DAA For Paperwork Reduction Act Notice, see instructions.

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	,	l								1	OMB No 1545-0687
Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 906					2018					
Depa	For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19 Go to www irs.gov/Form9907 for instructions and the latest information					Open to Public Inspection for					
Intern	al Revenue Service	▶ [o not enter SSN num	pers on this form as	s it may be r	nade p	iblic if you	r organizatio	n is a 501(c)(3).	501	(c)(3) Organizations Only
Α	Check box if address changed		Name of organization	(Check box if	name changed	i and see	instructions)		D Employer Id		
_	xempt under section 393								(Employees' t	rusi, see	instructions)
[2	<u> </u>	Print	DER YID I						⊣ ,, ,	022	001
-	408(e) 220(e)	or _	Number, street, and room		, see instruction	S			11-2		
-	408A 530(a)	Туре	191 RODNE						E Unrelated bu		activity code
	529(a)		City or town, state or pro	vince, country, and ZIP of			11211		9000	•	
	look value of all assets	F 6	l	nos (Coo inotri intio		14.1	11211		3000	<u> </u>	<u> </u>
a	t end of year 397 129		roup exemption numl heck organization typ		1(c) corpora	tion	50)1(c) trust	401(a) trus	<u>.</u>	Other trust
<u></u>	nter the number of the								related trade or b	_	
	► ADVERTISIN	•	lion's unrelated trade	S Of Dusifiesses		Descii	be the only	y (or mist) un	irelated trade or b		ly one, complete
_	Parts I–V If more than or		ribo the first in the bla	ank enace at the or	nd of the pr	0110116	centence	complete P	arte Land II. com	_	ly one, complete
	Schedule M for each add			· · · · · · · · · · · · · · · · · · ·		evious	senience,	complete i	arts rand ii, com	DICIC	
	During the tax year, was					nt-subs	udiary con	trolled group	n?		Yes X No
	f "Yes," enter the name					555	naidi y con	aroned group	•		756 == 1.0
1	>										
J T	he books are in care of	▶ H	ENRY WALTE	R	_			Tele	ephone number 🕨	<u>7</u>	18-797-3900
Pa	urt / Unrelated	<u>Trade</u>	e or Business Ir	come			(A)	Income	(B) Expenses		(C) Net
1a -	Gross receipts or sales	6		_							
b	Less returns and allow	ances		c Balance	>	1c					
2	Cost of goods sold (So	hedule A	A, line 7)			2					
3	Gross profit Subtract I	ıne 2 froi	m line 1c			3					
4a	Capital gain net income	•	•			_4a′	E	·	51.		
þ	Net gain (loss) (Form 479)	7, Part II,	line 17) (attach Form 47	97)		4b	24.	こしに	/EUG		
С	Capital loss deduction					4c	8 1	1414 0 0	200		
5	Income (loss) from partnership	and S corpo	oration (attach statement)			5	ξ. N	MAY 2 2			
6	Rent income (Scheduli	•				6			III K		
7	Unrelated debt-finance					7	Щ0	GDEN	UT FI		
8	Interest, annuities, royaltie			/		8	Luneau .				
9	Investment income of a se			zation (Schedule G)		9			 		
10	Exploited exempt activ	•	·			10					
11	Advertising income (So		•	See Stm	- 1	11	1	003,713			1,003,713
12	Other income (See ins			/see sum	C I	12		003,713			1,003,713
13 D	Total Combine lines 3		t Taken Elsewh	are (See instru	ictions fo					for co	
re	deduction	is must	be directly conn	ected with the	unrelate	d bus	iness in	come)	ons / (Except	101 00	minibations,
14	Compensation of office						_			14	31,718
15	Salaries and wages									15	345,199
16	Repairs and maintenai	nce								16	15,527
17	Bad debts									17	•
18	Interest (attach schedu	ıle) (see	instructions)							18	
19	Taxes and licenses									19	30,446
20	Charitable contributions (S	See instru	ctions for limitation rules) See	Stmt	2				20	
21	Depreciation (attach F	orm, 456	2)					21	6,992		
22	Less depreciation clair	neá on S	Schedule A and elsew	here on return				22a		22b	6,992
23	Depletion									23	
24	Contributions to deferr		ensation plans							24	
25	Employee benefit prog									25	
26	Excess exempt/expens									26	
27	Excess readership cos						C	C+-+	+ 2	27	EGA AES
28	Other deductions (atta						see	State	nent 3	28 29	564,453
29	Total deductions. Ad		-					40	26		994,335
30	Unrelated business tax								30	30 31	9,378
31	Deduction for net oper	-	=		tter January	1, 201	ช (see เทร	tructions)	3)	3 ₁ 1	9,378
32 DAA	Unrelated business tax For Paperwork Redu									_ 3 <u>%</u>	Form 990-T (2018)

	1990-T (2018) DER YID INC.	11-	2833881		Page 2
	art III Total Unrelated Business Taxable income				7 ugc 22
33	Total of unrelated business taxable income computed from all unrelated trades or busine	sses (see			
	instructions)			33	9,378
34	Amounts paid for disallowed fringes			34	
35	Deductions for net operating loss ansing in tax years beginning before January 1, 2018 (s	see			
	instructions)			35	9,378
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fro	m the sum			
	of lines 33 and 34		6	.36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		(33)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater	than line 36.		1	
•	enter the smaller of zero or line 36			38	0
Pa	art N Tax Computation	<u> </u>			
39	Grganizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	
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 1	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
	art / / Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800 (see instructions)	45c	-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	Total credits. Add lines 45a through 45d	<u> </u>		45e	
46	Subtract line 45e from line 44		, .	46	
47	Other taxes	sch.)		47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2		. ,	49	
50a	Payments: A 2017 overpayment credited to 2018	50a		- T	
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Posterio retirbation (non instructions)	50e		1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		1 1	
a a	Other credits, adjustments, and payments: Form 2439			1	
8	Form 4136 Other Total	50g	•		
51	Total payments. Add lines 50a through 50g	L		51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		▶ □	52	
53	Tax due, if fine 51 is less than the total of lines 48, 49, and 52, enter amount owed	•		53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over	 maid		54	
	Enter the amount of line 54 you want. Credited to 2019 astimated tax	., puid	Refunded >	55	
55 D.	art VI Statements Regarding Certain Activities and Other Inform	ration (se	·	1 30 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a s				Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "YES," the org	ganization m	ay have to file		1.55
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the n				
	here •				X
57	During the lax year, did the organization receive a distribution from, or was it the grantor	of, or transfe	eror to, a foreign trust?		X
58	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	B			
		-4 41- 11- 1		21-	······································
٥:-	Under panallies of penulty, I declare that I have examined this return, including accompanying schedules and stateme true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	iras, and to the di or has any knowle	≅stormy knowledge and beser,: våge.	πες	May the IRS discuss this return
Sig					with the preparer shown below (see instructions)?
					Yes No No
	Stonature of officer Date Tritle Pnnt/Type proparer's name Preparer's signature		Date	Check	X / PTIN
Paid			05/15/20	1	= 1
	parer Firm's name Aron E. Muller, CPA		Firm's		11-3347963
•	Only 5513 12th Ave Ste 100		1,1113		
	Furm's address > Brooklyn, NY 11219		Phone	no	718-437-9225
					Form 990-T (2018)

6 Column

4 divided

by column 5

Form 990-T (2018)

8 Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

7 Gross income reportable

(column 2 x column 6)

Enter here and on page 1, Part I, line 7, column (A)

 \blacktriangleright

%

%

%

(4)

(1)

(2)

(3)

Totals

4 Amount of average

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

5 Average adjusted basis

of or allocable to

debt-financed property

(attach schedule)

Schedule F – Interest, Annu	<u>iities, Royalti</u>	es, and Rent						ee instructi	ons)	
1 Name of controlled		2 Employer	Exemp	t Controlled	Organ	ization	s T			·
organization	ıdeı	atification number		related income e instructions)			de	5 Part of column 4 the included in the control organization's gross in		6 Deductions directly connected with income in column 5
(1) N/A										
(2)										
(3)					_					
(4)										
Nonexempt Controlled Organizat	ions									
7 Taxable Income		Net unrelated income oss) (see instructions)		9 Total of specific payments made		inc	Part of colur luded in the inization's gr	controlling		Deductions directly nected with income in column 10
(1)										-
(2)								·		
(3)										
(4)										
						Ent	dd columns t er here and rt I, line 8, co	on page 1,	Ent	dd columns 6 and 11 er here and on page 1, irt I, line 8, column (B)
<u>Totals</u> Schedule G – Investment In		nation E01/a)	(7) (0)	or (47) Or	- P	l				· · · · · · · · · · · · · · · · · · ·
		ection 50 I(c)	(<i>1)</i> , (9),	Or (17) Or	yanıza	ation (see inst	ructions)	,	
1 Description of income		2 Amount of income		3 Deductions directly connected (attach schedule) (a			4 Set-asides attach schedule)		5 Total deductions and set-asides (col. 3 plus col.4)	
(1) N/A				-					1	
(2)										
(3)									1	
(4)							•			
	_	Enter here and or Part I, line 9, col	n page 1, umn (A)				. ,			nter here and on page 1, art I, line 9, column (B)
Totals	▶		- Th	A alice attactes						
Schedule I – Exploited Exer	npt Activity I	ncome, Otne	<u>r inan</u>	Advertisin	ig inc	ome (s	see instr	uctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	with n of	4 Net income (he from unrelated to or business (coll 2 minus column lif a gain, compicols 5 through	rade umn 3) ute	from ac	ss income ctivity that unrelated ss income	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A			1			•				
(2)				-						
(3)										
(4)										
Totals	Enter here and or page 1, Part I, line 10, col (A)	page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26
Schedule J – Advertising In	come (see ins	tructions)	•							
Part I Income From P	eriodicals Re	eported on a	Conso	lidated Ba	sis					
1 Name of penodical	2 Gross advertising income	3 Direct advertising	i i	4 Advertising gain or (loss) (c 2 minus col 3) a gain, compu cols 5 through	ool If te		culation come	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) ADVERTISING				•						
(2)								1		
(3)								1		
(4)]
Totals (carry to Part II line (5))										

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 3 through 7 on a line by line basis.)

2 through 7 on a	<u>line-by-line basi</u>	s)			·	· · · · · · · · · · · · · · · · · · ·
1 Name of penodical	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) N/A						
(2)						
(3)					<u> </u>	
(4)				<u> </u>		
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 27
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) MOSES FRIEDMAN	DIRECTOR	55.00%	11,700
(2) HERMAN FRIEDMAN	ADMINISTRATOR	55.00%	12,132
(3) ARON FRIEDMAN	OFFICE MANAGER	55.00%	7,886
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	31,718

Form **990-T** (2018)

Federal Statements

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Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
ADVERTISING REVENUE	\$ 1,003,713
Total	\$ 1,003,713

Form 990-T, Part II, Line 18 - Interest

Description		Amount
NYS - IAS/12/31/11	\$_	
Total	\$	0

Statement 2 - Form 990-T, Part II, Line 20 - Charitable Contributions

Description	 Amount
Current year Contributions Prior year Contributions	\$ 5,482
Total Contributions Available Less: Allocation to Taxable Fringe	5,482
Less: Contributions Disallowed	 5,482
Total Deduction Allowed	

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	_	Amount
PRINTING CORRESPONDENCE ACCOUNTING TELEPHONE/INTERNET OCCUPANCY AUTO/ LEASE/GAS BANK CHARGES/CREDIT CARD FEES INSURANCE OFFICE SUPPLIES EQUIPMENT RENTAL FREIGHT DATA LICENSE & PERMITS ADVERTISING CONFRENCES & SEMINARS	\$	317,663 169,255 4,500 10,279 27,706 4,691 6,437 6,078 4,400 3,788 5,893 1,348 263 900 1,252
Total	\$	564,453