AMENDED RETURN 2939322208210

| | Exempt Organization Business Income Tax Return | | | | | | | | | ОМ | OMB No 1545-0687 | | | |
|----------------------------|---|-----------------------------------|--|--|---------------------|--------------------|-------------|-------------------------------------|----------------|---------|------------------|---|----------------------|-----------------|
| | Form (| 990-T | (and proxy tax under section 6033(e)) | | | | | | | | | | | |
| | romi v | | | | | | | | | İ | 2018 | | | |
| \mathfrak{B} | ٠ | • | For calendar year 2018 or other tax year beginning, 2018, and ending, 20 | | | | | | | | ·· | 2 | 5 • • • | |
| Received in Batching Oguen | • | nent of the Treasury | l | | • | n990T for instr | | | | | | Open to | Public Inspe | ection for |
| 물 3 | Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) | | | | | | | c)(3). 501(c)(3) Organizations Only | | | | | | |
| ब्ह ें | | Check box if address changed | | | | | | | | | • | Employer identification number (Employees' trust, see instructions) | | |
| <u>د ج</u> | | npt under section | NonProfit Finance Fund | | | | | | | | (Empi | oyees u | ust, see mst | uctions) |
| 3 | ✓ 501(c)(3) | | or | Number, street, and room or suite no. If a P.O. box, see instructions | | | | | | | | | 238657 | |
| | 408(e) 220(e) | | Туре | [| | | | | | | | ated bus nstruction | siness activitions) | ly code |
| AUS | ☐ 408A ☐ 530(a) | | | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | (| | | |
| | | 29(a) | <u> </u> | New York, NY 10004 | | | | | | | | | | |
| c ⇒ ∞ | C Book at en | yalue of all assets of of year | | roup exemption | | | | | | | | | | |
| | G Check organization type ► ☐ 501(c) corporation ☐ 501(c) trust ☐ 401(a) | | | | | | | | | | | | | |
| 2019 | | _ | | = | nrelated trad | des or busines | | | | | | | first) unrel | |
| | | ade or business | | | | | | nly one, com | | | | | | |
| | | st in the blank s | • | | | sentence, con | nplete | Parts I and | I, complete | a Sc | hedule | M for | r each ad | ditional |
| | | ade or business, | | | | | | | | | | _ | | |
| | | iring the tax year, | | | | | | | diary controll | led gro | oup? | | ☐ Yes | ☐ No |
| | | "Yes," enter the | | | | he parent corp | oratio | | | | | · | | |
| | | e books are in o | | | | | | | lephone nu | | | | 12-457-470 | |
| | Par | Unrelated | | | s Income | | | (A) Incom | e (| (B) Exp | enses | | (C) Net | |
| | 1a | Gross receipts | | | | | | | | | | | | |
| | b | Less returns and a | | | | Balance ► | 1c | | | | | _ | | 1 ! |
| | 2 | _ | | Schedule A, line | | ·/· | 2 | | | | | | | |
| | 3 | - | | t line 2 from line | | | 3 | | | | | | | |
| | 4a | | et income (attach Schedule D) | | | | 4a | | | | | | | |
| | b | | | | | | 4b | | | | | | | |
| | С | • | | | | | 4c | | | | | | | |
| ်တ | 5 | Income (loss) fro | | | | | 5 | | | | | | | |
| 2019 | 6 | Rent incomé (S | Schedu | ile C2 2019 ced income (Sc | Ϋl | | 6 | | | | | | | |
| 9 | 7 | Unrelated dep | t-fihaht | ced încome (Sc | ye dule E) . | | 7 | | | | | | | |
| -1 | 8 | Interest, annuities, | royalties, | and rents from a co | ntro led organiz | ation (Schedule F) | 8 | | | | | | | |
| Δ. | 9 | | | 110 = 304 (c)(4), (b), c | | | 9 | | | | | | | |
| S Fi | 10 | | | ivity income (So | | | 10 | | | | | | | \perp |
| | 11 | | | Schedule J) . | | | 11 | | | | | | | |
| NED | 12 | Other income (S | See inst | tructions; attach | schedule) | • | 12 | | | | | _ _ | | |
| Ž | 13 | | | | | | | | <u> </u> | | | | | <u></u> |
| SCAN | Part | | | Taken Elsewi | • | | | | | Exce | pt for o | contrib | outions, | |
| $\ddot{\circ}$ | deductions must be directly connected with the unrelated business income.) | | | | | | | | | | | | | |
| S | 14 | | | cers, directors, | | | | | | | | 4 | | |
| | 15 | | Salaries and wages | | | | | | | | | 5 | | |
| | 16 | • | | | | | | | | | | 6 | | _ |
| | 17 | Bad debts | | | | | | | | | | 7 | | - |
| | 18 | | erest (attach schedule) (see instructions) | | | | | | | | | 8 | | |
| | 19 | | | | | | | | | | | 9 | | _ |
| | 20 | | | ins (See instruc | | | | | | | 2 | 0 | | 4 |
| | 21 | | | orm 4562) . | | | | | | | | | | |
| | 22 | • | | med on Sched | | | | | | | | | | 4 |
| | 23 | | | | | | | | | | | | | |
| | 24 | | butions to deferred compensation plans | | | | | | | | | 4 | | <u> </u> |
| | 25 | | nployee benefit programs | | | | | | | | 2 | 5 | | |
| | 26 | | xempt expenses (Schedule I) | | | | | | | | 6 | | | |
| | 27 | | ership costs (Schedule J) | | | | | | | | 7 | | | |
| | 28 | | deductions (attach schedule) | | | | | | | | 8 | | | |
| | 29 | | etions. Add lines 14 through 28 | | | | | | | | 9 | | | |
| | 30 | | | | | | | | _ | 0 | | | | |
| | 31 | Deduction for ne | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | | | | | _ | | | أللل | | |
| | 32 | Unrelated busin | ness ta | xable income. | Subtract line | 31 from line 3 | 30 | | | | | 2 | | |
| | For Pa | perwork Reducti | on Act | Notice, see instr | uctions. | | | Cat No 112 | 91J | | | ا ۾ ۾ | Form 990- | T (2018) |

| | - 1 (=) | | | | | | |
|-----------|--|---------------------|---------------------------------------|-------------------|------------------|--------------------------------------|--|
| Part | II Total Unrelated Business Taxable Income | | _ | | | , | |
| 33 | Total of unrelated business taxable income computed from all unrelated trade | es or | businesses | (see | | | Γ |
| | | | | • | 33 | | , |
| 34 | | | | | 34 | 92.455 | 00 |
| 35 | Deduction for net operating loss arising in tax years beginning before J. | | | | ~ | 82,453 | 00 |
| 00 | Instructions) | | y 1, 2010 | (300 | 35 | _ | |
| 26 | Total of unrelated business taxable income before specific deduction. Subtract | | 25 from tha | | 35 | 0 | 00 |
| 36 | · | ı ime | 35 Irom me : | Sum | | | |
| | of lines 33 and 34 | | | • | 36 | 82,453 | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exception | | | | 37 | 1,000 | <u> </u> |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is | | | | | | |
| | enter the smaller of zero or line 36 | ٠,٠ | · · · · | • | 38 | 81,453 | 00 |
| Part | V Tax Computation | | | | | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | | | 39 | 17,105 | 00 |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation | | | on | | | |
| | the amount on line 38 from: Tax rate schedule or Schedule D (Form 104) | 1) . | | | 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 lines 41, 42, and 43 to line 39 or 40, whichever applies | | | | 44 | 17,105 | 00 |
| Part | | | | | | | 1 00 |
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 45a | | | | | |
| b | Other credits (see instructions) | 45b | | | | | |
| | General business credit. Attach Form 3800 (see instructions) | 45c | | | | | |
| C | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | | | | | |
| d | | | <u> </u> | | 450 | | |
| e | | | | • | 45e | 0 | 00 |
| 46 | Subtract line 45e from line 44 | | | | 46 | | 1 |
| 47 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 C | | | . سم | 47 | | 1 |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | | | | 48 | 17,105 | 00 |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column | | ne 2 | ı | 49 | | |
| 50a | Payments: A 2017 overpayment credited to 2018 | 50à | ontc. ← | | | 1 | |
| b | 2018 estimated tax payments | 50b | 17,802 | 00 | | .1 | |
| C | Tax deposited with Form 8868 | 50c | | | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) . | 50d | 14/31 | | | | |
| е | Backup withholding (see instructions) | 50e | | | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) . | 50f | | | | | |
| g | Other credits, adjustments, and payments. Form 2439 | | | | | | |
| | ☐ Form 4136 ☐ Other Total ► | 50g | | | | | |
| 51 | Total payments. Add lines 50a through 50g | | | | 51 | 17.802 | 00 |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | | ▶ □ | 52 | | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov | ved | | • | 53 | 0 | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter am | | overpaid . | > | 54 | 697 | 00 |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 69 | 1 | Refunde | d► | 55 | 0 | 1 |
| Part \ | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interes | | • | | her aut | hority Yes | No |
| 30 | over a financial account (bank, securities, or other) in a foreign country? If "Yes | | | | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," er | | | | | | |
| | here | | io riarrio or c | | 0.9 00 | /d/idiy | _/ |
| 67 | | | transforor to | a force | oran truc | | 1 |
| 57 | During the tax year, did the organization receive a distribution from, or was it the granton | oi, oi | transieror to, | a lore | eigii irus | ·′ ⊨ | <u> </u> |
| | 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 | r ▶ | tomorts said: | the be | + of! | nourlades and the | luof . |
| S:~- | Under penalties of pergury, I declare that I have examined this return, including accompanying schedules true, correct and complete Declaration of preparer to their than taxpayer) is based on all information of which | and sta ch prena | atements, and to arer has anv knov | une bes vledge | ico my ki | lowledge and be | ııeı, It IS |
| Sign | | | | 3. | | IRS discuss this | |
| Here | | al Offi | icer | - | | preparer shown ructions)? Yes | |
| | Signature of officer Date Title | | | | | | |
| Paid | Print/Type preparer's name Preparer's signature | | Date | Ch | eck 🗌 | ıf PTIN | |
| Prepa | aver | | | | f-employe | 1 | |
| _ | / Maria cama | | | Firm | n's EIN ► | | |
| Use (| Firm's address > | | | Pho | ne no | | |

| Sche | dule A—Cost of Goods So | ld. Ent | er method | of inven | tory v | aluation 🕨 | | | | | |
|---|---|----------------|--|------------|---------------------------------------|---|---|--------------|-------------------|----------|-----|
| 1 | Inventory at beginning of year | r 1 | 1 | | 6 | Inventory a | at end of year | 6 | | | |
| ٠2 | Purchases | [2 | 2 | | 7 | Cost of | goods sold. Subtract | | | | |
| 3 | Cost of labor | 3 | 3 | | | line 6 from | n line 5. Enter here and | | | | |
| 4a | Additional section 263A co | sts | | | 7 | ın Part I, Iır | ne 2 | 7 | | | |
| | (attach schedule) | 4 | a | | 8 | Do the rul | les of section 263A (wi | th res | pect to | Yes | No |
| b | Other costs (attach schedule) | 4 | b | | | property p | roduced or acquired for | resale | e) apply | | |
| 5 | Total. Add lines 1 through 4b | | 5 | | | to the orga | anızatıon? | | | | |
| | dule C-Rent Income (Fro | m Rea | Property | y and Per | sona | Property | Leased With Real Pro | perty | <u>/)</u> | | |
| | instructions) | | | | | | | | | | |
| 1. Desc | ription of property | | | | | | , | | | | |
| (1) | | | | | | | · | | | | |
| (2) | | | | • | | | | | | | |
| (3) | | | | | | | | | | _ | |
| (4) | | | | | | | | | | | |
| | 2. Rer | nt receive | d or accrued | | | | | | | | |
| | om personal property (if the percentage personal property is more than 10% but more than 50%) | | percentage (| | sonal pr | operty (if the operty exceeds ofit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | | | |
| (1) | | | | | | - | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | - | | | | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| Total | | | Total | | | | (b) Total deductions. | | | | |
| (c) Tot | al income. Add totals of columns | 2(a) and | 2(b) Enter | | | | Enter here and on page | 1, | | | |
| | nd on page 1, Part I, line 6, column | | • | | | | Part I, line 6, column (B) | <u> </u> | | | |
| Sche | dule E-Unrelated Debt-Fi | inance | d Income | (see instr | uctions | s) | | | | | |
| | | | | | | come from or | 3. Deductions directly co debt-finan | | | cable to | , |
| Description of debt-financed prope | | | perty allocable to debt-financed property | | | | (a) Straight line depreciation | 1 | (b) Other deducti | | s |
| | | | | | | | (attach schedule) | ┷ | (attach sch | edule) | |
| (1) | | _ | | | | | | _ | • | | |
| (2) | | | | | | | <u> </u> | | | | |
| (3) | | | | | | _ | | — | | | |
| (4) | | | | | | | | — | | | |
| allocable to debt-financed debt-finance | | | adjusted basi flocable to nced property i schedule) | s | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 × column 6) 8. Allocable (column 6 × toi 3(a) and | | | of colu | |
| (1) | | | | | - | % | | | | | |
| (2) | | | - | | | % | | | | | |
| (3) | | | | | | % | | | | | |
| (4) | | | | | | % | | \Box | | | |
| | · · · · · · · · · · · · · · · · · · · | | | • | | | Enter here and on page 1, | | r here and | | |
| | | | | | | | Part I, line 7, column (A) | Part | I, line 7, co | olumn | (B) |
| Totals | | | | | | > | | | | | |
| Total d | ividends-received deductions in | cluded ir | n column 8 | | | | | <u> </u> | | | |

| Schedule F-Interest, Ann | uities, Royalties, | | | Controlled Org | ganizations (se | e instruc | ctions) | ٧, | | |
|-------------------------------------|---|-----------------|---|--|---|--------------|---|--|--|--|
| Name of controlled organization | 2. Employer identification number | | | | 5. Part of columnicuded in the organization's gr | controlling | conn | leductions directly 'nected with income in column 5 | | |
| (1) | | | _ | | | | 1 | | | |
| (2) | | | | | - | _ | | | | |
| (3) | | | | | - | | | | | |
| (4) | | _ | _ | | | | | | | |
| Nonexempt Controlled Organi | zations | <u>'</u> | | · | | _ | - | •• | | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruct | | | otal of specified yments made | 10. Part of colur included in the organization's gr | controlling | conne | connected with income in | | |
| (1) | | | | | | | | | | |
| (2) | | | | _ | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Tabela | • | | | | Add columns : Enter here and o Part I, line 8, co | on page 1, | Enter | columns 6 and 11 here and on page 1, , line 8, column (B) | | |
| Schedule G-Investment | Income of a Soct | ion 501/ | a)/7\ (Q) | or (17) Organi | zation (see use | tructions | <u>,, </u> | | | |
| 1. Description of income | 2 Amount o | | 3. direc | Deductions of the connected ach schedule) | 4. Set-aside (attach sched | es | 5. Total deductions and set-asides (col 3 plus col 4) | | | |
| (1) | | | (411 | uon senedate, | | - | | pius cor +) | | |
| (2) | | | | • | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | - | | | | | | | |
| Totals | Enter here and Part I, line 9, c | column (A) | | | • | | Part I, I | ere and on page 1, one 9, column (B) | | |
| Schedule I-Exploited Exe | empt Activity Inc | ome, Oth | ner Than | Advertising Ir | icome (see inst | tructions | s) | γ | | |
| 1. Description of exploited activi | 2. Gross unrelated business inco from trade of business | me conn proc | expenses lirectly ected with duction of irelated ess income | 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 | attribut | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | - | | | | | |
| Totals | Enter here and page 1, Part line 10, col. (A | I, page | iere and on e 1, Part I, 0, col (B) | | | | | Enter here and on page 1, Part II line 26 | | |
| Schedule J-Advertising I | ncome (see instruc | ctions) | | l | | | | :L | | |
| | eriodicals Repor | | Consoli | dated Basis | | | | | | |
| 1. Name of periodical | 2. Gross advertising income | | Direct tising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 1 | dership sts | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | 1 | | | | |
| (4) | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | | | | | | | | | |

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If costs (column 6 2. Gross 5. Circulation 6. Readership 3. Direct minus column 5, but advertising 1. Name of periodical advertising costs ıncome costs a gain, compute cols 5 through 7 not more than income column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business % (1) % (2) % (3) % (4) ▶ Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2018)