	Form	990-T ೄ	_ E	xempt Orgai	nization Bu	sine	ss Inco	me T	ax Ret		<i>"</i>	OMB No	1545-0687		
	_	• `	,		nd proxy tax und					190	10	2	010		
		Ç	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201								<u>'</u>	2	018		
		nent of the Treasury Revenue Service	 ▶ 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). 								O; 50	pen to Pu 01(c)(3) Or	blic Inspection for ganizations Only		
	A	Check box if address changed		Name of organization (rer identifi yees' trus tions)	cation number t, see		
	R Fxe	empt under section	Print	THE CHILD CENTER OF NY, INC.							11-1733454				
		501(c <u>v3</u>)	or	Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions)				
	=	408(e) 220(e)	Type	118-35 QUEENS BLVD, 6TH FLOOR							(000		,		
	=	408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code FOREST HILLS, NY 11375											
		value of all assets	F Group exemption number (See instructions.)												
			G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust			
	H Ente	Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unit													
		trade or business here . If only one, complete Parts I-V. If describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional to											,		
	dosc	cribo the firct in the bl	trade o	r											
		business, then complete Parts III-V.											1		
		During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.											J No		
				TEPHEN DONO		Talanhana number					(718)651-7770				
	Par	t I Unrelated	Trac	le or Business Inc	ome		(A) Inc	· •		penses	7 - 0 /		(C) Net		
Ö		Gross receipts or sale		To the Business into		T	(7.) 1		(5) 2)		\dashv		(0)		
Ą		_ess returns and allov			c Balance	1c							ł		
SCANNED		Cost of goods sold (S		Δ line 7)	U Dalance	2									
		Gross profit. Subtract			3										
		Capital gain net incom			•	4a									
N.				art II, line 17) (attach Form	4b										
		Capital loss deduction			4c										
1 1		•	ship or an S corporation (at	5											
-		Rent income (Schedul	6												
2020		Unrelated debt-finance	7												
ت	8 I	nterest, annuities, roy	alties, a	nd rents from a controlled o	8										
	9 I	Investment income of	a sectio	on 501(c)(7), (9), or (17) or) 9										
	10 E	Exploited exempt activ	vity inco	me (Schedule I)	10	ļ						·			
	11 /	Advertising income (S	Schedule	: J)		11	ļ		_						
_		Other income (See ins				12	_								
N7N/		Total. Combine lines	3 throu	gh 12		13	<u> </u>	0.							
~ ~	Par	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)													
								2 200111000			44				
MAK	14	•	icers, aii	rectors, and trustees (Sche	dule K) REC	<u>EIV</u>	FU	Ì		-	14				
Σ	15	Salaries and wages	2000		65 MAR			İ			16				
٠,	16 17	Repairs and mainten Bad debts	ance		0 9 2020				r	17					
(Interest (attach sche	dule) (si	ee instructions)		<u> </u>			F	18					
	19	Taxes and licenses	uulo) (S	oo maa dollona)	DEN,	LIT	ļ		T I	19					
	20		ons (Se	e instructions for limitation	7 Lui 1 4	(3)	3		r	20					
	21	Depreciation (attach	•					21		Ī		. '			
ſ				n Schedule A and elsewhere			22a			22b					
	23	Depletion		· ·		23									
	24	Contributions to defe				24									
	25	Employee benefit programs									25				
	26	Excess exempt expenses (Schedule I)									26				
	27	Excess readership costs (Schedule J)									27				
	28	Other deductions (attach schedule)								Ļ	28_				
	29	Total deductions. Add lines 14 through 28								<u> </u>	29		0.		
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13									30		<u> </u>		
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								31 32					
	32	Unrelated business taxable income. Subtract line 31 from line 30										_	0.		
	000701	01-00-10 LHA FO	r Paner	work Reduction Act Notice	eee instructions							Form '	990-T (2018)		

Form 990-	T (2018) THE CHILD CENTER OF NY, INC. 11-17	33454	Page 2
		1 1	
23	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes *Repealed under H.R. 1865 Further Consolidated Appropriations Act, 20		<u> </u>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
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)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
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	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b	- 1	
_	General business credit. Attach Form 3800	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	- 1	
		ا _م ور ا	
40	Total credits. Add lines 45a through 45d	450	
46	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	46	0.
47			
48	Total tax. Add lines 46 and 47 (see instructions)		0.
49	2018 net 965 tax llability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a			
	2018 estimated tax payments	∸	
-	Tax deposited with Form 8868	-	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup wrthholding (see instructions)	⊣ ∣	
f	Credit for small employer health insurance premiums (attach Form 8941)	ا ا	
9	· · · · · · · · · · · · · · · · · · ·		
	Form 4136 Other Total ▶ 50g	,	
51	Total payments. Add lines 50a through 50g	51	33,419.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	33,419.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	5 5	33,419.
Part V	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		Yes 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 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?		
•	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 1
		viedge and he	lef it is true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer tashes than taxpayer) is based on all information of which preparer has any knowledge.		
Here	12/25/22 N CRO		diacuss this return with
	Signature of officer Date CFO		shown below (see
			X Yes No
	Print/Type preparer's name Preparer's signature CPA Date Check	if PTIN	
Paid	GARRETT M. HIGGINS ON MINE 2 13 2020 Self- employe		A# 45 A 5 5
Prepa			0543209
Use O	niv Firm's name ► PKF O'CONNOR DAVIES, LLP Firm's EIN	<u>► 27</u>	-1728945
	665 FIFTH AVENUE		
	Firm's address ► NEW YORK, NY 10022 Phone no.	212-2	86-2600
823711 01-	09-19		Form 990-T (2018)