990-T	EXTENDED TO NOV    Exempt Organization Bu			ax Return	1	OMB No 1545-0687				
Form 990-	(and proxy tax und	der se	ction 6033(e))	ux motum						
s	For calendar year 2018 or other tax year beginning, and ending									
Department of the Transum	Go to www irs gov/Form990T for instructions and the latest information.									
Internal Revenue Service	ernal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open 10 Public inspection for 501(c)(3) Organizations Only									
A Check box if address changed										
B Exempt under section	Print AND REHABILITATION					1-2925535				
X 501(c <b>323</b> )	Or Number, street, and room or suite no. If a P.O by	ox, see ir	structions.			ited business activity code instructions )				
408(e) 220(e)	144-45 6/TH AVENUE			<u></u>	ł					
529(a)										
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>								
30,396,7	54. G Check organization type ► X 501(c) co	-		401(a)		Other trust				
	organization's unrelated trades or businesses	1		the only (or first) un		than and				
	► SEE STATEMENT 1  lank space at the end of the previous sentence, complete F	arte I an		complete Parts I-V.						
business, then complete		a115 1 a11	u II, complete a Schedule	W TO Each additions	ai tiauc	OI .				
	the corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	▶ [	Ye	s X No				
	and identifying number of the parent corporation		out y commonder group							
	► ELIAS M. NEMNOM, VICE F	RES	IDENT/CF Teleph	one number 🕨 7	18-4	480-4065				
Part   Unrelate	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net				
1 a Gross receipts or sale	s									
b Less returns and allo	wances c Balance	1c								
2 Cost of goods sold (S		2				ı				
3 Gross profit. Subtrac		3		<del></del>						
4a Capital gain net incor	•	4a								
	4797, Part II, line 17) (attach Form 4797)	4b		,		<u> </u>				
c Capital loss deduction	partnership or an S corporation (attach statement)	4c 5								
5 Income (loss) from a 6 Rent income (Schedu		6			<u> </u>					
•	ed income (Schedule E)	7			Ì					
	/alties, and rents from a controlled organization (Schedule F	8								
	a section 501(c)(7), (9), or (17) organization (Schedule G									
10 Exploited exempt acti	vity income (Schedule I)	10								
11 Advertising income (	Schedule J)	11								
•	structions; attach schedule)	12								
13 Total. Combine lines	3 through 12	13	0.	<del></del> .						
	ns Not Taken Elsewhere (See instructions contributions, deductions must be directly connected			income )						
			The difference business	meome.)	144					
•	icers, directors, and trustees (Schedule K)	<b>F</b> -			14 15					
<ul><li>15 Salaries and wages</li><li>16 Repairs and mainter</li></ul>	nance		RECEIVE		16					
17 Bad debts	lance	-			17					
	dule) (see instructions)	20	NOV 19 2019	RS-OS(	18					
19 Taxes and licenses	, (,	10	101 10 201		19					
	0 Charitable contributions (See instructions for limitation rules)									
21 Depreciation attach	TOUDENLIT I									
22 Less depreciation cl	2 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b									
3 Depletion 23										
4 Contributions to deferred compensation plans										
	- · · · · · · · · · · · · · · · · · · ·									
	26 Excess exempt expenses (Schedule I)									
27 Excess readership c	-				27	<del> </del>				
28 Other deductions (a					28	0.				
	dd lines 14 through 28	ot line of	0 from line 12		30	0.				
	axable income before net operating loss deduction. Subtra erating loss arising in tax years beginning on or after Janu				31					
	erating loss arising in tax years beginning on or after band exable income. Subtract line 31 from line 30	αιγ ι, ζί	710 (366 III3H UUHUH3)		32	0.				
	or Paperwork Reduction Act Notice, see instructions				-	Form 990-T (2018)				

THE SII

Total Of unrelated Business Taxable Income  33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  34 Amounts paid for disallowed fringes  35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  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)  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.  Part IV Tax Computation  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  40 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 38.  10 Tax rate schedule or Schedule D (Form 1041)  41 Proxy tax. See instructions  42 Alternative minimum tax (trusts only)  43 Tax on Noncompliant Facility Income. See instructions  44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Part V Tax and Payments  45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45b Dother credits (see instructions)  46 General business credit. Attach Form 3800  47 Credit for prior year minimum tax (attach Form 8801 or 8827)  48 Total credits. Add lines 45a through 45d  49 Subtract line 45e from line 44  40 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866  40 Total tax Add lines 46 and 47 (see instructions)  41 Total tax Add lines 46 and 47 (see instructions)  42 Dotal set material tax payments Colored to 2018  43 Dotal set material tax payments Colored to 2018  44 Dotal tax Add lines 45 and 47 (see instructions)  45 Dotal set material tax payments Colored to 2018  45 Dotal set material tax payments Colored to 2018  45 Dotal set material tax payments Colored to 2018	<u></u>	35 36 37	18,7° 1,00 17,7° 3,7°	777. 00. 333.
34 Amounts paid for disallowed fringes 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 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) 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  Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 38	from·	34 35 36 37 38 39 40 41 42 43 44	18,7° 1,00 17,7° 3,7°	77.
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<ul> <li>Total tax Add lines 46 and 47 (see instructions)</li> <li>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2</li> <li>Payments: A 2017 overpayment credited to 2018</li> </ul>	Ottici (attach schedule)			
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  50 a Payments: A 2017 overpayment credited to 2018		48	3,73	1 2
50 a Payments: A 2017 overpayment credited to 2018			<u> </u>	0.
•	l	49		<u> </u>
b 2018 estimated tax payments 1 50b 1				
	1 262			
c Tax deposited with Form 8868	1,262.			
d Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
e Backup withholding (see instructions) 50e				
f Credit for small employer health insurance premiums (attach Form 8941) 50f				
g Other credits, adjustments, and payments: Form 2439				
Form 4136 Other Total ▶ <u>50g</u>				
51 Total payments. Add lines 50a through 50g	ļ	51	1,20	<u>52.</u>
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	▶ ]	53	2,4	71.
54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ ]	54		
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 🕨	55		
Part VI   Statements Regarding Certain Activities and Other Information (see	nstructions)			
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other at	uthority		Yes	No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			1	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign co				
here	unay			
	o foreign truet?		-	X
	), a lutelyn trustr		<del>                                     </del>	
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 >\$	to the best of my knowled	lan and hollof it is	, true	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct appropriate Declaration preparer (other than taxpayer) is based on all Information of which preparer has any known of the property of the	wledge	ge and belief, it is t	rue,	
Horo Colonia Maria	Ma	y the IRS discuss t		ith
VICE PRESIDI		preparer shown be		,
Signature of officer Date Title	ins	tructions)?	Yes	No
Print/Type preparer's name Rreparer's signature Date	Check ıf	PTIN		
Paid	self- employed	1		
Preparer GARRETT M. HIGGINS COULT M HIGG - 11-12-19		P0054		
Use Only Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Fırm's EIN ▶	27-17	28945	5
500 MAMARONECK AVENUE				
Firm's address ► HARRISON, NY 10528-1633	Phone no. 9	<u>14-38</u> 1-	8900	

•									
Schedule'A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract !	ine 6	Г		
3 Cost of labor	3	•	7	from line 5. Enter here			_j		
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No	
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b 5 the organization?									
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty	<b>'</b> )	
(see instructions)								<u></u>	
Description of property									
(1)									
(2)									
(3)	-	·-·						***************************************	
(4)			•					· · · ·	
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	personal	onal property (if the percental property exceeds 50% or if ad on profit or income)	ceeds 50% or if						
(1)	'								
(2)									
(3)									
(4)								****	
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	, , , ,	•			0.	Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
						3. Deductions directly cor	nected	with or allocable	
			2	. Gross income from or allocable to debt-	to debt-financ  (a) Straight line depreciation			(b) Other deductions	
1. Description of debt-fi	nanced property			financed property	(=,	(attach schedule)	(attach schedule)		
								******	
(1)									
(2)		<u>,                                     </u>				· #			
(3)									
(4)			<u> </u>			···			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			1	%			7	<del></del>	
(2)	<u></u>		1	%	-	,			
(3)			1	%				•	
(4)				%				•	
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>.</b>		0		0.	
Total dividends-received deductions	ncluded in column	8				<u>_</u>	<del>`</del>	0.	
- 10.2. WITIWOIIWO 10001TOU WOUWUIID		. 🗕						• •	

Form 990-T (2018)

Form 990-T (2018) AND RI Schedule F - Interest,	Annuities.	Royal	ties. an	d Rents	From Co	ntrolle	Organiza		11-29 (see ins	struction	
`		, <b>,</b>			Controlled O				(000		<u></u>
• 1 Name of controlled organization		2. Employer identification (loss) (see				ital of specified 5. Pa ments made Include		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)				<del> </del>		_				İ	
(3)				†					-		
	·			<del> </del>						<u> </u>	
(4) Ionexempt Controlled Organ	uzetiene			<u> </u>		<u> </u>					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1	<del></del>	. Т	40.0.1.1.1			44.5	
7. Taxable Income	8. Net unre (see	eiated incon i Instruction:		y rotai	of specified payr made	nents	10 Part of colur in the controlli- gross	nn 9 tha ng orgar income	nzation's	11 De witt	eductions directly connecte n income in column 10
(1)					· · · · · · · · · · · · · · · · · · ·						
(2)	1						<u> </u>				
(3)				-		<u>†</u>	·				
(4)	†			1							
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I line 8, column (B)
otals					•				0.		0
Schedule G - Investme	ent Income	e of a S	Section	501/c\/7	(9) or (	17) Oro	anization		0.0		
	tructions)	e oi a c	Jection	501(0)(1	), (5), Oi (	, 0.9	amzadon				
(000 1110					<u> </u>	I	3. Deduction	ns			5 Total deductions
1 Des	scription of income	•			2. Amount of	ıncome	directly conne	cted	4. Set-	asides schedule)	and set-asides
(4)						<del></del>	(attach sched	uie)		•	(col 3 plus col 4)
(1)			·····		-						
(2)					-				-		
(3)	<u>.</u>										
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B
otals				<u> </u>	<u> </u>	0.					0
Schedule I - Exploited (see insti	-	ctivity	Income	e, Other	Than Adv	ertisin/	g Income				
Description of exploited activity	2 Gro unrelated bu income f trade or bu	usiness rom	directly of with pro of uni	penses connected oduction related s income	4. Net Incom from unrelated business (co minus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6</b> . Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				_		1	•				
(2)	1				<u> </u>		•		<u> </u>		
(3)	+										1
	+		<u> </u>		<del>                                     </del>						1
(4)	Enter here a page 1, P	art I,	page 1	re and on I, Part I, col (B)		<u> </u>	· ·				Enter here and on page 1, Part II, line 26
otals Schedule J - Advertis	ing Incom		nstruction		<u> </u>						
Part I Income From					solidated	Basis					
Tarti Income From	renouica	is nep	or tea or		Johadica	Dasis					
1. Name of periodical		2. Gross dvertising income		3 Direct ertising costs			5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							1				
(2)					┪						1
(3)			<del>     </del>		7	٠					1
				· · · · · · · · · · · · · · · · · · ·			<b>†</b>		<del> </del>		
(4)			-		<del></del>	•	+				
Totals (carry to Part II, line (5))	<b>▶</b>		0.	0							0
olais (carry to Fait II, IIIIE (5))			· •	U	•		1				Form <b>990-T</b> (20

## Form 990-T (2018) AND REHABILITATION

01111 000 1	120.07 2210 212							
Part II	Income From	Periodicals	Reported (	on a Sepa	rate Basis	(For each periodic	cal listed in Part I	I, fill in
	columns 2 through	7 on a line-by-li	ne basis.)					

Name of periodical	2. Gross advertising income	3. Direct advertising costs			6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)							
(4)		<u>-</u>					
Totals from Part I	0.	0.	, , ,	*. *. ;	, ;	0.	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		# <sub>1</sub>	.*	Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.	•	•		0.	

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1