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# Enter the number of the organization type ▶ X 501(c) corporation S01(c) trust 401(s) trust Other rust # Enter the number of the organization's unrelated trade or biameses ▶ 1 Describe the only (or first) unrelated trade or biameses N Describe the only (or first) unrelated trade or biameses, then complete Parts I VI more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or biameses, then complete Parts I VI more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or biameses, then complete Parts I VI more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or biameses, then complete Parts I VI more than one of the parent Comprision			F Gro			ns) l	<u> </u>		1 0120			
H Enter the number of the organization's unrelated trade or businesse here № HOLIDAY CATALOG SALES COOKBOOK If only one, complete Parts I.V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If yes, and the part of the parent corporation of the parent corporation If yes, and the parent of the parent corporation of the parent corporation If yes, and the parent of the parent corporation of the parent corporation If yes, and the parent of the parent corporation of the parent corpor	3	39,704,982.						c) trust	401(a)	trust Other trust		
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The books are in care of MTCHAEL A TUCCILLO Telephone number ≥ 212-294-8133										- 		
The books are in care of MICHABL A TUCCILLO Telephone number > 212-294-8133				·				controlled group?		▶ Yes X No		
Part Unrelated Trade or Business Income (a) Income (b) Expenses (c) Net					nt corp	oratio	on ►	no number > 21	2-294-	-8133		
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Cost of goods sold (Schedule A, Ine 7)		•			се ▶	1c	37,427.			· .		
Gross profit Subtract line 2 from line 1 c	CD2			ule A, line 7)	[2	30,992.	, ,	,			
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32 Unrelated business taxable income Subtract line 31 from line 30	31	Deduction for net	t operatin	ig loss arising in tax years beg	ınnıng	g on c	or after January 1, 2018 (se	e instructions)	A 31	<u> </u>		
Form 990-T (2018)		Unrelated busine	ss taxabl	e income Subtract line 31 from	line 3	30 .	<u> </u>		<u>⊃/ 3½</u>			
	FOR F 8X274	raperwork Reduct ^{0 1} 000 _{1 ANT} JSA 1	ion Act N	NOTICE, SEE INSTRUCTIONS.	м	17 1	8-8 6F	2642B	1	Form 990-1 (2018)		

	990-1 (2016)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33 -	-21,548.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	-21,548.
37	of lines 33 and 34	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
30		ا إلى إ	-21,548.
	enter the smaller of zero or line 36	38	21,340.
Par	Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	{	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
44	Proxy tax. See instructions	41	
41	Alternative minimum tax (trusts only)	42	
42			
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	l <i>I</i> l	
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
٠,	Credit for prior year minimum tax (attach Form 8801 or 8827)		
u	Credit for prior year minimum tax (attent Point 660 f of 6627).	450	
	Total credits. Add lines 45a through 45d		
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	<i>i</i>	
b	2018 estimated tax payments	I	
c	Tax deposited with Form 8868	1	
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
•	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	[il I	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	22,599.
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 owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	22,599.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55	22,599.
	Statements Regarding Certain Activities and Other Information (see instruction		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
J0	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
		-	!
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	,,
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
	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 ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief, it is
Sigr	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
		y the IRS discuss	
Her		h the preparer she instructions)? X Ye	
			es No
Paid	Print/Type preparer's name Preparer's synature Date Check	L if PTIN	
	MARON STAFFIRO Self-e	. • •	33816
		EIN ► 44-016	
	Only Firm's address ► 1155 AVENUE OF THE AMERICAS #1200, NEW YORK, NY 10036 Phone	no 212.867.	4000
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Form_990-T (2018)							Pag
Schedule A - Cost of G	oods Sold. E	nter method	d of inventor	y valuation	>		
1 Inventory at beginning of	year 1			6 Inventory	at end of year	ar	6
2 Purchases	2					ld. Subtract line	
3 Cost of labor				6 from	line 5 En	nter here and in	المسعد
4a Additional section 263A c	osts			Part I, line	2		7
(attach schedule)	4a					section 263A (v	
b Other costs (attach schedu				property	produced	or acquired fo	r resale) apply
5 Total. Add lines 1 through						<u> </u>	
Schedule C - Rent Incom	e (From Real F	roperty a	nd Person	al Property	Leased V	Vith Real Prope	erty)
(see instructions)	•					•	
Description of property							
(1)			-				
(2)		_		-			
(3)							
(4)							
	2. Rent rece	ved or accru	ed				<u></u>
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percent	age of rent for p	ersonal property personal property ased on profit or	exceeds		firectly connected with the income (a) and 2(b) (attach schedule)
(1)							
(2)							· · · · · · · · · · · · · · · · · · ·
(3)	<u></u>						
(4)							
Total	· · · · · · · · · · · · · · · · · · ·	Total					
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,
Schedule E - Unrelated D			o instruction	ne\		Part I, line 6, colu	min (b) >
Scriedule E - Officialed D	ebt-rmanceu i	ncome (se			3. (Deductions directly co	nnected with or allocable to
1. Description of de	ht-financed property			to debt-financed		debt-finan	ced property
			1	perty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)
(1)			· · · · · · · · · · · · · · · · · · ·		,	, , , , , , , , , , , , , , , , , , , ,	
(2)			 				
(3)							
(4)		···	 		····		· · · · · · · · · · · · · · · · · · ·
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ible to property	4 dı	olumn vided lumn 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
				-		re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals							·
Total dividends-received deduct	tions included in c	olumn 8		· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u> ,	

Form 990-T (2018)

Form 990-T (3018)	GOD'S LO											366846	Page 4
Schedule F-Interest, Ann	uities, Royalties							ation	s (see	instruction	ons)		
Name of controlled organization .	, , ,		t t		4. Total	of specified 5. Part of included		of column 4 that is in the controlling tion's gross income		6. Deductions directly connected with income in column 5			
(1)						ļ							
(2)												ļ	
(3)						ļ						 	
(4)						<u></u>							-
Nonexempt Controlled Organia							10	Part of	column	9 that is	T 4	1. Deductions of	lirectly
7. Taxable Income	8. Net unrelated in (loss) (see instruct		ļ		otal of specifi		inc	luded i	n the co			nnected with Incolumn 10	come in
(1)													
(2)			-										
(3)			+							·			
(4)					· · · · · ·			dd colu	mns 5 a	nd 10	_	dd columns 6 a	nd 11
							En	ter here	e and on e 8, colu	page 1,	En	art I, line 8, colur	page 1,
Schedule G-Investment In	<u> </u>				· · · · · · · · · · · · · · · · · · ·	►	ni-ati	07 /0		in ations)			
1. Description of income	2. Amount of		יט ועכי	<u>\(\frac{1}{2} \).</u>	3. Deduction	ctions nnected	IIIZali	on (s	4. Se	t-asides schedule)		5 Total ded and set-aside	s (col 3
					(attach sci	hedule)	-		(2112211			plus col	4)
(1)	 											· · · · ———	
<u>(2)</u> (3)			-										
(4)											-		
	Enter here and o Part I, line 9, co				,				1			Enter here and Part I, line 9, c	on page 1, olumn (B)
Totals ▶ Schedule I – Exploited Exe	empt Activity Inc	come,	Othe	r Th	an Advert	ising Ir	come	e (see	ınstru	ctions)		· · · · · · · · · · · · · · · · · · ·	
Description of exploited activity	2. Gross unrelated business income from trade or unrelate		Expenses directly 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 expen (column 6 column 5 more colum	ises 6 minus , but not than			
(1)													-
(2)					-								
(3)													
(4)													
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part I0, col (4,							,	Enter he on pag Part II, li	je 1,
Schedule J- Advertising Ir	ncome (see instru	uctions)		<u>!</u>						·- · · · · · · · · · · · · · · · · · ·		
Part I Income From Per				nsoli	dated Ba	sis							
1. Name of periodical	2. Gross advertising income	3.	. Direct		4. Adver gain or (lo: 2 minus c a gain, co cols 5 thn	tising ss) (col ol 3) if mpute	5.	Circula		6. Read cos		7. Excess r costs (co minus colu not mor colum	lumn 6 mn 5, but e than
(1)	†										,		1
(2)													.]
(3)] ,								
(4)												,	
Totals (carry to Part II, line (5))							_					Form 990	-T (2018)

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.)

1 Name of periodical	2. Gross advertising	3 Direct advertising costs	4 Advertising gain or (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)				<u></u>		
Totals from Part 1 ▶		_				
	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 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			

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ATTA	CHMENT	1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CREDIT CARD FEES SHIPPING

1,000. 9,000.

PART II - LINE 28 - OTHER DEDUCTIONS

10,000.