Form	99:0-T	Ex	empt Organization I		iness Income ⁻ der section 6033(e		rn	OMB No 1545 0687
• ~	J	For caler	ndar year 2018 or other tax year beginn		•	• •	20	2018
Departme	ent of the Treasury		► Go to www irs gov/Form9907					
	tevenue Service	▶ Do	not enter SSN numbers on this form a				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check bo	x if nar	ne changed and see instructions	s)		yer Identification number
	address changed						(בוווסוס)	ees trust, see manuchons ;
	pt under section		ST. CATHERINE OF SIE					
X 50	01(C)(03)	Print or	Number, street, and room or suite no. If	аРО	box, see instructions			662701
40	08(e) 220(e)	Туре						ted business activity code tructions)
40	08A530(a)		50 ROUTE 25A		 			
	29(a)		City or town, state or province, country	, and 2	IP or foreign postal code			10
	value of all assets d of year	F Gro	SMITHTOWN, NY 11787				54138	
205	5 530 375		up exemption number (See instruction ck organization type X 501)			1 tount	401/0) +	Other trust
			ck organization type X 501(_ 401(a) t	rust Other trust (or first) unrelated
			ORATORY TESTING	5555			•	than one, describe the
			end of the previous sentence, con	nlete		•		
	e or business, the			ipicio	Turto Faria II, complete a ci	51100010 W 107 CC	on addition	u ,
	· · · · · · · · · · · · · · · · · · ·		corporation a subsidiary in an affilia	ated a	oup or a parent-subsidiary o	controlled group?		Yes X No
			identifying number of the parent cor					
J The	books are in care	e of ▶CH	S SERVICES, INC.		Telephon	e number ▶ 51	6-705-	3700
			or Business Income		(A) Income	(B) Exper	ses	(C) Net
1a G	Gross receipts or	sales				7. 4. 186. 1	, i - ,	i. k'
b L	ess returns and allowa	nces	c Balance ▶	1 c		,	À	
2 C	Cost of goods so	ld (Sched	ule A, line 7)	2		A+1	•	
3 G	Gross profit Sub	tract line	2 from line 1c	3		37		
4a C	Capital gain net i	ncome (a	ttach Schedule D)	4a		1770年的 1	***	
þΛ	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b_		*		
c C	Capital loss dedu	ction for t	rusts	4c		£10,	À.	
			an S corporation (attach statement)	5			* /g	
				6				
	Inrelated debt-fi	nanced in	come (Schedule E)	_7_				
			ints from a controlled organization (Schedule F)	8				
			1(c)(7), (9) or (17) organization (Schedule G)	9				
		•	ncome (Schedule I)	10_				
			fule J)	11_			4.0	
	•		tions, attach schedule)	12	0.			
			ough 12			leductions) (Evcent fo	or contributions
ı aıı			be directly connected with the				LXCOPTIN	or continuations,
14 (directors=and-trustees-(Schedule-K)				14	
			RECEIVED.L					
16 F	Repairs and mair	itenance						
17 E	Bad debts	J	S NGV 2:5 2019 O				17	
18 li	nterest (attach s	chedule)	(see instructions)				18	
20 (Charit áble co ntril	butions (S	See instructions for limitation rules)				20	
			4562)					
	**************************************		on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·		22b	
	11'							
			compensation plans					
			s					
	• •		Schedule I)					
			chedule J)					
			schedule)					
			s 14 through 28					
			ole income before net operating					```
31 [peanction for ne	ı operatır	ig loss arising in tax years beginning	ig on (or after January 1, 2018 (See	e instructions) .	31_	[

(2018) **آثر990** Form

Form	990-T (20 <u>1</u> 8)		Page 2
Pa	rt III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	,	
	instructions)	33	
34	Amounts paid for disallowed fringes	34 6,	972.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
26	instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	26	972.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	37	••••
00	enter the smaller of zero or line 36	38 5,9	972.
Par	Tax Computation	7.	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39 1,2	254.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See Instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 1,2	254.
Pai	t V Tax and Payments	, .	
45 a			
	Other credits (see instructions)		
	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 45a through 45d	45e	
46	Subtract line 45e from line 44		<u> 254.</u>
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)		254.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
9	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	51 22,6	635.
51	Total payments. Add lines 50a through 50g	52	
52 52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		381.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax \$\infty\$21, 381.		
Par			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here ▶		$\bar{\mathbf{x}}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?	Х
	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 ▶ \$		1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge and belie	ef, it is
Sigi	true, correst, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the IRS discuss this re	etum
Her	e / WILD Tresident/6/20 With	h the preparer shown b	
		nstructions)? X Yes	No
D-:-	Print/Type preparer's name Preparer's signature Date Check		_
Paid	DACKA O FARELLO	mployed P0108029	
		EIN ► 13-4008324	
	Firm's address ► 300 MADISON AVENUE, NEW YORK, NY 10017 Phone	no 646-471-3000,	

Form **990-T** (2018)

Form 990-T (2018)

Total dividends-received deductions included in column 8

1 Name of controlled		<u> </u>	- venibi c	Controlled Or	ganızatı	ons	,			,	
organization	2 Employer identification number		3 Net unrelated inco		4 Total of specified payments made		5 Part of column 4 that included in the controll organization's gross inco		olling	ling connected with income	
)				<u>-</u>							
)				<u> </u>	<u> </u>						
)					<u> </u>	 .	<u> </u>				
onexempt Controlled Organi	zations.				l		L			<u> </u>	
onexempt controlled Organi	8 Net unrelated i		Τ.	Total of encedi		10 Par	t of column	9 that is	1.	Deductions directly	
7 Taxable Income	(loss) (see instruc			Total of specifi payments made			ed in the co ation's gros			nnected with income in column 10	
)			_							· · · · · · · · · · · · · · · · · · ·	
)	·		 	<u></u> .							
)	<u> </u>	··· <u> </u>	 			-					
otals					▶	Enter h Part I,	olumns 5 a lere and on line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)	
1 Description of income	2 Amount o			3 Deduction directly contact (attach sci	ctions		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
)											
)											
)	Enter here and									Enter here and on page 1	
otals	Part I, line 9, c									Part I, line 9, column (B)	
cneaule 1-Exploited Exe	empt Activity in	come,	Other T	han Advert	ising Ir	icome (s	ee instru	ctions)	1		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 E di conne prodi uni	other T expenses rectly ected with uction of related ess income	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u business	s income ivity that nrelated	6 Expe attributa colum	able to	7. Excess exempt expenses (column 5 minus column 5, but not more than column 4)	
1 Description of exploited activity	2 Gross unrelated business income from trade or	3 E di conne prodi uni	xpenses rectly ected with uction of related	4 Net incor from unrelat or business 2 minus co If a gain, c	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than	
Description of exploited activity)	2 Gross unrelated business income from trade or	3 E di conne prodi uni	xpenses rectly ected with uction of related	4 Net incor from unrelat or business 2 minus co If a gain, c	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than	
Description of exploited activity)	2 Gross unrelated business income from trade or	3 E di conne prodi uni	xpenses rectly ected with uction of related	4 Net incor from unrelat or business 2 minus co If a gain, c	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than	
Description of exploited activity Description of exploited activity	2 Gross unrelated business income from trade or	3 E di conne prodi uni	xpenses rectly ected with uction of related	4 Net incor from unrelat or business 2 minus co If a gain, c	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than column 4)	
2) 3) 4)	2 Gross unrelated business income from trade or	3 E di conne prodi uni busine	xpenses rectly ected with uction of related	4 Net incor from unrela or business 2 minus co If a gan, c cols 5 thre	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than	
1 Description of exploited activity) () () () () () () () () ()	2 Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A)	3 E conne produ uni busine	xpenses rectly ected with uction of related sss income	4 Net incor from unrela or business 2 minus co If a gan, c cols 5 thre	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated	6 Expe	able to	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1,	
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1 Description of exploited activity))) otals chedule J- Advertising Income From Per 1 Name of periodical	2 Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) ICOME (see Instr iodicals Report	Enter h page line 10	ere and on 1, Part I, 0, col (B)	4 Net incorfrom unrela or business 2 minus co If a gain, c cols 5 three Dlidated Base 4 Adver gain or (los 2 minus co a gain, co	ne (loss) ted trade (column lumn 3) ompute ough 7 Sis tising ss) (col oi 3) If mpute	5 Gross from act is not u business	s income ivity that nrelated s income	6 Expe attributa colum	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 26 7 Excess readership costs (column 6 minus column 5, but not more than	

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) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but advertising 1. Name of periodical advertising costs income not more than a gain, compute ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to unrelated business 2 Title time devoted to business (1) (2) % (3) % (4) % Total Enter here and on page 1, Part II, line 14

Form 990-T (2018)