L.)	8 . A		Ex	tended to M	lav	15. 2020	29 393	214	40127	1 3
Form	990-T	E	Exempt Orgai	nization Bus	sine	ss Income T		<u>.</u>	OMB No 1545-08	87
2	-	_		nd proxy tax und			N 30 301	X0	2019	2
2020		For ca	lendar year 2018 or other tax ye					<u>.9</u>	2010	•
Depa	rtment of the Treasury nal Revenue Service		→ Go to www. Do not enter SSN number			ons and the latest inform		ç	pen to Public Inspec 01(c)(3) Organization	ction for
	Check box if		Name of organization (unon 15 u 55 1(6)(6)	D Employ	yer identification nun	
່≽ົ່	address changed		Manie of organization (Oncok box ii name o	mangee	and soo mandonons.		(Emplo	yees' trust, see tions)	
MAY E	xempt under section	Print	Bryant Park	Corporatio	n			13	3-300994	6
ĽX	501(c)(3)	or	Number, street, and room			nstructions.			ted business activity	code
ENVELOPE STANARK DAT	408(e)220(e)	Туре	1065 Avenue	of the Ame	ric	as, No. 240	0] (000 111	sir dollorio ,	
	408A 530(a)		City or town, state or prov	rince, country, and ZIP o	r foreig	n postal code				
	529(a)		New York, N						<u></u>	
	ook value of all assets end of year		F Group exemption numb		<u> </u>					
2 " -			G Check organization type		poratio		401(a)		Other to	rust
			ition's unrelated trades or b	ousinesses.			the only (or first) un			
	ade or business here	-	ice at the end of the previou	us contanas, complete Dr	neto Lor		complete Parts I-V.			
	iscribe the first in the bi			is semence, complete Pa	aris i ai	id ii, complete a Scrieduk	e ivi for each addition	iai ii aue	Of .	
			ooration a subsidiary in an a	affiliated oroun or a narei	nt-subs	sidiary controlled orogin?	▶ [Yes	No	
	•		tifying number of the paren		iit 3003	sidially controlled group.	-			
	-		The Organiza			Teleph	one number 🕨 2	12-7	768-4242	
			de or Business Inc			(A) Income	(B) Expenses		(C) Net	
1a	Gross receipts or sale	s								
b	Less returns and allow	vances		c Balance	1c					i
2	Cost of goods sold (S	chedule	e A, line 7)		2					1
3	Gross profit. Subtract	line 2 fi	rom line 1c		3					
	Capital gain net incom				4a					
			art II, line 17) (attach Form	4797)	4b		-			
_	Capital loss deduction				4c				_	
5	• •		ship or an S corporation (at	tach statement)	5					
6	Rent income (Schedu	-	(C-b-dul- F)		<u>6</u> 7					
, 7	Unrelated debt-financ		and rents from a controlled	organization (Sahadula D	8			-		
8 9			on 501(c)(7), (9), or (17) o							
10	Exploited exempt activ			gamzation (Gonedale a)	10					
11	Advertising income (S				11				- .	
`12	,	Other income (See instructions; attach schedule)								
<u>13</u>	Total. Combine lines	3 throu	gh 12		12 13	0.	•			
S Pa	art II Deductio	ns No	ot Taken Elsewher	e (See instructions fo	or limit	ations on deductions.)				
2 3	<u>`</u> `		utions, deductions must		d with	the unrelated busines	s income)			
₹. <u>8</u> 14		icers, di	rectors, and trustees (Sche					14		
Received in 17	Salaries and wages	ł	RECEIVE!					15		
	Repairs and mainten		2 444 1 0 202					16		
– 1/	Bad debts Interest (attach sche	ر مارداه	MAY 1 8 202	10 SO-S				17		
=¦°	Taxes and licenses	uule) (S	ee instructions)	<u></u> ; <u>&</u> }				19		
= 13		ons (Se	e instructions for limitation	rules)				20		
791	Depreciation (attach		,	raics)		21				
≥22			n Schedule A and elsewher	e on return		22a		22b		
(C) 23	Depletion					<u> </u>		23		
≥ 24	Contributions to defe	erred co	mpensation plans					24		
JUL 2 7 200 22 24 25 26 27	Employee benefit pro	ograms						25		
111 26	Excess exempt expe	nses (S	chedule I)					26		
O 27	Excess readership co	osts (So	hedule J)					27		
A 28	Other deductions (at		•					28		
∑ 29	Total deductions A							29		0.
30 دے 31 سر			ncome before net operating	•				30		<u> </u>
		_	loss arising in tax years be		ary 1, 2	U18 (see instructions)		31		
$\frac{32}{2}$			ncome. Subtract line 31 fro					32	Form 990-T	(2019)
6 8237€	01 01-09-19 LHA F0	r Papei	work Reduction Act Notice	e, see instructions	4	6			1-11-11-11-11-11-11-11-11-11-11-11-11-1	(2018)

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Form 990-T	(2018) Bryant Park Corp	<u>oration</u>			<u> 13-30</u>	<u>09946</u>	Page	
Part II	Total Unrelated Business Ta	xable Income						
33	Total of unrelated business taxable income com	puted from all unrelated trades	s or businesses	(see instructions)		33	0.	
34	Amounts paid for disallowed fringes-					34		
35	Deduction for net operating loss arising in tax y	ears beginning before January	1, 2018 (see in:	structions)		35		
36	Total of unrelated business taxable income before	re specific deduction. Subtract	t line 35 from th	e sum of				
	lines 33 and 34				34	36		
37	Specific deduction (Generally \$1,000, but see li	87	1,000.					
38	elated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,							
	enter the smaller of zero or line 36					38	0.	
Part I	/ Tax Computation							
39	Organizations Taxable as Corporations. Multip	oly line 38 by 21% (0.21)			•	39	0.	
40	Trusts Taxable at Trust Rates See instructions	for tax computation. Income t	tax on the amou	nt on line 38 from:				
	Tax rate schedule or Schedule D	(Form 1041)			•	- 40		
41	Proxy tax. See instructions				•	- 411	<u>.</u>	
42	Alternative minimum tax (trusts only)					42		
43	Tax on Noncompliant Facility Income. See ins	tructions				43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40,	whichever applies				44	0.	
Part V	Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 11	18; trusts attach Form 1116)		45a		_		
b	Other credits (see instructions)			45b		_		
C	General business credit. Attach Form 3800			45c		_		
´ d	Credit for prior year minimum tax (attach Form	8801 or 8827)		45d		⊣ ,		
е	Total credits. Add lines 45a through 45d					45e		
	Subtract line 45e from line 44					46	0.	
47	Other taxes. Check if from: Form 4255	Form 8611 L Form 86	97 Form	8866 Other	(attach schedule	47		
	Total tax. Add lines 46 and 47 (see instructions					48	0.	
	2018 net 965 tax liability paid from Form 965-A		n (k), line 2	1.6		49	0.	
	Payments: A 2017 overpayment credited to 20	18	<i>6</i> .13	50a		⊣'		
	2018 estimated tax payments		SIL		23,500	<u>'•</u>		
	Tax deposited with Form 8868			50c		- ∤		
	Foreign organizations: Tax paid or withheld at s	ource (see instructions)		504				
	Backup withholding (see instructions)			50e		-		
	Credit for small employer health insurance prer			50f		⊣		
9	Other credits, adjustments, and payments:	Form 2439						
	Form 4136	Other	Total	► 50g		<u> </u>	22 500	
	Total payments. Add lines 50a through 50g	(F 0000 1				51	23,500	
	Estimated tax penalty (see instructions). Check					 ", 		
	Tax due. If line 51 is less than the total of lines				45	58	23,500	
54 55	Overpayment. If line 51 is larger than the total Enter the amount of line 54 you want: Credited		mount overpaid) n	را کی در	55	23,500	
Part V			er Informa		efundedDY ctions)	1 39 1	43,500	
	At any time during the 2018 calendar year, did						Yes No	
30	over a financial account (bank, securities, or ot	=					168 110	
	FinCEN Form 114, Report of Foreign Bank and		=					
	here	manda Accounts. II 165, cm	ter the name or	and foreign country	!		$\overline{\mathbf{x}}$	
57	During the tax year, did the organization receive	a distribution from or was it t	the grantor of o	r transferor to a fo	reinn triist?		$-\frac{x}{x}$	
0,	If "Yes," see instructions for other forms the org		ano grantor oi, o	r transleror to, a re	noigh troot			
58	Enter the amount of tax-exempt interest receive	-	ar ▶ \$					
	Under penalties of periury. I declare that I have exar	nined this return, including accompa	inving schedules a	nd statements, and to	the best of my k	nowledge and beli	ef, it is true,	
Sign	correct, and complete Declaration of preparer (other				r			
Here		5/14/2020	Contro	oller & (CFO	the preparer show	uss this return with vn below (see	
	Signature of officer	Date	Title			instructions)?	Yes X No	
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid					self- employe	ed		
Prepa	rer							
Use C	I =				Firm's EIN	<u> </u>		
-36 C	,							
	Firm's address ▶				Phone no.			
823711 01	-09-19					For	rm 990-T (2018	
			47					

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come Statement 1
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Return is being filed to have estimated payments made prior to the repeal of Section 512(a)(7) refunded