NOTICE 2018-100

Form	990-T	E	empt Organizatioı) and proxy ta				rn	OMB N	1545-0687
		For cale	ndar year 2018 or other tax year be			· • • • • • • • • • • • • • • • • • • •	2018	200	∂10
Depar	tment of the Treasury		► Go to www.irs.gov/Form9				··	<u>(4</u>)	<i>y</i> 10
	al Revenue Service	▶ Do	not enter SSN numbers on this for				c)(3)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
A	Check box if address changed			box if na	me changed and see in	structions)	D Emp		ation number
BEX	empt under section	1	CITY OF NEW YORK	.01.2 2	01. 11.2 11.025	12			
Х	501(C 13.)	Print	Number, street, and room or suite n	o If a P O	box, see instructions		13-1	.740003	
	408(e) 220(e)	Type						lated busines	s activity code
<u> </u>	408A530(a)		4499 MANHATTAN COL				, ```	,	
	529(a)	-	City or town, state or province, cou	ntry, and a	ZIP or foreign postal cod	ie			
	ok value of all assets end of year		BRONX, NY 10471						
	46,552,620.		up exemption number (See instruction type X 5	<u>_</u>		501(c) trust	401(a)	\ truct	Other trust
			nization's unrelated trades or bus					y (or first) un	
	ade or business her					ly one, complete Parts I			
fır	st in the blank spa	ce at the	end of the previous sentence,	complete		•			
tra	ade or business, th	en comple	ete Parts III-V						
I D	uring the tax year,	was the	corporation a subsidiary in an a	filiated g	roup or a parent-sub	sidiary controlled group?		▶ ∟	Yes X No
			identifying number of the parent	corporati		_			
			NDRA RIVERA			elephone number > 71		1	
	•		or Business Income		(A) Income	(B) Exper	ises	(C) Net
1a	Gross receipts or s							Ì	ì
ь 2	Cost of goods sol		c Balance						
3			2 from line 1c					+	
4 a			ttach Schedule D)						
b			Part II, line 17) (attach Form 4797)			-			
С			rusts	-				1	
5			r an S corporation (attach statement)						
6	Rent income (Sch	edule C)		. 6					
7	Unrelated debt-fir	nanced in	come (Schedule E)	. 7					
8			nts from a controlled organization (Schedule					<u> </u>	
9			1(c)(7), (9), or (17) organization (Schedule						
10 11	•	-	ncome (Schedule I)					+	
12			lule J)					 	
13			ough 12			0.			
_			Taken Elsewhere (See in	-	ns for limitation	s on deductions) (Except	for contrib	utions.
			be directly connected with			, ,	•		•
14	Compensation of	officers,	directors, and trustees (Schedule	K)			14		
15									
16									
17									
18			(see instructions)						
19							19		
20 21			4562)	•	i		20	 	
							 22t	,	
23	Depletion			FIV	ED III			1	
24	Contributions to d	deferred o	compensation plans	بنبياد				1	
25	Employee benefit	programs	· · · · · · · · · · · · · · · · · · ·	. 6.1.	2019 . 1971				
26	Excess exempt ex	penses (S	compensation plans	. 4.1	····/88/···				
27	Excess readership	costs (S	chedule J)Ö.	-	: 111		27		
28	Other deductions	(attach s	chedule)	3DEV	٠. لېسسىنىل		28	1	
29							_	-	
30			le income before net operation	-					
31 32			g loss arising in tax years begin e income Subtract line 31 from l						
<u> </u>	Cinciated Dusine	os tavanil	c moome oubtractime of nomi		<u> </u>	 	32		

Form	990-T (2018)			Р	age 2
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			
34	Amounts paid for disallowed fringes	34		2.8	396.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
••	instructions),	35			
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	133			
36	of lines 33 and 34			2 0	200
		36			396.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	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	38		1,8	396.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		3	398.
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	$\overline{}$			
42	Alternative minimum tax (trusts only).				
43	Tax on Noncompliant Facility Income. See instructions	$\overline{}$			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	\rightarrow		-	398.
Par		44			
		1 1			—
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1			
	Other credits (see instructions)	4			,
	General business credit Attach Form 3800 (see instructions)	4			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46		3	<u> 398.</u>
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	<u> 398.</u>
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]			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions)	1			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1			
	Other credits, adjustments, and payments Form 2439	1			
9	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51		7	762.
		$\overline{}$			
52 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		-	364.
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	55			364.
Par					
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 m	•			,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country [,
	here ▶				Χ
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	· <u>L</u>		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 ▶ \$				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	est of my	knowledge ar	nd belie	af, it is
Sign	true, corregal and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here		•	RS discuss t preparer sho		
			ns)? X Yes		No
	Print/Type preparer's name Preparer's signature Date		PTIN		
Paid	Chec		P0133	381	6
Prep	arer	employed s EIN >	44-0160		-
Use			2.867.4		
	Phon	eno - T	Form 99	_	2042
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JSA

Form 990-T (2018)

Schedule F-Interest, Anni	uitics, itoyaitic		pt Controlled O			ations (see	in structio	,,,,,		
Name of controlled organization	2 Employer identification numb	per 3 Ne	t unrelated income () (see instructions)	4 Total of specing payments mad		I triciqueu tri trie controlli		olling	ng connected with income	
(1)										
(2)										
(3)		-								
(4)								-		
Nonexempt Controlled Organi	zations	<u> </u>	-							
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of specific		ıncl	Part of column uded in the co nization's gros	ntrolling	11 con	Deductions directly inected with income in column 10	
(1)										
(2)			· · · · ·		-					
(3)					-					
(4)					<u> </u>					
Totals				•	Ent	d columns 5 a er here and on t I, line 8, colu	page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment II	come of a Sec	tion 501(c)(7), (9), or (1	7) Orga	nizatio	n (see ins	tructions)			
1 Description of income	2 Amount o		3 Dedu directly co (attach so	ictions innected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			(attack) of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					pies co. 47	
(2)	 								•	
(3)					+			_		
(4)						•••	·			
(7)	Enter here and Part I, line 9, o								Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I-Exploited Exe	empt Activity In	come, Oth	er Than Adver	tising Ir	come	(see instru	ctions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with or business	ated trade s (column olumn 3) compute	from is no	ross income activity that of unrelated less income	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					-					
(2)										
(3)					 	<u>.</u>			-	
	 									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rtl,		<u> </u>		l		Enter here and on page 1, Part II, line 26	
Totals									1	
Schedule J-Advertising Ir									-	
Part I Income From Per	iodicals Report	ted on a Co	nsolidated Ba	SIS				•		
1 Name of periodical	2 Gross advertising income	3. Direct advertising c	0	oss) (col col 3) If ompute		Circulation ncome	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							ļ			
(2)			\neg						=	
(3)									7	
(4)							-		7	
				-			<u> </u>			
Totals (carry to Part II, line (5))									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 ▶						
	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)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)