Open to Public Inspection fo 501(c)(3) Organizations Only

(C) Net

161.

35.

196.

14. 255.

D Employer Identification number

13-1656681

E Unrelated business activity code

Instructions)

523000

401(a) trust

2019

501(c) trust

22a

SEE STATEMENT 3

			1 Describe the only (or first) unrelated					
		de or business here INVESTMENTS IN LIMITED PARTNERSHIPS				mplete Parts I-V.		-
	des	scribe the first in the blank space at the end of the previous sentence, complete Pa	ts I and	d II, c	complete a Schedule M	for each addition	al trade o	r
	bu	siness, then complete Parts III-V.						
	I Du	iring the tax year, was the corporation a subsidiary in an affiliated group or a paren	t-subsi	dıary	controlled group?	▶ [Yes	X No
		"Yes," enter the name and identifying number of the parent corporation.						
		ne books are in care of PETER MATARAZZO					12-889	
	Pa	rt I Unrelated Trade or Business Income			(A) Income	(B) Expenses	3	(C) N
	1 a	Gross receipts or sales						
	b	Less returns and allowances c_Balance	1c				\longrightarrow	
	2	Cost of goods sold (Schedule A, line 7)	2			 -	\longrightarrow	
	3	Gross profit. Subtract line 2 from line 1c	3				\longrightarrow	
	4 a	Capital gain net income (attach Schedule D)	4a		161.		\longrightarrow	
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				\longrightarrow	
	C	Capital loss deduction for trusts	4c_	<u> </u>				
	5	Income (loss) from a partnership or an S corporation (attach statement)	5		35.	STMT 1	\longrightarrow	
3	6	Rent income (Schedule C)	6					
0	7	Unrelated debt-financed income (Schedule E)	7				\perp	
}	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
<u>.</u>	10	Exploited exempt activity income (Schedule I)	10	<u></u>				
3	11	Advertising income (Schedule J)	11					
	12	Other income (See instructions; attach schedule)	12					
	13	Total. Combine lines 3 through 12	13		196.			
	Pa	Irt II Deductions Not Taken Elsewhere (See instructions for	r lımıta	ations	s on deductions.)			
		(Except for contributions, deductions must be directly connected	with t	he u	nrelated business in	come.)		
	O4	Compensation of officers, directors, and trustees (Schedule K)	TO THE OWNER OF				14	
	9 5	Salaries and wages RECEIVE	· 万		1		15	
	≨ 6	Repairs and maintenance		7 () .]		16	
	OF GANVED S	Bad debts Interest (attach schedule) (see instructions) JUL 2 7 20	20	10	J		17	
	18	Bad debts Interest (attach schedule) (see instructions)	<u>.</u> ۵۲		SEE STATEMENT	2	18	
	ب 19	Taxes and licenses		12			19	
d	≥20	Charitable contributions (See instructions for limitation rules) GDFN 1	IT		SEE STATEMENT	4	20	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) (and proxy tax under section 6033(e))

► 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).

Name of organization (Check box if name changed and see instructions.)

For calendar year 2018 or other tax year beginning $\ JUL\ 1\,,\ 2018$

158 EAST 35TH STREET

NEW YORK, NY 10016

POSTGRADUATE CENTER FOR MENTAL HEALTH

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation

Number, street, and room or suite no. If a P.O. box, see instructions

City or town, state or province, country, and ZIP or foreign postal code

Department of the Treasury Internal Revenue Service

Check box if address changed

Print

Type

220(e)

7530(a)

110,929,239.

or

B Exempt under section

x 501(c)(3 U2)

] 408(e) [

408A

] 529(a) Book value of all assets

22b

23

24

25

26

Depreciation (attach Form 4562)

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Contributions to deferred compensation plans

©23

2020 25

26

27

28

29

30

31

Depletion

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see Instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 1,519.

1,788.

-1.592

-1,592.

Form 990-T (2018)

Form 390-T	2018) POSTGRADUATE CENTER FOR ME	NTAL HEALTH		13-1656	681	Page 2
Part II	Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	(see instructions)		33	-1,592.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see in	nstructions) ST	MT 5	35	0.
36	Total of unrelated business taxable income before					
	lines 33 and 34			~ (2 36	-1,592.
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		って	₹ 7	
	Unrelated business taxable income. Subtract lin		line 36,	26	2	
	enter the smaller of zero or line 36	-		2	(38	-1,592.
Part I	Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)			39	0.
	Trusts Taxable at Trust Rates. See instructions for		unt on line 38 from:			
	Tax rate schedule or Schedule D (Fo	•		>	46	
41	Proxy tax. See instructions	,		•	4	
	Alternative minimum tax (trusts only)	•			42	
	Tax on Noncompliant Facility Income. See Instru	ctions			43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, wi	-			44	0.
Part V	Tax and Payments	<u> </u>	•			
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	Á 5a			
	Other credits (see instructions)	,	45b		7 1 1	
	General business credit. Attach Form 3800		45c		7 / / /	
-	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d		7	
	Total credits. Add lines 45a through 45d	o . o. ooz.,			45e	
46	Subtract line 45e from line 44	•	•		46	0.
	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	47	
	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	0.
	Payments: A 2017 overpayment credited to 2018		50a			
	2018 estimated tax payments	5	50b	14,644	7	
	Tax deposited with Form 8868	•	50c		7 1 1	
	Foreign organizations: Tax paid or withheld at soui	rce (see instructions)	50d		7	
	Backup withholding (see instructions)	,	50e		7	
	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f		1	
		form 2439			7 []	
•		Other Total	▶ \ 50g		111	
51	Total payments. Add lines 50a through 50g		· (51	14,644.
	Estimated tax penalty (see instructions). Check if F	Form 2220 is attached			52	
	Tax due. If line 51 is less than the total of lines 48				53	
54	Overpayment. If line 51 is larger than the total of	lines 48, 49, and 52, enter amount overpaid	d .		5 54	14,644.
55	Enter the amount of line 54 you want: Credited to			funded 💆	-(55	14,644.
Part V	Statements Regarding Certain	Activities and Other Informa	ition (see instru	ctions)		
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signal	ture or other authori	ty		Yes No
	over a financial account (bank, securities, or other				1	[
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter the name of	the foreign country			
	here >					х
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a fo	reign trust?		x
	If "Yes," see instructions for other forms the organ	ization may have to file.				
58	Enter the amount of tax-exempt interest received o					
0:	Under penalties of perjury declare that have examine correct, and complete Declaration of preparer (other that	d this return, including accompanying schedules an in taxpayer) is based on all information of which are	nd statements, and to the	best of my knowle	edge and belief, it is t	ue,
Sign	correct, and compress declaration opprepare (outlet une		para nasanj memora	-	May the IRS discuss t	his return with
Here	///-		NT & CEO		the preparer shown be	
	Signature of officer	Date Title		<u> </u>	nstructions)? X	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed	i	
Prepa	rer GARRETT M. HIGGINS	GARRETT M. HIGGINS	07/15/20	,	P0054320	19
Use O		ES, LLP		Firm's EIN	27-172	8945
	500 MAMARONECK	AVENUE				
	Firm's address HARRISON, NY 1	0528-1633		Phone no.	914-381-8900	
823711 01-	09-19				Form	990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	luation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs		•		line 2		į	7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	vith 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?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real i	Property and	l Pers	onal Property L	ease	d With Real Propo	erty)		
1. Description of property									
(1)									
(2)									
(3)									
_(4)									
		ed or accrued				3(a) Deductions directly	connected	d with the income in	ì
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	`of rent for p	personal p	nal property (if the percentag property exceeds 50% or if d on profit or Income)	j e	columns 2(a) an	d 2(b) (atta	ach schedule)	
(1)									
(2)									
(3)									
_(4)									
Total	0.	Total			0.	<u>.</u>			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	tions)					
			2.	Gross income from		Deductions directly conn to debt-finance	ected with ad proper	h or allocable ty	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	is
(1)									
(2)									
(3)						•			
(4)							1		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(co	Aliocable deduct lumn 6 x total of co 3(a) and 3(b))	ions lumns
(1)				%					
(2)				%					
(3)			<u> </u>				<u> </u>		
(4)				%			4		
						nter here and on page 1, Part I, line 7, column (A)		ler here and on pag art I, line 7, column	
Totals				▶		0			0.
Total dividends-received deductions in	cluded in columr	ı 8							0.
								Form 990-T	(2018)

Schedule F - Interest,	, Aimuides, noya			Controlled O				(See II)S	tructions	2)
1. Name of controlled organiz	ident			related income 4. Tota e instructions) paym		al of specified nents made	5. Part of column 4 the included in the control organization's gross inc		olling	6. Deductions directly connected with income in column 5
(1)				.						
(2)										
(3)				-						
(4)										
Nonexempt Controlled Orga	nizations						-			
7. Taxable income	8. Net unrelated inco (see instruction		9. Total o	of specified payr made	nents	10 Part of column in the controllingross	mn 9 that ng organ s income	is included ization's	11. Dec with	ductions directly connected income in column 10
(1)			_							
(2)						•				
(3)					Î					
(4)						-				
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals		<u> </u>			▶			0.		0.
Schedule G - Investm	ent Income of a	Section 50	01(c)(7)), (9), or (17) Org	anization				
	structions)			2. Amount of	income	3. Deductio	cted	4. Set-	asides	5. Total deductions and set-asides
(4)						(attach sched	lule)	(attach s	criedule)	(col 3 plus col 4)
(1)					 i					
(2)									_	
(3)								_		-
(4)				Enter here and	n nage 1					Enter here and on page 1
				Part I, line 9, co						Part I, line 9, column (B)
T.4.1.					0.					0
Totals Schedule I - Exploited	d Exempt Activit	y Income,	Other	Than Adv		g Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directly conr with produi of unrelat business in	nected ction ted	4. Net Inconfrom unrelated business (cominus colum gain, computi	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that led	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
- · · · · · · · · · · · · · · · · · · ·		Dustriess in	COMB	through	7					
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,			_				Enter here and on page 1, Part II, line 26
Totals Advantis	0	·	0.					 		0
Schedule J - Advertis Part I Income From	sing income (see n Periodicals Re		a Cons	olidated	Basis					
	2. Gross			4. Adver	ising gain	T _				7. Excess readership
1. Name of periodical	advertising income	. 3.	Direct sing costs	or (loss) (c col 3) If a g cols 5 ti		5. Circula income		6. Read cost		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				_]						
(4)										
Totals (carry to Part II, line (5))	▶	0.	0							0
										Form 990-T (2018

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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		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)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	<u></u>			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			0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1		
DESCRIPTION	NET INCOME OR (LOSS)		
THE BLACKSTONE GROUP, LP (GENERAL) - ORDINARY BUSINESS INCOME (LOSS) THE BLACKSTONE GROUP, LP (GENERAL) - NET RENTAL REAL ESTATE INCOME THE BLACKSTONE GROUP, LP (GENERAL) - OTHER PORTFOLIO INCOME (LOSS) THE BLACKSTONE GROUP, LP (457 PLAN) - ORDINARY BUSINESS INCOME (LOSS) THE BLACKSTONE GROUP, LP (457 PLAN) - OTHER PORTFOLIO INCOME (LOSS)	15. -1. 7. 10.		
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	35.		
FORM 990-T INTEREST PAID DESCRIPTION INTEREST	STATEMENT 2 AMOUNT 14.		
TOTAL TO FORM 990-T, PAGE 1, LINE 18	14.		
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3		
DESCRIPTION	AMOUNT		
ACCOUNTING FEE EXPENSES RELATED TO PORTFOLIO INCOME	1,500. 19.		
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,519.		

FORM 990-T CONTRIBUTIONS	SUMMARY	S	TATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% I	JIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUT	TIONS			
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	2			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS		2		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED		2 0		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		2 0 2		
ALLOWABLE CONTRIBUTIONS DEDUCTION				0
TOTAL CONTRIBUTION DEDUCTION		_		0

FORM 990-T		NET	OPERATING LO	oss 1	DEDUCTION	STA	TEMENT 5
TAX YEAR	LOSS S	USTAINED	LOSS PREVIOUSLY APPLIED	Y	LOSS REMAINING		ILABLE S YEAR
06/30/15	-	1,576.		0.	1,5	76.	1,576.
06/30/16		2,150.		0.	2,1	50.	2,150.
06/30/17		1,650.		0.	1,6	50.	1,650.
06/30/18		1,428.		0.	1,4	28.	1,428.
NOL CARRYOV	ER AVAI	LABLE THIS	YEAR		6,8	04.	6,804.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

OMB No 1545-0123

Name

Employer identification number

POSTGRADUATE CENTER FOR MENTAL HEALTH 13-1656681 Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (**g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (sales price) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked -2. 163. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 161. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 161. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 161. 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital losses in the instructions

821051 01-03-19

JWA

Schedule D (Form 1120) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Social security number or taxpayer identification no.

13-1656681

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions,
see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or
codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box
If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

L	LD) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see	Note ab
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
]	X (F) Long-term transactions not reported to you on Form 1099-B	

Description of property (Example 100 sh XYZ Co.) Date acquired (Mo , day, yr) Date sold or disposed of (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.)	a code in Subtract column (a)
THE BLACKSTONE GROUP, LP	inen
(GENERAL)	<1,>
THE BLACKSTONE GROUP LP	
(457 PLAN)	<1.>
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract	
negative amounts). Enter each total here and include on your	
Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	
above is checked), or line 10 (if Box F above is checked)	<2,>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment.