- 000 T	EXTENDED TO MA	Y 15, 2019	1804	
Form 990-T	Exempt Organization Busin (and proxy tax under	Ness Income section 6033(e)	ax Return	OMB No 1545-0687
\ *	For calendar year 2017 or other tax year beginning JUL 1,		NT 30. 2018	<i>2</i> 017
Department of the Treasury	► Go to www.irs.gov/Form990T for instr	uctions and the latest inform	nation.	
Internal Revenue Service	Do not enter SSN numbers on this form as it may be	made public if your organiz	ration is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name char	nged and see instructions.)	D Emp (Em) Instr	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print HARVEY SCHOOL (THE)			
		ee instructions.		
	ZOU DAY STREET			
529(a)	KATONAH, NY 10536	reign postal code	611	.600
at end of year			···	
	408(e) 220(e) 220(e) 408			
	Hart Print Print Hart Print			
If "Yes," enter the name	nd identifying number of the parent corporation.			
		(A) Income	(B) Expenses	(C) Net
•		206 110		
			-	296 118
•	/		· · · · · · · · · · · · · · · · · · ·	250/2200
•		b		
c Capital loss deduction	for trusts	c	DECENT	
5 Income (loss) from p	rtnerships and S corporations (attach statement)5		HEUEIVE	
		5 9	3	
			<u> </u>	180
				<u> </u>
	The state of the s		DODEN	= = = = = = = = = = = = = = = = = = = =
	, —		ARNEW D	
	, , , , , , , , , , , , , , , , , , ,		 	296 118
	111111111111111111111111111111111111111			250,110.
			income.)	
14 Compensation of off	ers, directors, and trustees (Schedule K)			
19 Taxes and licenses				22,401.
20 Charitable contribution	ns (See instructions for limitation rules)	ا اموا	29 714	
21 Depreciation (attach	orm 4562) med on Schedule A and elsewhere on return	21	20, /14.	28,714.
Less depreciation claDepletion			23	20,744.
24 Contributions to defe	red compensation plans		24	
	grams			55,133.
	ses (Schedule I)		····	
	its (Schedule J)			
28 Other deductions (att	ch schedule)		28	<u> 105,899.</u>
29 Total deductions. Ad	I lines 14 through 28		29	559,184.
	able income before net operating loss deduction. Subtract line			-263,066.
	luction (limited to the amount on line 30)			262 066
	able income before specific deduction. Subtract line 31 from li		1 1	<u>-263,066.</u>
33 Specific deduction (G	enerally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business t	enerally \$1,000, but see line 33 instructions for exceptions) Exable income. Subtract line 33 from line 32. If line 33 is great	er than line 32, enter the sma	THE OF THE OF THE PARTY OF THE	-263,066.
	والمراجع والمنافية والمناف			Form 990-T (2017)
723701 01-22-18 LHA FOI	Paperwork Reduction Act Notice, see Instructions.			97

Form 990-1	(2017) HARVEY SCHOOL (THE)			13-174	0454		Page 2
Part I	II Tax Computation						
35	Organizations Taxable as Corporations See instructions for	tax computation.					
	Controlled group members (sections 1561 and 1563) check h		d:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 tax						
_	(1) \$ (2) \$	(3) \$	<i>"</i>				
h	Enter organization's share of: (1) Additional 5% tax (not more						
	(2) Additional 3% tax (not more than \$100,000)	\$					
r	Income tax on the amount on line 34			•	35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax compl	tation. Income tax on the amount	on line 34 from:		000		••
00	Tax rate schedule or Schedule D (Form 1041)	tation: moonio tax on the amount	on mio 04 mon.		36		
37	Proxy tax. See instructions				37		
38	Alternative minimum tax				38		
39	Tax on Non-Compliant Facility Income See instructions				39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever app	alies			40		0.
Part I		103			40		
	Foreign tax credit (corporations attach Form 1118; trusts attac	h Form 1116)	41a				
	Other credits (see instructions)	Troini Trio)	41b	_	j		
b	· ·		41c		ļ		
C	General business credit. Attach Form 3800		41d				
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits Add lines 41a through 41d		[41 <u>u </u>		410		
	•			t	41e 42		0.
42	Subtract line 41e from line 40 Other taxes, Check-if-from:Form-4255 Form 8611	Form 8697 Form 886	se T Other (ach schedule)	42		<u> </u>
43		FOIII 8097 FOIIII 806	ου Other (aπa	ach schedule)	44		0.
44	Total tax. Add lines 42 and 43		1450		44		
	Payments: A 2016 overpayment credited to 2017		45a				
	2017 estimated tax payments		45b				
	Tax deposited with Form 8868	-4>	45c				
	Foreign organizations: Tax paid or withheld at source (see inst	uctions)	45d				
	Backup withholding (see instructions)	0044	45e				
	Credit for small employer health insurance premiums (Attach F	orm 8941)	45f				
g	Other credits and payments: Form 2439						
	Form 4136 Other	Total ▶	45g	{	Joseph Control		
46	Total payments. Add lines 45a through 45g			-	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is			_	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter				48		0.
49	Overpayment. If line 46 is larger than the total of lines 44 and		1		49		0.
50	Enter the amount of line 49 you want: Credited to 2018 estima		Refun		50		—
	Statements Regarding Certain Activitie			ons)		T 1	
51	At any time during the 2017 calendar year, did the organization	•	•			Yes	No_
	over a financial account (bank, securities, or other) in a foreign					1 1	ı
	FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts. If YES, enter the name of the f	oreign country			L 3 2	
	here						<u>X</u>
52	During the tax year, did the organization receive a distribution to		insferor to, a foreig	in trust?		}	X
	If YES, see instructions for other forms the organization may h					 	
53	Enter the amount of tax-exempt interest received or accrued di						
eian.	Under penalties of perjury, I declare that I have examined this return, I correct and complete Declaration of preparer (other than taxpayer) is	icluding accompanying schedules and si based on all information of which prepart	tatements, and to the er has any knowledge	best of my know	ledge and belief, it i	s true,	
Sign	I. WICKER	lala			the IRS discuss th		vith
Here	3	1/3/19 <u>HEAD OF</u>	SCHOOL		preparer shown bel	`	, Т
	Signature of Officer Date	Title		inst	ructions)? X Y	es	No
	Print/Type preparer's name Preparer's	signature Date	e / / Ch	eck ıf	PTIN		
Paid		1111-11	/18/19 sel	f- employed			
Prepa	rer RONALD SCHNEIDER	77	///		P00357		
Use O	Inly Firm's name LIPSKY GOODKIN &		Fı	rm's EIN 🕨	13-267	<u> 2154</u>	4
	120 WEST 45TH S						
	Firm's address NEW YORK, NY 10	036	l Pi	hone по. 🖊 🤇	212)840-	6444	4

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Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation	N/A						
1 Inventory at beginning of year	1		6 Inventory at	end of year	 r		6			
2 Purchases	2		7 Cost of goo	ds sold . Sul	btract I	ine 6				
3 Cost of labor	3		from line 5.	Enter here a	and in F	Part I,				
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 pro	oduced or a	d or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5		the organiza	ation?					X	
Schedule C - Rent Income ((see instructions)	(From Real	Property and	d Personal Pr	operty l	Lease	ed With Real Pro	oper	ty) 		
1 Description of property										
(1)										
(2)					_					
(3)								<u> </u>		
(4)										
		ed or accrued				2/5) Deductions durant	h	antad with the manne		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (i personal property excee it is based on profit or i	ds 50% or it	ige 	3(a) Deductions directl columns 2(a) a	and 2(b)	(attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)							
			2 Gross incom	o from		3 Deductions directly co to debt-finan	nnected	d with or allocable operty		
1 Description of debt-fir	nanced property		or allocable to financed prop	debt-	(a)	Straight line depreciation (attach schedule)	<u>;_</u>	(b) Other deduction (attach schedule)	ns	
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property i schedule)	6. Column 4 di by column			7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of cc 3(a) and 3(b))		
(1)				%						
(2)				%		·				
(3)				%						
(4)				. %						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column		
Totals				▶).		0.	
Total dividends-received deductions in	<u>cluded in colu</u> mn	8					▶ [0.	
								Form 990-T	(2017)	

Schedule F - Interest,	Annuitie	s, Royal	ties, an					ation	IS (see ins	tructio	ns)
				Exempt (Controlled O	rganizatio	ons			,	
Name of controlled organization	ion	2 Emp Identific numi	cation		related income instructions)		al of specified nents made	include	of column 4 ed in the contr ation's gross	rotting	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)	** ***				1-,			<u> </u>			
(4)	• • • • • • • • • • • • • • • • • • • •		_	-							
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net u	inrelated incom see instructions		9 Total	of specified pay made	ments	10 Part of column the controll gross	mn 9 thai ing organ s income	is included ization's		eductions directly connected th income in column 10
(4)											
(1)											
(2)											
					-		_				
_(4)											
							Add colun Enter here and line 8, o		1, Part I,		add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Inco	me of a	Section	501(c)(7), (9), or	(17) Or	ganization	1			
(see instr	ructions)										·-
1 Descr	ription of inco	ome			2 Amount of	income	3 Deduction directly connection (attach schedule)	ected	4 Set-	asides chedule)	5. Total deductions and set-asides (cot 3 plus col 4)
(1)											
(2)		•									
(3)						1					
(4)				-					•		
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Tatala				_		0.					0.
Schedule I - Exploited	Exempt	Activity	Incom	e. Othe	r Than Ac		na Income				
(see instru		. ,		-,							
1 Description of exploited activity	unrelated incom	Gross business e from business	3 Exp directly c with pro of unit business	duction elated	4 Net incor from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						1					
(2)			-						,		
(3)		_			1						
(4)								_			
(1)	page 1	re and on i, Part I, col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 28
Totals		0.		0.	I					.	0.
Schedule J - Advertising Part I Income From I					eolidatoa	Racie					
Part I Income From I	Periodic	ais nep	orted o		isolidated	Dasis					
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5 Circula e income		6. Reade		7 Excess readership 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		<u>.</u>				_	0. Form 990-T (2017)

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Part	columns 2 through		•	•	ate basis (For ea	cn periodicai liste	a in Part II, IIII in	
_	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 1	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 (8)				Enter here and on page 1, Part II, line 27
	D 11 (b 1 5)			^				۸ ا

Schedule K	 Compensation of 	Officers, D	Directors, and	l 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		•	0.

Form 990-T (2017)

FORM '990-7	r 	[D	STATEMENT	1	
DESCRIPTION	иС			AMOUNT	
INTEREST I	EXPENSES			42,3	07.
TOTAL TO I	FORM 990-T, PAGE 1,	LINE 18		42,3	07.
FORM 990-1	Г	OTHER DEDUCTI	IONS	STATEMENT	2
DESCRIPTIO	ON			AMOUNT	
VEHICLE EX	— KPENSES & TELEPHONE			3° 53,98	76. 37.
	ATIVE & OFFICE			19,83	L9.
INSURANCE				28,12	
PROFESSION SUMMER PRO				2,13 1,45	
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 28		105,89	9.
FORM 990-T	net net	OPERATING LOSS D	EDUCTION	STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/13	161,285.	0.	161,285.	161,285	
06/30/14	195,466.	0.	195,466.	195,466	
06/30/15	237,242.	0.	237,242.	237,242	
06/30/16 06/30/17	171,673. 244,066.	0. 0.	171,673. 244,066.	171,673 244,066	
	VER AVAILABLE THIS	YEAR	1,009,732.	1,009,732	