter January 1, 2010 (See Instructions)	31 生活活动,并发现		
Unrelated business ta Deduction for net ope	rating loss arising in tax years beginning on o	,	32 0.		
Unrelated business ta Deduction for net ope Unrelated business ta	rating loss arising in tax years beginning on c <u>xable income. Subtract line 31 from line 30</u> Paperwork Reduction Act Notice, see instru		32 0. Form <b>990-T</b> (2018)		

• Form 990-	(2018) NATIONAL MEDICAL FELLOWSHIPS, INC.		01-0963657		Page 2
Part I					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	inetructions)	-	33	0.
	·				2,022.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct		35		
36 (			2 022		
	lines 33 and 34			36	2,022.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36	6,		! !	
	enter the smaller of zero or line 36			38	1,022.
Part I	IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>&gt;</b>	39	215.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 38 from:		* 2 1	
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)	•	·	42	
43	Tax on Noncompliant Facility Income See Instructions		•	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	215.
Part \			<u> </u>	44	
		45.	<del></del>	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	45a		1, 1	
b	· · · · · · · · · · · · · · · · · · ·	45b	<u></u>	1 1	
C	<del>_</del>	45c		1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	<del></del>	<u> </u>	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	215.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Cther	(attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	215.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a		50a		137 6	
b		50b		,	
c	T. dec. (1.1. 1) Francesco	50c		-3	
-	· · ·	50d	<del></del>		
	• • • • • • • • • • • • • • • • • • • •	50e			
e	· · · · · · · · · · · · · · · · · · ·		<del></del>		
f		50f		-	
9	other credits, adjustments, and payments: Form 2439				
		50g			
51	Total payments. Add lines 50a through 50g		51		
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	-	<b>&gt;</b>	53	215.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	,	<b>&gt;</b>	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded 📐	55	
Part \	VI Statements Regarding Certain Activities and Other Information	(see instru	ctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authori	ty		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	nav have to file	)		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for				
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	eferor to a fo	reign truet?		<u> </u>
31		316101 10, 4 10	cigii trust		
	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 staten	monto and to the	heat of my knowled	les and ballet	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has	as any knowledg	e	ige and belief	, it is ude,
Here	710 1. 1 1/0 p 111-13-19 Davidant	4CEO	Ma	y the IRS dis	cuss this return with
	Status of the state of the stat		own below (see		
	Signature of Officer Date Title			structions)?	X Yes   No
	Print/Type preparer's name Preparer's signature Date		Check i	f PTIN	
Paid		O 8 2019	self- employed	Į	
Prepa	arer JAMES J. REILLY			P001	83769
Use C	- · · · · · · · · · · · · · · · · · · ·		Firm's EIN	13-	-3628255
JJ6 (	ONE BATTERY PARK PLAZA, 7TH FLY				
	Firm's address NEW YORK, NY 10004		Phone no. 2:	12-661-7	1777

823711 01-09-19

Form 990-T (2018)