Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 31 from line 30

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

30

31

31

14

-2,089

Form 990-T (2018)

	12 1027	44.0	0
Part I	· · · · · · · · · · · · · · · · · · ·	418	Page
	<del></del>	00	-2,089
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	132,552
34 35	Amounts paid for disallowed fringes  Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	19,668
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	33	15,000
30	I nes 33 and 34	36	110,795
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from I no 36. If line 37 is greater than line 36,		
•••	enter the smaller of zero or I ne 36	38	109,795
Part I			<del></del>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	23,057
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	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add 'ines 41, 42, and 43 to line 39 or 40, whichever applies	44	23,057
Part \	V Tax and Payments	<del>,</del>	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		
b	Other credits (see instructions) 45b	1 1	
C	Genera' business credit. Attach Form 3800	4	
đ	Credit for prior year minim.,m tax (attach Form 8801 or 8827)		
е		45e	
46	Subtract I ne 45e from line 44	46	23,057
47	Other taxes. Check f from: Form 4255 Form 8611 Form 8697 Form 8866 Other (amach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	23,057
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018 50a 27,833.	1 1	
		-	
	Tax deposited with Form 8868 50c	<del>{</del>	
	Fore gn organizations: Tax paid or withheld at source (see instructions)  Backup withholding (see instructions)  50e	1 1	
		1	
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439	1	
v	Form 4136 Other Total 50g		
51	Total payments Add lines 50a through 50g	51	27,833
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If une 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is 'arger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,776
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	0
Part \		1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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 ►		Х
57	Dur ng the tax year, did the organization receive a distribut on from, or was it the grantor of, or transferor to, a foreign trust?		Х
	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 >\$		
Sign	Under penalties of perjury, I decare that I have examined this return including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief	, it is true,

May the IRS discuss this return with September 5, 2019 Here ACTING HEAD OF FINANCE the preparer shown below (see Title Signature of officer instructions)? X Yes PTIN Date Check [ Print/Type preparer's name parer s signature self- employed Paid GARRETT M. HIGGINS 08/14/19 P00543209 CARRETT M. HIGGINS Preparer Firm's name PKP O'CONNOR DAVIES, LLP 27-1728945 Firm's EIN **Use Only** 500 MAMARONECK AVENUE Firm's address > HARRISON, NY 10528 1633 Phone no. 914-381 8900

4-1-1-5

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory v	aluation N/A						
1 Inventory at beginning of year	ventory at beginning of year 1 6 Inventory at end of year				6					
2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6				
3 Cost of labor	3		]	from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs			1	line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to			Yes	No
<b>b</b> Other costs (attach schedule)	4b		]	property produced or a	cquired	for resale) apply to		Ĺ		
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?						L
Schedule C - Rent Income (	From Real I	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)	l		
(see instructions)				_		·· ·				
1. Description of property										
(1)	·						•			
(2)										
(3)										
(4)										
		ed or accrued		·		3(a) Deductions directly	, connec	ted with the inco	ome in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for p	ersonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b) (a	attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns there 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)	<b>.</b>			0
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)						
	<u> </u>					3. Deductions directly con				
			2	. Gross income from or allocable to debt-	(2)	to debt-finance	Т	(b) Other ded	uctions	
1. Description of debt-fin	anced property		İ	financed property	(*,	(attach schedule)		(attach sche	dule)	•
			<u> </u>	<u> </u>						
(1)			<u> </u>							
(2)			<u> </u>		L					
(3)			<u> </u>		<u> </u>					
(4)							Щ.			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basis llocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable de column 6 x total 3(a) and	of colu	ons umns
(1)				%						
(2)			<u> </u>	%			1			
(3)				%			T			
(4)				%				<del>.</del>		
	·	_		·····	E	nter here and on page 1,		Enter here and o	n page	1,
						Part I, line 7, column (A)		Part I, line 7, col		
Totals				•						0.
Total dividends-received deductions in	icluded in column	8					•			0.

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Schedule F - Interest, A	nnuities, Roya	lties, and Rents	From Co	ntrolled	d Organiza	tions	(see inst	ructions	)
		Exempt	Controlled C	rganizatio	ons				
Name of controlled organization	identi		nrelated income e instructions)			included in	Part of column 4 that is cluded in the controlling janization's gross income		6. Deductions directly connected with income in column 5
(1)			-		*				
(2)					_				
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income	Net unrelated inco (see instruction		Il of specified pay made	ments	10. Part of colur in the controlli gross				uctions directly connected ncome in column 10
(1)						-	-		
(2)	·								
(3)									
(4)	· · · · · · · · · · · · · · · · · · ·								
					Enter here and	nns 5 and 10 on page 1, F column (A)	· i	Enter he	I columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals				▶			0.		0.
Schedule G - Investmer		Section 501(c)(	7), (9), or (	17) Org	anization				
(see instru	uctions)	<del></del>	1	1	3. Deduction	ns			5. Total deductions
1. Descri	iption of income		2. Amount of	Income	directly conne (attach sched	cted	4. Set-as (attach sci		and set-asides (col 3 plus col 4)
(1)			+		(attach school	1010,			(sor o plus sor 4)
(2)			+				•		
(3)			+						
(4)	· · · · · · · · · · · · · · · · · · ·		1						
(4)			Enter here and	on page 1.	<del>~</del>				Enter here and on page 1,
		_	Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals Schedule I - Exploited E	Exampt Activity	/Income Other	r Than Δdı	0. vertisin	a Income				0.
(see instru	-	, income, other	man Au	ei asiii	g moonic				
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated bysiness income	4. Net incor from unrelated business (comunication of the minus column gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed me	6. Expe attributat columi STMT 4	ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) PHILANTHROPY NEWS									
(2) DIGEST & JOB CORNER	60,520.	6,816.	. 5	3,704.			62	0,286.	53,704.
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, tine 10, col (B)				·			Enter here and on page 1, Part II, line 26
Totals .	60,520.	6,816,			•	.•			53,704.
Schedule J - Advertisin			<u> </u>						<u> </u>
Part I Income From P			solidated	Basis	***				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) (o col 3) If a g	tising gain of 2 minus ain, compute hrough 7	5. Circulat income		6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)				بهوا					
(4)				•					
Totals (carry to Part II, line (5))	<u>, ▶</u>	0.	0.						0.
									Form 990-T (2018)

0.

<del></del>		line-by-line basis.)	•	ate basis (For eac	on periodical lister	u	
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)							
otals from Part I	<b></b>	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)	]		1	Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5)	▶	0.	0.	,	•
Schedule K - Compe	nsation of	Officers, Direc	tors, and	rustees	(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		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,500.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	2,997.	0.	2,997.	2,997.
12/31/13	3,961.	0.	3,961.	3,961.
12/31/14	6,021.	0.	6,021.	6,021.
12/31/15	3,189.	0.	3,189.	3,189.
12/31/16	1,750.	0.	1,750.	1,750.
12/31/17	1,750.	0.	1,750.	1,750.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	19,668.	19,668.

FORM 990-T SCHEDULE I - EXPENSES DIP PRODUCTION OF UNRELATE			STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PHILANTHROPY NEWS DIGEST & JOB CORNER - SUBTOTAL	_ 1	6,816.	6,816.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		6,816.

FORM 990-T SCHEDULE I - EXPENSES NOT WITH PRODUCTION OF UNRELA			STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PHILANTHROPY NEWS DIGEST & JOB CORNER - SUBTOTAL		620,286.	620,286.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	6	_ _	620,286.

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