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[200 T	E	Exempt Org	anizatior	n Busin	ess I	ncome	Tax				OMB No 1545-	0687
Form	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						-						
		For calendar year 2018 or other tax year beginning 9/1/2018 , 2018, and ending 8/31 , 20 19						19		201	3 .		
Department of the Treasury Por calendar year 2016 or other tax year beginning													
	Revenue Service	▶Dor	not enter SSN number							01(c)(3).	Оре 501	n to Public Insp (c)(3) Organizati	ection for ons Only
$A \square a$	Check box if address changed Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions)												
	pt under section Print The Children's Scholarship Fund (Employees' trust, see instructions)												
☑ 50	01(C)()3)	C)()3) Print Number, street, and room or suite no. If a PO box, see instructions 13-4002189											
<u></u> 40	08(e) 220(e) Type 8 West 38th Street, 9th Floor See instructions									гу соде			
_	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code												
52 C Book	□ 529(a) New York, NY 10018 81321 Book value of all assets F Group exemption number (See instructions) ►												
at end	yalue of all assets d of year		oup exemption nu leck organization				<u> </u>	1(c) tru	st [7 401	(a) tru	ıst □ Oth	er trust
H Fn	ter the number		organization's unre					1(0) 110		=		or first) unrel	
	de or business		ngamzanon o am	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 500		v one. com	plete Pa				n one, descri	
			t the end of the	previous sen	tence, com								
			omplete Parts III-		•	•							
Dui	ring the tax year,	was the	corporation a sub	sidiary infan a	ffiliated grou	up or a p	parent-subsi	diary co	ntrolled ;	group?		▶ ☐ Yes	□ No
			and identifying nu										
J The			Thomas J Finn						e numb	er 🕨		212-515-71	
Part	Unrelated	d Trade	e or Business I	ncome			(A) Incor	ne	(B) E	xpense	S z zimeny	(C) Ne	Kow - neclaer
1a	Gross receipts												
b	Less returns and a				alance >	1c			areacarasa. No Salani		s/ 33	四数字 我。	5) - 1993 32 - 1993 33 - 1993
2	_	-	chedule A, line 7)	/	,	2	·····	+		1882 1861 3 44 47 1861	- <u>-</u>	FILL SECTION SECTION	3 30
3	•		line 2 from line 1	– 1	• •	3 4a		+	11/1 (4/2-1)	7.860 9980 7.860 9980	5. 12 (2.1) 5. 12 (2.1)		
4a	. •		ne (attach Schedu 1797, Part II, line 1		rm 4797)	4b	<u> </u>			1.004 C	<u>か、血</u> 気が機	•	+
b			n for trusts			4c		+		CANAL CANAL	FT. 142		1-
5			nership or an S corp			5		_	STORY		M PEG SA		2 2 2 2
6	Rent income (٠, ,		•	6	•		1	Ş	76 J C	EIVED	
7			ed income (Sche	•		7						- 20213 232	75
8			and rents from a contro			8				<u>ي. ۲</u>	'F'R	n a 2020	ाञ्चा -
9		-	tión 501(c)(7), (9), or (1			9			<u> </u>	ස <u>ි</u>	-		
10	Exploited exer	npt acti	ivity income (Sche	edule I)		10					CGI	DEN, UT	
11	Advertising inc	ome (S	Schedule J)			11			- ween				
12	•		ructions, attach sc	hedule) .		12		,			能必		
13	Total, Combin				<u> </u>	13			\ (5				
Part			Taken Elsewhe be directly conn						ns.) (Exc	cept to	or cor	ntributions,	
14			cers, directors, an								14	<u> </u>	\top
15	Salaries and w										15		+
16			nce								16		
17	•										17		
18		sched	ule) (see instruction	ons)							18		
19	Taxes and lice										19		
20 (Çharıtable con	tributio	ns (See instructio	ns for limitati	on rules) .					.	20		_
	Depreciation (a					•	21						
•	_		med on Schedule								22b		
	Depletion										23		-
			red compensatio								24		
25	Employee ben	etit prog	grams								25 26		
26 <u>1</u> 27	Excess exemp	n exper	nses (Schedule I) sts (Schedule J)		:			• •		.	27	,	
28	Other deduction		ach schedule) .								28;		
2869/02			id lines 14 through								29,		
3,000			xable income befo								30	, ,	
3 4 P			ating loss arising in								31	机对键小面的	治療型
32		,	xable income. Su		_						32		

Page 4	í

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-orm	990-T	1201	O.

Part	T.	otal Unrelated Business Taxable Income							
33		f unrelated business taxable income computed from all unrelated trad-	es or businesses (se	ee					
•		ions)	•	33					
34		•		<u> </u>		0	 		
3 4 35		ion for net operating loss arising in tax years beginning before J			+		 		
33		nons)					1		
				ļ 	'		 		
36		funrelated business taxable income before specific deduction. Subtrac					l		
		33 and 34				0			
37		c deduction (Generally \$1,000, but see line 37 instructions for exception ted business taxable income. Subtract line 37 from line 36. If line 37 i			<u>'</u>	0	<u> </u>		
38									
	enter the smaller of zero or line 36								
Part I	V T	ax Computation							
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)		► 39		0			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation	on. Income tax of	on 😨	<u>ř</u>				
	the am	ount on line 38 from 🔲 Tax rate schedule or 🔲 Schedule D (Form 104	l1) l	4 0	,				
41	Proxv 1	ax. See instructions		► 41					
42	-	tive minimum tax (trusts only)		42	: 1				
43		Noncompliant Facility Income. See เกริเกินตั้งอักร							
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies				0			
		ax and Payments		- 1					
45a		tax credit (corporations attach Form 1118, trusts attach Form 1116) .	45a .	1-5	3				
b		redits (see instructions)	45b		7.4				
C		I business credit. Attach Form 3800 (see instructions)	45c		<u>:</u> -				
d		or prior year minimum tax (attach Form 8801 or 8827)	45d	,	'6) 5,7				
		redits. Add lines 45a through 45d							
e		et line 45e from line 44				0			
46				47					
47		kes Check if from Form 4255 Form 8611 Form 8697 Form 8866		<u> </u>					
48		ax. Add lines 46 and 47 (see instructions)				0			
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		49					
50a	•	nts. A 2017 overpayment credited to 2018	50a	逐	4		ľ		
b		stimated tax payments	50b		<u> </u>				
C		posited with Form 8868	50c	\# <u>#</u>	iii ii				
, d		organizations. Tax paid or withheld at source (see instructions) .	50d		ir.				
e		withholding (see instructions)	50e						
./ f		or small employer health insurance premiums (attach Form 8941) .	50f		.				
g	Other of	redits, adjustments, and payments. Form 2439		- 3	je je				
	☐ Forn		50g 3460		-		i		
51	Total p	ayments. Add lines 50a through 50g		51		3460			
52	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached			<u>: </u>				
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov	wed	► <u>53</u>	;	. 0			
54	Overpa	iyment. If line 51 is larger than the total of lines 48, 49, and 52, enter an	nount overpaid	▶ 54	,	3460			
55	Enter the	amount of line 54 you want	Refunded	▶ 55	<u>i </u>	3460			
Part \	/I S	tatements Regarding Certain Activities and Other Information	n (see instructions)						
56		time during the 2018 calendar year, did the organization have an interes	st in or a signature o	r other	authority	, Yes	No		
	over a	financial account (bank, securities, or other) in a foreign country? If "Ye	s," the organization	may ha	ive to file	15 %	激过		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e	nter the name of the	foreigi	i country		43		
	here ▶					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
57	Dunna t	he tax year, did the organization receive a distribution from, or was it the granto	r of, or transferor to, a	foreign	trust? .				
٠.		" see instructions for other forms the organization may have to file.		ŭ		Dr. 2000	[We]		
50		ne amount of tax-exempt interest received or accrued during the tax year	ar ▶ \$			M.	識別		
_58	Under	penalties of periury. I declare that I have examined this return, including accompanying schedules	and statements, and to the	e best of r	ny knowlede	ge and bel			
Sign	true, c	prrect, and complete Declaration of preparer (other than taxpayer) is based on all information of whi	ch preparer has any knowle	dge 💳	the IRS dis		-		
_	\	Then 1 times 1/30/20 SVP/CFO			the prepar				
Here	·	ire of office Date SVP/CFO Title		(see	instructions) ^o [∐Yes [□No		
	Loignati	Print/Type preparer's name Preparer's signature	Date		$\overline{}$	PTIN			
Paid		Tropardi d digitalia		Check self-em	U "				
Preparer self-employed									
Use (Only	Firm's name		Firm's E					
	-	Firm's address ►		Phone n	<u> </u>				

The Children's Scholarship Fund EIN: 13-4002189 Amended Form 990 T For the year ended August 31, 2019

Line 34: Amounts paid for disallowed fringes:

The amount reported was eliminated due to the repeal of Section 512(a)(7).