Form	990-T	E	Exempt Organization Bu	sine	ss Incon	ne T	ax Return	1,	OMB No 1545-0047
	· ·		(and proxy tax un				<u> </u>	001	2040
`		For ca	lendar year 2019 or other tax year beginning JUL 1					<u>:0</u>	ZU 19
	nent of the Treasury		► Go to www.irs.gov/Form990T for					-	Open to Public Inspection
Internal	Revenue Service		Do not enter SSN numbers on this form as it m				ation is a 50 (c)(5)	D Emple	501(c)(3) Organizations Or oyer identification number
Α	Check box if address changed		Name of organization (Check box if name	cnanged	and see instructi	ons.)			loyees' trust, see ctions)
B Eve		Print	PREP FOR PREP					1	3-2613383
	501(c 03)	100	Number, street, and room or suite no. If a P.O. b	INY SEE II	nstructions			E Unrel	ated business activity cod
	408(e) 220(e)	Туре	328 WEST 71ST STREET	, o, ooo				(500)	nstructions)
	408A 530(a)		City or town, state or province, country, and ZIP	or foreig	ın postal code			1	
	529(a)		NEW YORK, NY 10023-3		, ,				
C Book	value of all assets		F Group exemption number (See instructions.)	•					
	<u> </u>	3.	G Check organization type ► X 501(c) co	orporatio	n 501(c) trust	401(a) trust	Other tru
H Ente	er the number of the or	ganıza	ation's unrelated trades or dusinesses.	1	C	escribe	the only (or first) u	nrelated	
trad	e or business here 🕨	PA	RTNERSHIP INVESTMENT		If o	nly one,	, complete Parts I-V	. If more	than one,
desc	cribe the first in the bla	nk spa	ace at the end of the previous sentence, complete	Parts I ar	nd II, complete a S	chedule	e M for each addition	nal trade	or
busi	ness, then complete Pa	arts II	I-V.				·· · · · · · · · · · · · · · · · · ·	_	
			poration a subsidiary in an affiliated group or a pa	rent-subs	idiary controlled (roup?	>	Ye	es X No
			tifying number of the parent corporation.					/ 01 0	\ F70 120
	books are in care of		SHARON MADISON		1 (4) 1	<u>-</u> _	T	(212	r
Par		ira	de or Business Income	1	(A) Incom	e	(B) Expense		(C) Net
	Gross receipts or sales							01-	
	Less returns and allowa		c Balance	1c	 		CONTRACTOR		Table 1
	Cost of goods sold (Sci			2	 			1	
	Gross profit. Subtract li			3			2012 - 102 -		
	Capital gain net income			48				<u> </u>	
			Part II, line 17) (attach Form 4797)	4b	 			474394C	
	Capital loss deduction f		ship or an S corporation (attach statement)	4c 5	5	362.		在八湖路	86
	Rent income (Schedule		ship of all 5 corporation (attach statement)	6	<u> </u>		Z-100000-000-00-00-00-00-00-00-00-00-00-0	n anym	
	Unrelated debt-financed	•	ma (Schadula F)	7	<u> </u>	/		-	
			and rents from a controlled organization (Schedule		 		 		
	· · · · · ·		on 501(c)(7), (9), or (17) organization (Schedule	· ——					
	Exploited exempt activity			10			<u> </u>		
	Advertising income (Sc	-	•	1					
	Other income (See insti		•	12			100	Wida	
13	Total. Combine lines 3	3 throu	ıgh 12	13		362.			86
Par	CII Deduction	s N	ot Taken Elsewhere (See instructions	for limit	ations on deduc	ctions)			
	(Deductions r	nust	be directly connected with the inrelated but	siness in	come)				
14	Compensation of offic	ers, d	rectors, and trustees (Schedule K)					14	
15	Salaries and wages							~ <u>15</u>	
16	Repairs and maintena	псе			and the last	10 mg 12 mg	TIMED .	16	
17	Bad debts				1			∯ \ 17 (1) \ 10	
	Interest (attach sched	ule) (s	see instructions)		\ m 1 1 2		1 6 2020	110	
19	Taxes and licenses				/ B /	HOA	1	42 19	
20	Depreciation (attach F		7 *		\ q 5{		DEN, UT	<u> </u>	
21		med o	Schedule A and elsewhere on return		\ <u>[21</u>		SUEIVI -	- -21b	<u> </u>
22	Depletion	/			*			22	
23	Contributions to defer Employee benefit prog							23	
24 25	Excess exempt expens							25	
	Excess readership cos							26	
26 27	Other deductions (atta							27	
	Total deductions. Add							28	
28	,		income before net operating loss deduction. Subti	act line 2	8 from line 13			29	86
28 29								1	
29	,		loss arising in tax years beginning on or after Jan	uarv 1. 2	018				
	,		loss arising in tax years beginning on or after Jan	uary 1, 2		STAT	rement 1 _A	30 31	198

	PREP FOR PREP	13-2613383 Page 2
	Total Unrelated Business Taxable Income	
32 /Total o	unrelated business taxable income computed from all unrelated trades of businesses (see instructions)	32 664.
33 Amoun	is paid for disallowed fringes	333
	ble contributions (see instructions for limitation rules)	34 0.
	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	$5 _{35} _{664}.$
36 Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37 664.
•		$\frac{2}{33}$ 1,000.
	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	ne, smaller of zero or line 37	139 0.
	Tax Computation	▶ 40 0.
_ ' '	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	► 40 U.
	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.	
	ax rate schedule or Schedule D (Form 1041)	
•	tax. See instructions	42
	tive minimum tax (trusts only)	48
	Noncompliant Facility Income. See instructions Addlines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
	Tax and Payments	-1491
· · · · · · · · · · · · · · · · · · ·	ltag credit (corporations attach Form 1118; trusts attach Form 1116) 464	2.54.1
	predits (see instructions)	THE STATE OF THE S
	l business credit. Attach Form 3800	
-	for prior year minimum tax (attach Form 8801 or 8827)	
	redits. Add lines 46a through 46d	46e
	ct line 46e from line 45	47 0.
48 Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schodu	le) 48
49 Total t	ax. Add lines 47 and 48 (see instructions)	49 0.
50 2019 n	et 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a Payme	nts: A 2018 overpayment credited to 2019	
b 2019 e	stimated tax payments \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2.
c Tax de	posited with Form 8868 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
d Foreign	n organizations: Tax paid or withheld at source (see instructions)	
	o withholding (see instructions)	
	for small employer health insurance premiums (attach Form 8941)	
· · · · · · · · · · · · · · · · · · ·	credits, adjustments, and payments: Form 2439	
	orm 4136 Other Total ▶	
	nayments. Add lines 51a through 51g	52 5,632.
	ted tax penalty (see instructions). Check if Form 2220 is attached	→ 54
	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid .] 0	55 5,632.
	he amount of line 55 you want. Credited to 2020 estimated tax	56 5,632.
	Statements Regarding Certain Activities and Other Information (see instructions)	7.55
<u> </u>	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
here	>	X
58 During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
If "Yes	see instructions for other forms the organization may have to file.	
	he amount of tax-exempt interest received or accrued during the tax year 🕒 💲	
C:	Index penalties of portury. I declare that I have examined this return, including accompanying schedules and statements and to the best of my kni or of and COMMBRE Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIRF EXECUTIVE	owledge and belief, it is true,
	- 1 % (-4), (0.1000), (4.1), (11.1/1.2/2012)	May the IRS discuss this return with
Here	OFFICER	the preparer shown below (see
	Signate Title	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	J if PTIN
Paid	FREDERICK E. DAVIS CPA 10/23/20 self-employ	
Preparer	A MITTOURI I C MITTIE II D	P00446023 ► 13-2781641
Use Only	Firm's name ► MITCHELL & TITUS LLP Firm's EIN 80 PINE STREET, 32 FL	- 13 2/01041
	Firm's address NEW YORK, NY 10005 Phone no.	(212) 709-4500
923711 01-27-20	<u> </u>	Form 990-T (2019)
020111 01-21-26	_	. 5 = 30 . (2015)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		_
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,				
4a 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 produced or acquired for resale) apply to						
5 Total, Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	(From Real I	Property and	l Pers	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property				•					
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	nnal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected (a) (a	eted with the income in attach schedule)	
(1)									$\overline{}$
(2)									
(3)				• •					_
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			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	ınstru	ctions)	1				
			1 2	. Gross income from		Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)							1		
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	, Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of colur 3(a) and 3(b))	
(1)				%		· · · · · · · · · · · · · · · · · · ·	1		_
(2)	ĺ			%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1 Part I, line 7, column (8)	
Totals				▶		0	.		0.
Total dividends-received deductions in	ncluded in column	n 8					-		0.

Form **990-T** (2019)

				Exempt (Controlled O	ganızatı	ons					
1. Name of controlled organizet	ion	2. Emp identific numl	ation		elated income instructions)	4. To pay	tal of specified ments made	5. Part of column 4 included in the conforganization's gross		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)		_		ļ				ļ				
(3)				<u> </u>				<u> </u>				
(4)		<u></u>		<u> </u>								
Ionexempt Controlled Organi	zations										·····	
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controll gros	mn 9 tha ing orgar s income	ization's		uctions directly connected ncome in column 10	
(1)												
(2)												
(3)												
(4)												
					,		Add colur Enter here and line 8,		1, Part I, A).	Enter he	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme (see inst	ent Incor ructions)	ne of a S	ection	501(c)(7), (9), or (17) Or	ganization					
1. Desc	ription of inco	me			2. Amount of	ıncome	3. Deduction directly connection (attach schedule)	ected	4. Set-a (attach sa		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)							l					
Totals				>	Enter here and Part 1, line 9, co						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited (see instri		Activity	Incom	e, Other	Than Adv	ertisir	ng Income					
Description of exploited activity	2. C unrelated incom	Gross business e from business	directly with pr of un	openses connected oduction related ss income	4. Net incom from unrelated business (co minus colum gain, comput through	trade or lumn 2 n 3). If a a cols 5	5. Gross inc. from activity is not unrela business ince	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											<u> </u>	
(2)							i					
(3)												
(4)				· · · · · · · · · · · · · · · · · · ·							1	
	page 1	re and on I, Part I, col (A)	page	ere and on 1, Part I, 1, col (B).							Enter here and on page 1, Part II, line 25	
Totals ► Schedule J - Advertisi	na Incor	0.]	netruction	0.		yan ez dez	THE TENTHER	K-13170-SI	ARCHINE AND A		, U	
Part is Income From					solidated	Basis						
Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs					6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										() () () () () () () () () ()	97. 27. 27.	
(3)												
Totals (carry to Part II, line (5))	•	(<u>. </u>	0	<u>. </u>						0 Form 990-T (201	

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	Advertising gain (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		0.	0.	2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		DOMESTIC STATE	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)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (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		>	0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	198.	0.	198.	198.
NOL CARRYO	VER AVAILABLE THIS	YEAR	198.	198.