	Form	990-T	Ex		ganization and proxy ta						OMB N	o 1545-0047
			aor caler		r other tax year begi						න(	<b>10</b>
	Donari	ment of the Treasury	3. 00.0.		vw ırs.gov/Form990						. 4	913
		Revenue Service	▶p₀		umbers on this form					(c)(3)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
	A	Check box if		Name of organi			ne changed and se			D Emp	loyer identific	ation number
	'	address changed			· — .		-	•	•	(Emp	loyees' trust, see	instructions )
	B Exe	mpt under section	1	POLY PRI	EP COUNTRY D	AY S	СНООТ					
	X	501( C 23	Print	Number, street	, and room or suite no	lf a P O	box, see institution	CEIV	ED	√ 11 <b>-</b> 1	630821	
	$\Box$	408(e) 220(e)	or									s activity code
	$\vdash$	408A 530(a)	b c	9216 SE	VENTH AVENUE	3	IS/ M	AY 18 2	2021	(See	instructions)	
	$\vdash$	529(a)		City or town, st	ate or province, count	ry, and 2			18	1		
		k value of all assets	1	BROOKLY	N, NY 11228		11 -00	טראל מו				
	al e	nd of year	F Gro	up exemption r	number (See instruc	tions)		3DEN	UT		1	
	11	9,755,317.	G Che	ck organization	n type 🕨 X 50	1(c) co	rporation	501(c)	) trust	401(a	) trust	Other trust
			•		ated trades or busin				Descri	e the onl	y (or first) un	related
	tra	ide or business hei	re 🕨				If	only one,	complete Parts	I-V If mo	re than one,	describe the
	fir	st in the blank spa	ace at the	end of the pre	evious sentence, co	mplete	Parts I and II, co	mplete a S	chedule M for e	ach additio	onal	
•	tra	ide or business, th	en comple	ete Parts III-V								
	I Du	iring the tax year,	was the	corporation a s	subsidiary in an affi	liated g	roup or a parent-	subsidiary o	ontrolled group	·	▶ ∟	Yes X No
				•	nber of the parent co							
	J Th	e books are in care	e of ▶LY	NDA CASAF	RELLA, CFO			Telephon	e number 🕨 (	718)83	6-9800	
	Par	t I Unrelated	Trade o	or Business	Income		(A) Inco	me	(B) Expe	nses		(C) Net
	1 a	Gross receipts or	sales									
	b	Less returns and allowa	ances		c Balance ▶	<b>▶</b> 1c						
	2	Cost of goods so	Id (Sched	ule A, line 7) .		2						-
	3	Gross profit Sub	tract line	2 from line 1c ,		3				_/	<u> </u>	
	4 a	Capital gain net i	ncome (a	ttach Schedule	D)	4a				<u></u>		
	` b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (	attach Form 4797)	4b						
	С	Capital loss dedu	iction for t	rusts		4c			<u> </u>			
	5	Income (loss) from a p	artnership or	an S corporation (a	ttach statement),	5		/				
~	6	Rent income (Sch	nedule C)	<b></b> .		6						
3	7	Unrelated debt-fit	nanced in	come (Schedule	e E)	7						
7	8	Interest, annuities, roya	alties, and re	nts from a controlled	d organization (Schedule F	88						
ب ا	9	Investment income of a	a section 50	1(c)(7), (9), or (17)	organization (Schedule G	) 9						
•	10	Exploited exempt	activity in	ncome (Schedu	ılel)	10						
2	11	•	•			_						
Ļ	12				hedule)							
}	13	Total. Combine li	nes 3 thre	ough 12	<u> /</u>	13		0.		<del>/D                                     </del>	<del>.                                    </del>	1 11 11
	Par				where (See ins		ons for limitati	ions on d	eductions.)	(Deduct	ions must	be directly
					l business incon			•				
	14	· ·			rustees (Schedule K							
	15	Salaries and wage	es	• • • • • • •	<b>/</b>		~1'A' A	· · · 1 · · ·		15		
	16	Repairs and main	itenance	· · · · · · <i>,</i>		/\{	10	<del></del> ∤···		16	<u> </u>	
	17	Bad debts		<i>. /.</i> .		0.5	.,, 19	• • • • •		17		
11	18				s)							
	19									19	1	
$\widetilde{\mathscr{L}}$	20									<u> </u>		
$\mathcal{Z}$	21				and elsewhere on					211	<del></del>	<del>_</del>
•	22											<del></del>
$\sim$ /	23		,		olans							
$\overline{}$	24											<del></del>
	25											<del></del>
	26											
	27	,										<del></del>
	28	/										
	29				fore net operating							
	30	,		_	n tax years beginn							,
	31 For P	Unrelated busine aperwork Reduct			tract line 30 from lin	e 29 .	<u> </u>	<del></del>		31	_	n <b>990-T</b> (2019)
		•	ACL	,0000, 366 III3U						_	ron	11 330-1 (2019)
9X27	JSA '40 1 0	00 FTX4KB L16	61 5/1	11/2021	9:12:21 AM	<b>(7 1</b>	9-8 4F		300985		Ī	
		TIVEND DI	J. J/ 1	,	J.12.22 INI	• т	J 0.31	`		1	1	

Par	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee		
	instructions)	32		
33	Amounts paid for disallowed fringes			
34	Charitable contributions (see instructions for limitation rules)			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin	F .		
••	34 from the sum of lines 32 and 33	1 - 1		0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
•	Instructions)			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	· ·		
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)			······································
38	Unrelated business taxable Income. Subtract line 38 from line 37, If line 38 is greater than line 3			
39	•	·		0
	enter the smaller of zero or line 37	39		
	t IV Tax Computation	<u> </u>		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	1 1		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	<del></del>		
42	Proxy tax. See Instructions , , , ,			
43	Alternative minimum tex (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions			
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par	t V \ \Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	``		
b	Other credits (see Instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7		
	Total credits. Add Ilnes 46a through 46d	. 46e		
47	Subtract line 46e from line 45 , , , , , , , , , , , , , , , , , ,			
48	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule			
49	Total tax. Add lines 47 and 48 (see instructions)			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	·		
	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
	Tax deposited with Form 8868			
		$\dashv$ $\vdash$		
	Foreign organizations: Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions) , , ,	$\dashv$ $\sqcup$		
	Credit for small employer health insurance premiums (attach Form 8941) ,	<b>⊣</b>		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			C 251
52	Total payments. Add lines 51a through 51g	52	<u>'</u>	6,251.
53	Estimated tax penalty (see Instructions). Check if Form 2220 is attached,	58		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55		6,251.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded			6,251.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruct	ons)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature	or other au	ithority Y	es No
	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	ne foreign o	ountry	ļ
	here <b>&gt;</b>		L	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
	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	e best of my k	nowledge and	belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		May the IRS with the pre		
. 1016	Signature of officer Date Title	(see instructions)	_	No
	Print/Type preparer's name Preparer's signature Date	فندسو جراستا	PTIN	
Pald	Carlin 201/2011 G	heck L If off-employed	P01306	891
Prep	arer Transparent Tra		3-16398	
	Only  Firm's name EISNERAMPER LLP  Firm's name Firm's name PEISNERAMPER LLP  Firm's name PEISNER	THE PARTY	-949-870	

Form 990-T (2019)									Page
Schedule A - Cost of Go	1 1	iter method					_	<del></del>	
1 Inventory at beginning of y						ar	6	ļ	
2 Purchases			7		-	ld. Subtract line			
3 Cost of labor		·				here and in Part	<u>-</u>		
4a Additional section 263A co	· · ·						7		Yes No
(attach schedule)			8			section 263A (w		•	Tes No
b Other costs (attach schedu						or acquired for			x
5 Total. Add lines 1 through Schedule C - Rent Income		roperty ar	nd Personal	Property	Leased V	Vith Real Proper	 hv)	<u></u>	1 1 A
(see instructions)	, (i rom rear r	roperty ar	ia i cisona	Порель	Loudeu V	vitti itteat i Topei	-91		
Description of property					_				<del></del>
(1)									
(2)	<del></del>								
(3)				<del></del>		<del> </del>			
(4)	<del> </del>	_			-				
	2. Rent recei	ved or accrue	ed .						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	om real and per ige of rent for pe if the rent is bas	ersonal property	exceeds	3(a) Deductions dir in columns 2(a			
(1)									
(2)									
(3)		_							
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on		1	
here and on page 1, Part I, line 6						Part I, line 6, colum			
Schedule E - Unrelated De	ebt-Financed I	<b>ncome</b> (se	e instructions	s)					
			2. Gross inco		3. [	Deductions directly con debt-finance			ble to
1 Description of deb	t-financed property					(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)					(00	on somedate)		(ditadi) dalla	
(2)									
(3)		-							
(4)									
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	6 Col 4 divi by colu	ded _		income reportable n 2 x column 6)		Allocable de imn 6 x total 3(a) and 3	of columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
-					Enter her Part I, lin	e and on page 1, e 7, column (A)	Ente Part	r here and o t I, line 7, co	on page 1, llumn (B)
Totals				<b>.</b>					_

Schedule F – Interest, Ann	uities, Royalties,	<del></del>		trolled Org			Zations	(586	: instruction	0118)		
.1 Name of controlled organization	2 Employer identification number	, ,	3. Net unrelated income (loss) (see instructions)		4 Total of specified payments made		fied inc	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)											·	
(3)											<u> </u>	
(4)										_	L	
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net unrelated inc (loss) (see instruction			otal of specific yments made		inc	Part of colluded in anization	the cor	ntrolling		Deductions directly nected with income in column 10	
(1)						<u></u>						
(2)												
(3)												
(4)												
Totals	come of a Sect	 tion 501(c	 ;)(7), (	9), or (17		Pa	ter here a art I, line 8 on (se	3, colur	nn (A)		ter here and on page 1, irt I, line 8, column (B)	
1 Description of income	2. Amount of II	ncome		3 Deduc directly con (attach sch	nected		(;		-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)			-									
(2)												
(3)	ļ											
(4)	Enter here and or										Enter here and on page 1,	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, colo		er Tha	n Adverti	sing In	come	e (see ı	nstru	ctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with n of	4 Net incomfrom unrelated or business 2 minus collification again, colored 5 three cols 5 three	ed trade (column umn 3) ompute	from	5. Gross income from activity that attributes activity that		6 Experatributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								-				
(2)	1											
(3)	<del>                                     </del>						<del></del> ,					
(4)	1											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,			I					Enter here and on page 1, Part II, line 25	
Totals	1	-4									<u> </u>	
Schedule J-Advertising In				Jaka -1 17 -							<del> </del>	
Part I Income From Per	iodicals Reporte	d on a Co	nsolic	dated Bas	SIS	l					<del></del>	
1. Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	5	Circulatio income	n	6. Reade cost		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))				<del></del>							Form <b>990-T</b> (2019)	

1 01111 330-1	(2013)	1021 2102	000112112 2112					r age_
Part II		Periodicals Reporte a line-by-line basis.	•	Basis (For	each periodical	listed in Part I	l, fill in	columns
	1 1			4. Advertising			F.	ss readership

. , , .  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 ▶						
	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 26
Totals, Part II (lines 1-5) ▶				*		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name		2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
1)			%	
(2)		•	%	
(3)			%	
(4)			%	
Fotal. Enter here and on page 1, Part II,	ine 14			

Form **990-T** (2019)