

Form	990-T (20	18)				Pa	ege 2
Par	t III	Total Unrelated Business Taxable Income					
33		f unrelated business taxable income computed from all unrelated trades or businesses (s	ee				
	instructi	ons)	]	33			
34		s paid for disallowed fringes	[	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (s					
••		ons),		35			
36		f unrelated business taxable income before specific deduction. Subtract line 35 from the su					
30		33 and 34,		36			
27			• 5° 75	317		1,0	00.
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ソレ	<del>~</del>			
38		e smaller of zero or line 36		3B			0.
Day				<u> </u>			
		Tax Computation	$\overline{}$	39			—
39	-	ations Taxable as Corporations Multiply line 38 by 21% (0 21)	'' F	<del>"</del>			—
40	Trusts	Taxable at Trust Rates See instructions for tax computation income tax of	- 1	40			
		unt on line 38 from Tax rate schedule or Schedule D (Form 1041)	`` F	41			
41		See instructions	••				
42	Alternat	ive minimum tax (trusts only)	∵-	42			—
43		Noncompliant Facility Income See instructions		43			—
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	<u>· · · · </u>	44			
Par		Tax and Payments	—т	- $$			—
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a					
b	Other c	redits (see instructions)		!			
С	General	business credit Attach Form 3800 (see instructions)		1			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)	$\dashv$	45.			
		edits Add lines 45a through 45d		45e			—
46	Subtrac	t line 45e from line 44	:.:	46			
47		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		47			0.
48		x Add lines 46 and 47 (see instructions)		48			<del></del>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	• • •	49			
50 a	Paymer	its A 2017 overpayment credited to 2018	00				
b	2018 es	sumated tax payments	<del></del>	i			
C	Tax dep	osited with Form 8868					
d	Foreign	organizations Tax paid or withheld at source (see instructions)	_				
_	Backup	withholding (see instructions)	$\dashv$				
f		or small employer health insurance premiums (attach Form 8941)					
9		redits, adjustments, and payments Form 2439   50g   50g	i				
E 4		orm 4136 Other Total ▶ [50g]  ayments Add lines 50a through 50g	一	51	1	2.0	00.
51 52	Fotomot	ed tax penalty (see instructions) Check if Form 2220 is attached,	Ħ				_
52 53	Tou due	of fine 51 is less than the total of lines 48, 49, and 52, enter amount owed	才	<del>/</del> 53			
54⁄	Overne	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	(24)	54	1	2,0	00.
<b>/</b> 55		e amount of line 54 you want Credited to 2019 estimated tax Refunded				12,0	_
_	rt VI	Statements Regarding Certain Activities and Other Information (see instruc					
56	_	time during the 2018 calendar year, did the organization have an interest in or a signature			thority	Yes	No
		financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization					
		Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of					t
	here <b>&gt;</b>			-			Х
57	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreic	n trust?.			Х
٠,	_	see instructions for other forms the organization may have to file			1.1		i
58	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
	U	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements and to	the be	sl of my k	nowledge an	d belle	ef, it is
Sig	n 🗐 🖍 "	ue correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Mes	the IPS	discuss I	his re	etum
Hei		(100 L) 3/4/20 V1/CFO	with	the pro	parer sho	w <u>n</u> b	elow
	s	ignature of officer Date Title	(500	instructions	? X Yes		No
			Check	∐ ıf	PTIN		
Paid				nployed	P0138		8
	parer Only		Firm's		3-5381		
U\$E	- Only	Firm's address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001	Phone	no 212	-885-8		
JSA					Form 99	0-T (	(2018)
	41 1 000						
	02095	3D 702V 2/24/2020 10:02:42 AM V 18-7.6F JDAM				PAG	SE 69

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Total dividends-received deductions included in column 8

Schedule F – Interest, Annu				ntrolled Or						
1 Name of controlled organization	2 Employer identification numb			ated income nstructions)	4 Total of specified payments made		included	5 Part of column 4 th included in the contro organization's gross inc		6 Deductions directly connected with income in column 5
1)										
2)										
3)										
4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with Income in column 10	
1)										
2)										
3)										
4)										
rotals	come of a Sec	tion 501	 (c)(7),			Ente Par	d columns 5 a er here and on t I, line 8, colu In (see insi	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, irt I, line 8, column (B)
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)			4 Set-esides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)	
1)										
2)					_				-+	
3)										
4)	Enter here and		_		_					Enter here and on page 1
rotals ▶ Schedule I – Exploited Exe	Part I, line 9, o	olumn (A)	ther Th	an Advert	sing Ir	come	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 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)	n Enter here and page 1, Part I line 10, col (B								Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	Come (see instr	uctions)		<u> </u>						·-l
Part I Income From Per			Consol	idated Bas				-		
ulcome From Per		eu on a v	2011301	4 Adver	using					7 Excess readership
1 Name of periodical	2 Gross 3 Direct advertising income					5 Circulation Income		6 Readership costs		costs (column 6 minus column 5, but not more than column 4)
1)							•			_
(2)				1						_
(3)				1				ļ <u>.</u>		_
(4)					_	ļ				-
								1		
Totals (carry to Part II, line (5)) >										.1
<del></del>	· · · · · · · · · · · · · · · · · · ·									Form 990-T (2018

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) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7 Excess readership costs (column 6 2 Gross advertising income 3 Direct advertising costs 5 Circulation 6 Readership minus column 5, but 1 Name of periodical costs 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 of Officers,	, Directors, and <u>Trustees (</u>	see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unretated business
(1)		_%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14		<b></b>	

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