

Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

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).

Department of the Treasury
Internal Revenue Service

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

Form sections A through G: A. Check box if address changed; B. Exempt under section 501(c)(3); C. Book value of all assets; D. Employer identification number; E. Unrelated business activity codes; F. Group exemption number; G. Check organization type.

Form sections H through J: H. Describe the organization's primary unrelated business activity; I. During the tax year, was the corporation a subsidiary; J. The books are in care of THE NEW WORLD FOUNDATION.

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Gross receipts, Cost of goods sold, Capital gain, etc.

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34 including Compensation of officers, Salaries and wages, Charitable contributions, etc.

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IRS KANSAS CITY, MO

SCANNED MAY 21 2021

Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	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 applies	40	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	900.
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	900.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	900.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax _____ Refunded _____	50	900.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 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	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Bea Rullo Date: 10/8/17/20 Title: TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name JAMES J. REILLY	Preparer's signature <u>James Reilly</u>	Date 8/17/2020	Check <input type="checkbox"/> if self-employed	PTIN P00183769
	Firm's name CONDON O'MEARA MCGINLEY & DONNELLY LLC			Firm's EIN 13-3628255	
	Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004			Phone no. 212-661-7777	

FOOTNOTES

STATEMENT 1

THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019 THAT WAS SIGNED INTO LAW DECEMBER 20, 2019 REPEALS THE TRANSPORTATION FRINGE BENEFIT TAX RETROACTIVELY FROM THE ORIGINAL DATE OF ENACTMENT (PAYMENTS MADE AFTER DECEMBER 31, 2017).

THEREFORE, THE TAXPAYER IS FILING THIS AMENDED FORM 990-T TO REMOVE ITEMS PREVIOUSLY CONSIDERED UNRELATED BUSINESS INCOME UNDER IRC SECTION 512(A)(7) [NOW REPEALED].