For Paperwork Reduction Act Notice, see Instructions.

8X2740 1,000 20NY V01B 11/15/2019 2:21:32 PM V 18-7.6F

Form 990-T (2018)

1428

Form 990-T (2018) Page 2 Total Unrelated Business Taxable Income Part III Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 33 5,808. 34 34 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 35 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum 5,808. 36 1,000. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, 38 4,808. Tax Computation 1,010. 39 40 Taxable at Trust Rates. See instructions for tax computation income tax the amount on line 38 from Tax rate schedule or Schedule D (Form 1041), . . 40 41 41 42 42 43 43 1,010. 44 44 Part V Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). b Other credits (see instructions)...... c General business credit Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827). 45d 45e 1,010. 46 Form 8611 Form 8697 Form 8866 Other taxes Check if from Form 4255 47 47 1,010. 48 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. . 1,220 50b 50c Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Form 4136 Other 1,220. 51 51 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached. 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 210. Overpayment, If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 210. Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded -Statements Regarding Certain Activities and Other Information (see instructions) Part VI No At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here 🕨 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. 57 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 > \$ gnallies of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than (axpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return Here with the preparer shown below (see ins rucijons)? X Yes Signa Dat Print Type preparer's name PTIN Check Paid AARON SHAPIRO P01333816 self-employed Preparer Firm's EIN ▶ 44-0160260 ► BKD. LLP Eirm's name Use Only Firm's address ▶ 655 THIRD AVENUE #1200, YORK Phone no 212.867.4000 NEW 10017 Form 990-T (2018)

Form 990-T (2018)						Page			
Schedule A - Cost of G		ter method				<u> </u>			
1 Inventory at beginning of y	Inventory at beginning of year , 1			6 Inventory at end of year 6					
2 Purchases			7 Cost o	f goods s	old. Subtract line	1 1			
3 Cost of labor	3			-	nter here and in				
4a Additional section 263A c	osts		Part I, III	ne 2		. 7			
(attach schedule)	4a		8 Do the						
b Other costs (attach schedu	Other costs (attach schedule) . 4b			property produced or acquired for resale) apply					
5 Total. Add lines 1 through		 .	to the o	ganization?	<u> </u>	X			
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Propert	y Leased \	With Real Prope	erty)			
(see instructions)					······································				
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
		percente	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)			· · · · · · · · · · · · · · · · · · ·						
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
Total		Total							
(c) Total Income. Add totals of c here and on page 1, Part I, line 6			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶						
			e instructions)		1 01(1, 1110 0, 0010				
Schedule E - Unrelated Debt-Financed Income (see			Gross income from or allocable to debt-financed		Deductions directly connected with or ellocable t debt-financed property				
7. Bassiipiisii 6. aa.	or unaness property		property		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)	·	<u></u>							
(4)				 					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5	4 divided /. Gross		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				6					
(2)				6					
(3)				6					
(4)				6					
				Enter he Part I, I	re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).			
Totals , , . ,	ions included in co	olumn 8		· L		Form 990-T (2018			

Schedule F-Interest, Annu	ines, Royanies			ntrolled Or			alioi	13 (256	mstracac	נפיונ	
Name of controlled organization	2. Employer identification numb	ei j		ated income nstructions)		al of specified included		of column 4 that is I in the controlling tion's gross Income		6. Deductions directly connected with income in column 5	
(1)											
(2)							_				
(3)					 						
Noneyomet Controlled Occopy					J						<u> </u>
Nonexempt Controlled Organiz				Y-1-1-6-00-6		10	Part o	f column	9 that is	1:	1. Deductions directly
7 Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that included in the controlling organization's gross incompanization.		ntrolling		nnected with income in column 10		
(1)											
(2)				·							
(3)											
(4)						Ac	ld coli	ımns 5 a	nd 10	Α.	1d columns 6 and 11
Totals	come of a Sec	tion 501(c)(7),	(9), or (17		Pa	rt I, lin	e and on e 8, colui	mn (A)		ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of income			3. Deductions directly connected (atlach schedule)				et-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)									<u></u>		
(3) (4)											·, ·
Totals	Enter here and o Part I, line 9, co mpt Activity Inc	olumn (A)	ner Th	an Advert	ising In	come	(see	instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	2. Gross directly connected siness income on trade or		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		Gross income from activity that is not unrelated business income		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)											
Totals , . , ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,								Enter here and on page 1, Part II, line 26
Schedule J- Advertising In Part I Income From Peri			onsoli	idated Ba	eis						
Name of periodical	2. Gross advertising income	3. Direct advertising cos		4. Advertising gain or (loss) (col		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than	
(1)		<u>.</u>		cols 5 thro	ough 7						column 4)
(1)				{							-
(3)			····	ļ							-
(4)									·		1
\ . /		 							·		
Totals (carry to Part II, line (5))											

Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

2 through / on a i	ine-by-line basis	S)				
1 Name of periodical	2. Gross Name of periodical advertising income		3. Direct gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		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		irectors, and Tr	ustees (see instr	uctions)		_
1. Name		2.	Title	3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		

Form 990-T (2018)