ارا	4.6			NOW TOP 20	10 100	•		. 29	3 9 3	3411151	4	
·7·	Form	990-Т	Ex	NOTICE 20 cempt Organization (and proxy tax	Busir	ness Inc		Tax Retu		OMB No 1545-0687		
C&E	\		For cale	ndar year 2018 or other tax year begin			•		20	2018		
		tment of the Treasury		► Go to www irs gov/Form990						Open to Public Inspection fo	or I	
989	Intern	al Revenue Service	Do	not enter SSN numbers on this form						Open to Public Inspection fo 501(c)(3) Organizations Only	_	
\smile	A [_	Check box if address changed		Name of organization (Check b	ox if name o	changed and s	ee instruction	5)		loyer identification number loyees' trust, see instructions)		
	BEx	empt under section	_	NEW YORK EYE & EAR				_	1	•		
	X	501((4)(-3)	Print	Number, street, and room or suite no	If a P O box	x, see instruction	ons			562304		
		408(e) 220(e)	Type							lated business activity cod nstructions)	le	
	_ L_	408A530(a)		310 EAST 14TH STREE	Т] ,	,		
	<u> </u>	529(a)		City or town, state or province, count	ry, and ZIP o	or foreign posta	l code		1			
		ok value of all assets		NEW YORK, NY 10003								
	at e	end of year	F Gro	up exemption number (See instruc	tions) 🕨						_	
			G Che	eck organization type > X 501	l(c) corpor	ration	501(c	trust	401(a)	trust Other tru	ust	
	H E	nter the number of	the orga	inization's unrelated trades or busine	esses 🕨			Describ	e the onl	y (or first) unrelated		
	tra	ade or business her	e >			<u>'</u>	f only one,	complete Parts	I-V If mo	re than one, describe the		
	fır	rst in the blank spa	ce at the	end of the previous sentence, co	mplete Pa	rts I and II, co	omplete a S	chedule M for ea	ch additio	onal		
0	tra	ade or business, the	en comple	ete Parts III-V								
2020	I D	uring the tax year,	was the	corporation a subsidiary in an affil	liated group	or a parent-	subsidiary o	ontrolled group?	·	▶ Yes	No	
	If	"Yes," enter the na	ame and	identifying number of the parent co	rporation)						
-	J Ti	The books are in care of ▶MICHAEL PASTIER Telephone number ▶ 646-605-4094										
೧೨	Par	Part I Unrelated Trade or Business Income (A) Income (B) Expe							nses	(C) Net		
SCANNED JAN	1 a	Gross receipts or s	sales					•,,-	* *	,	1	
~	ь	Less returns and allowa	nces	c Balance ▶	1c			* 1				
Ω	2	Cost of goods sol	d (Sched	ule A, line 7)	2						· 1	
쁫	3	Gross profit Sub	tract line	2 from line 1c	3	_						
Z	4a	Capital gain net in	ncome (a	ittach Schedule D) [.)	4a				-			
Κ	b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b				-			
တ္တ	С	Capital loss dedu	ction for t	rusts	4c			•	, 1 ·			
•	5	Income (loss) from a pa	artnership o	r an S corporation (attach statement)	5							
_	6	Rent income (Sch	edule C)		6							
0	7	Unrelated debt-fir	nanced in	come (Schedule E)	7							
0)-	8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F	8							
2	9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
80	10	Exploited exempt	activity ii	ncome (Schedule I)	10							
9	11	Advertising incom	e (Sched	lule J)	11							
	12	Other income (Se	e instruc	tions, attach schedule)	12				•			
0	13	Total. Combine lin	nes 3 thr	ough 12	13		0.					
1419	Par	Tribitant II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions,										
-		deduction	s must	be directly connected with t	the unre	lated busir	ness inco	me.)				
=	14	Compensation of	officers,	directors, and trustees (Schedule K))		·		14			
	15	Salaries and wage	s			1640	9		15			
ß	16	Repairs and maint	tenance		1	. [.] ~ []	·./	 .	16			
										1		
٠,٠	17	Bad debts		• • • • • • • • • • • • • • • • •					17			
1/10	17 18					<i>۱</i> ۲			· · —			
7/10		Interest (attach so	 chedule) (\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\			18			

Charitable contributions (See instructions for limitation rules) Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 24 25 26 26 Excess readership costs (Schedule J)............. 27 27 28 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . 31 31 32 Unrelated business taxable income Subtract line 3 For Paperwork Reduction Act Notice, see instructions. Unrelated business taxable income Subtract line 31 from line 30 32

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Form	990-1 (2018)			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		
34	•Amounts paid for disallowed fringes	34	463,	,313.
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	463,	313.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,	000.
38	Unrelated 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	462,	313.
Par	t IV Tax Computation	<u></u>	_	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	97,	086.
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		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		97,	086.
Par				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	·		
	Other credits (see instructions)			
	General business credit Attach Form 3800 (see instructions)	r .		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	;		
	Total credits. Add lines 45a through 45d	45e		
	Subtract line 45e from line 44	46	97.	086.
46	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	<u></u>	
47		48	<u> </u>	086.
48	Total tax. Add lines 46 and 47 (see instructions)	49		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments A 2017 overpayment credited to 2018	1. 17		
	2018 estimated tax payments			
	Tax deposited with 1 orni occo.	, , , , , , , , , , , , , , , , , , ,		
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
	, , , , , , , , , , , , , , , , , , , ,	[*]		
g	Other credits, adjustments, and payments Form 2439 Sog Sog	· [
			, 97	296.
	Total payments. Add lines 50a through 50g	51		290.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		210.
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		210.
	Enter the amount of line 54 you want Credited to 2019 estimated tax > 210. Refunded	55		
Par			uthority Yes	No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			1.0
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		15 5	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign c	Journal	X
	here >			$\frac{1}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?.	• • • • • • • • • • • • • • • • • • • •	<u> ^ </u>
	If "Yes," see instructions for other forms the organization may have to file		1, -	'
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		سوي .	· ·
	Under penalties of pequry, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ast of my k	nowledge and be	enet, it is
Sign	Ma	y the IRS	discuss this	retum
Here	IN 14 19 PEVP, SYSTEM CFO & CCS with		eparer shown	_
		: instructions)) ² X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	if LL	PTIN	
Paid		mployed	P0074076	
Prep	Firm's name Bittor & 10010 0.5. EEL		4-6565596	
Use (Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036-6530 Phone	no 212	-773-3000)
			5 000-T	

*Form 990-T (2018)		K EYE & I								562304	Page 4
Schedule F-Interest, Ann	uities, Royaltie	s, and Ren	ts Fr	om Contro	iled O	rganiz	ations (s	ee instruct	ions)		
Nâme of controlled organization	2 Employer identification num	ber 3 No	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ied includ	5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)								. <u>.</u> .			
(4)		<u>. </u>								L	
Nonexempt Controlled Organi	zations	1									
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific payments made		inc	Part of colu uded in the nization's g	controlling		1. Deductions d nnected with inc column 10	
(1)									 		
(2)									—		
(3)						ļ		**	 		
(4)									┿		
Table					_	Ent	ld columns er here and rt I, line 8, c	on page 1,	Ent	dd columns 6 ar ter here and on p irt I, line 8, colun	page 1,
Schedule G-Investment Ir	come of a Sec	ction 501/c	· \ /7\	(9) or (17	Orga	nizatio	n (see II	netructions)	<u> </u>		
Schedule G-investment in	Come of a sec	cuon so i (c	/////	3 Deduc		Inzatio			$\overline{}$	5 Total dedu	uctions
1. Description of income	2 Amount o	f income	ĺ	directly connected (attach schedule)				4 Set-asides (attach schedule)		and set-asides (col 3 plus col 4)	
(1)			1	(attaon son					-+	p.00 00.	<u>.,, </u>
(2)						<u> </u>					
(3)		· · · · · · · · · · · · · · · · · · ·	1	•							
(4)	1		1								
	Enter here and Part I, line 9, o					•				Enter here and o Part I, line 9, co	
Totals ▶											
Schedule I-Exploited Exe	mpt Activity in	come, Oth	er Th	an Adverti	sing Ir	come	(see inst	ructions)			
1 Description of exploited activity	2 Gross direction of exploited activity business income from trade or unre		4 Net income (loss) from unrelated trade or business (column auction of irelated ess income		5. Gross income from activity that is not unrelated business income		attribut	6 Expenses attributable to column 5		exempt ses minus but not han n 4)	
(1)											
(2)											
(3)											
(4)						-				•	•
Enter here and on page 1, Part I, page 1, Page		page 1, Pa	er here and on ge 1, Part I, : 10, col (B)						Enter her on pag Part II, lir	e 1,	
Totals ▶ Schedule J- Advertising In	come (see instr	uctions)		1				;			
			neol	idated Ras	ie						
Part I Income From Peri	Duicais Report	leu on a CC	/115UI	luateu Das	13			-		7	
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos		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 re costs (col minus colun not more column	umn 6 nn 5, but than
(1)	-				-] .	
(2)]·] .	,
(3)										_ ՝	ī i
(4)											;
Totals (carry to Part II, line (5))				<u> </u>						Form 990-	T (2018)

(4)

Total. Enter here and on page 1, Part II, line 14

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.)

1 Name of periodical	2 Gross advertising income	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 readersh costs (column 6 minus column 5, b not more than column 4)
(1)						
(2)	•					
(3)		_				
(4)						
Totals from Part I ▶ Totals, Part II (lines 1-5) ▶	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
Schedule K - Compensation	on of Officers, D	irectors, and Ti	rustees (see instr			
1 Name	.	2	Title	3 Percent of time devoted to business	4 Compensation unrelated to	
(1)				%		
2)				%		
3)				-%		