293	9303200608 0000	0
1	YUV	

•	÷	990-T	E	cempt Organiz							rn	ОМЕ	3 No 1545-0687
	РОГП	330-1	For cale	and pro) ndar year 2018 or other tax			der section 07/01 . 20				o 19	a	∂ ⋒1Ω
	Denar	tment of the Treasury	,	►Go to www.irs.gov								4	<u> </u>
		al Revenue Service	D o	not enter SSN numbers or							:)(3)	Open to 501(c)(3	Public Inspection for 3) Organizations Only
	Ā	Check box if		Name of organization (Check b	ox if nar	me changed and	see in	struction	s)			fication number
		address changed											see instructions)
	BEX	empt under section		SAINT DAVID'S	SCHOO	L _							
	X	501(C)(3)	Print	Number, street, and room	or suite no	lf a P O	box, see instruc	tions				655283	
	·	408(e) 220(e)	Type	_								lated busir	ness activity code
	<u> </u>	408A530(a)	1	12 EAST 89TH		_				 _	,	,	
		529(a)		City or town, state or prov		y, and 2	ZIP or foreign pos	stal cod	е		0000	.0.2	
		ok value of all assets end of year	<u> </u>	NEW YORK, NY							9000	0.3	
,	1 .	70 261 710		up exemption number (S					5044-	<u> </u>	104/->	4	1 000 4
				ck organization type inization's unrelated trade					501(c		401(a)		Other trust
:				VESTMENT IN A P.			*	If on	ly one	complete Parts I			unrelated
				end of the previous ser			Parts Land II						e, describe the
		ade or business, th		· ·	iterice, co	inpiete	raits raile ii,	COMP	cic a o	chedule ivi for ear	ori additio	n lai	
				corporation a subsidiary	ın an affil	iated o	roup or a parer	nt-subs	sidiary o	controlled group?			Yes X No
				identifying number of the					,	J			
				OHN J. SPROULE		•	·	Te	lephon	e number ▶ 21	2-369	-0058	
	Pai	t I Unrelated	Trade o	or Business Income)		(A) Inc	come		(B) Expen	ses		(C) Net
	1a	Gross receipts or	sales	,									
	b	Less returns and allowa	nces		Balance >	1c							
	2	Cost of goods so	ld (Sched	ule A, line 7)		2							
	3	Gross profit Sub	tract line	2 from line 1c		3						ļ	
	4a	Capital gain net ii	ncome (a	ttach Schedule D)		4a		_					
	b			Part II, line 17) (attach Forn		4b							
	С	Capital loss dedu	ction for t	rusts		4c		10	17.6			<u> </u>	10 276
	5			r an S corporation (attach stateme		5		18,	3/6.	ATCH_1			18,376.
	6					6						l	
	7			come (Schedule E)		7							<u> </u>
	8 9			nts from a controlled organization		_						+	
	10			1(c)(7), (9), or (17) organization ncome (Schedule I)								 	
	11	•	•	lule J)				_				<u> </u>	
	12			tions, attach schedule)						_		+	
	13			ough 12				18,3	376.			1	18,376.
		t II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limit	ation	s on c	leductions)(I	Except	for cont	
												•	
	14	Compensation of	officers,	be directly connect directors, and trustees (S	chedule K)			٦Ų			14		
	15							lõ			15		
_	16	Repairs and main	tenance		[헸] . 시	JAN. 1	27 2020	S.G.			16		
20	17							그뜨				ļ.——	
.2020	18	Interest (attach s	chedule) ((see instructions)		GD	EN: UT				18	4	1 5 6 4
•	19	Taxes allu licelise	·					· · · ·			· · 13		1,564.
64	20		•	See instructions for limita							20	-	··
MAR	21			4562)					1		 	₹,	`
Ž	22			on Schedule A and else							22b	· · · · · ·	
6	23	•											
SCANNED	24			compensation plans									<u> </u>
4	25 26			Schedule I)							_		
Z	26 27			Schedule I)									
Š	28	Other deductions	(attach s	chedule)							28	 	
⊌ ∂	29	Total deductions	Add line	s 14 through 28					• • •		ال م الم الم	+	1,564.
	30	Unrelated husine	ss taxah	le income before net	operating	loss	deduction Si	ubtrac	t line		3 30	1	16,812.
	31			g loss arising in tax year							31		
	32			e income Subtract line 3							32		16,812.
		Paperwork Reduct	ion Act N	lotice, see instructions.							/ /		orm 990-T (2018)
	0.2/4	" 'бÿ75мт'∜01	lB 12/	/31/2019 7:30:3	L7 AM	V 1	8-7.6F		:	2291	6	1 ~	

Form	990-T (2018)		Page Z
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	16,812.
34	Amounts paid for disallowed fringes	34	
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	36	16,812.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/7	1,000.
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	3.8	15,812.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	3,321.
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		
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	344	3,321.
Par		7	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)	1	
c	General business credit Attach Form 3800 (see instructions)	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 .	
e	Total credits Add lines 45a through 45d	456	
46	Subtract line 45e from line 44	46	3,321.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	3,321.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	,	
b	2018 estimated tax payments	}	
С	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)]	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	24,356.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☑	52	70.
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	20,965.
<u>5/5</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶	` 	20,965.
Par	Statements Regarding Certain Activities and Other Information (see instruction		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes 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	foreign country	,.
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
	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 > \$	ant of multiplication	and helpf it is
0:	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete pertare of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge	unu vener, it is
Sign		y the IRS discuss	
Her		h the preparer sl	
	Print/Type preparer's name Preparer's name Date Date Constitute of Dat	PTIN	es No
Paid	1/16/20 Check	KLII 5013	33816
Prep	arer	44 016	
-	Firm's name DND, DDF	$EIN \rightarrow 44-016$ $eno 212.867.$	
	Phone		90-T (2018)
JSA		10111 9	(2010)

,	SAINT	DAVID'S	SCHOOL			13-1655283		
Form 990-T (2018)	0111111	D 12 0	50				ı	Page 3
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	>	 			
1 Inventory at beginning of y	1 1				ar	6		
2 Purchases	·				ld. Subtract line			
3 Cost of labor			6 from	line 5 En	iter here and in			
4a Additional section 263A co	osts		Part I, lin	e 2		7		
(attach schedule)	4a		i i		section 263A (w		Yes	No
b Other costs (attach schedu		11	property	produced	or acquired for	resale) apply		
5 Total. Add lines 1 through	4b . 5		to the or	ganization? .	<u> </u>	<u> </u>		Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Propert	y Leased V	Vith Real Prope	rty)		
(see instructions)								
Description of property	 .					·		
(1)					··-			
(2)	_ .							
(3)					<u></u>			
(4)	2 Post rossu	and or occur			1			
	2. Rent recei	1			1		45	
(a) From personal property (if the for personal property is more the more than 50%)		percent	rom real and personal propert age of rent for personal proper r if the rent is based on profit o	ty exceeds		rectly connected with (a) and 2(b) (attach sch		ıme
(1)								
(2)								
(3)							_	
(4)								
Total		Total			 (b) Total deduction	ne		
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter			Enter here and on			
here and on page 1, Part I, line 6,					Part I, line 6, colur	mn (B) 🕨		
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions)	т	5.7			
1. Description of deb	t-financed numberty		2 Gross income from or allocable to debt-financed		Deductions directly cor debt-finance	ed property		
	· ·····ai···oou proporty		property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable dec (column 6 x total of 3(a) and 3(of colum	
(1)			9/					
(2)			9/	5				
(3)			9/	5				
(4)			9/	<u> </u>				
Totals				Part I, lir	re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, col	on page lumn (E	: 1, 3)
Total dividends-received deducti	ons included in co	olumn 8	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> ▶ </u>			

Form **990-T** (2018)

Schedule F—Interest, Anni	uities, Royalties			ntrolled Or			auons	(500	: mstructic	<i>/</i> 115 <i>)</i>			
1 Name of controlled organization	2 Employer identification numb	per 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total	4 Total of specified payments made		5 Part of column 4 that included in the controllin organization's gross incor		olling	6 Deductions directly connected with income in column 5		
(1)													
(2)			_										
(3)					ļ								
(4)					l						<u></u>		
Nonexempt Controlled Organia	zations								0.00-11-1		B. 4 4 4		
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			otal of specific ayments made		10 Part of column 9 the included in the controll organization's gross income.		ntrolling		Deductions directly inected with income in column 10			
(1)													
(2)													
(3)	_												
(4)				-			dd colum		-4 10	^-	Id columns 6 and 11		
Totals			 :)(7),	 (9), or (17	▶) Orga	En Pá	ter here a irt 1, line 8	nd on i, colui	page 1, mn (A)	Ent	er here and on page 1, rt I, line 8, column (B)		
1 Description of income	2 Amount of			3 Deduction of the directly core (attach sch	tions inected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)													
(2)			<u> </u>										
(3)			ļ										
(4)			<u> </u>								:- ,,		
Totals ▶	Enter here and Part I, line 9, c					-					Enter here and on page 1 Part I, line 9, column (B)		
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Tha	an Advert	ising Ir	com	see II	nstru	ctions)				
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with of	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) led trade (column lumn 3) ompute	5 G from	5 Gross income from activity that is not unrelated business income		tivity that attributable		e 6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)													
(2)													
(3)			-										
(4)													
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,				-				Enter here and on page 1, Part II, line 26		
Totals				<u> </u>									
Schedule J- Advertising Ir				.1 . 4 1 🗪	. • -						 		
Part I Income From Per	iodicals Report	ted on a Co	nsoli	dated Bas	SIS	-			ı				
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Adven gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5	Circulatio income	n	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										_			
(2)											7		
(3)			-							-	\neg		
(4)										•			
Totals (carry to Part II, line (5)) ▶	<u></u>			<u> </u>							Form 990-T (2018		

SAINT DAVID'S SCHOOL Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns த Partill

2 through 7 on a	11.0 27 1110 200		 			7 Evenes 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 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)		%	
(2)		%	
(3)		%	
4)	`	%	
Total. Enter here and on page 1, Part II, line 14.			

Form 990-T (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

LONE JUNIPER, LP

18,376.

INCOME (LOSS) FROM PARTNERSHIPS

18,376.