Form 9	90-T	Ex	empt Organization					k Retu	rn	ON	iB No	1545-0687
i .	"	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 1 9							୬⋒ 10			
Department (of the Treasury	. o. og.c.	✓ ►Go to www.irs.gov/Form990T for instructions and the latest information.								10	
Internal Reve	-	▶ Do	not enter SSN numbers on this form						(c)(3)	Open t 501(c)	o Publi 3) Org	ic Inspection for anizations Only
	heck box if idress changed		Name of organization (Check b	ox if na	me changed and see i	nstruction	s)			D Employer identification number (Employees' trust, see instructions)		
B Exempt u	under section		NYSARC INC NEW YORK	CIT	Y CHAPTER							
X 501($C(\sqrt{3})$	Print	Number, street, and room or suite no	lf a P O	box, see instructions				13-5596746			
408(e) 220(e)	or -Type								elated busi		activity code
4084			83 MAIDEN LANE									
529(City or town, state or province, country, and ZIP or foreign postal code									
C Book value at end of	ue of all assets year		NEW YORK, NY 10038									
	F Group exemption number (See instructions) ▶											Tau
U Enter t	ha numbar af					501(c) trus) trust		Other trust
	ne number of r business her	_	nization's unrelated trades or busine	sses		nly one	comi			ly (or first)		erated escribe the
			end of the previous sentence, cor	mnlete							ie, ue	Scribe trie
	r business, the		·	inpicte	Tarts Fand II, com	piete a O	Crical	ale ivi ioi ei	acii additi	orial		
			corporation a subsidiary in an affile	ated q	roup or a parent-sul	bsidiary o	ontro	lled group	,	▶		Yes No
			dentifying number of the parent co			,		•				_
The bo لُوْ	oks are in care	of ▶AM	Y WEST		7	elephon	e nur	mber ▶ 2	12-780	-2500		
Part I	Unrelated [*]	Trade c	or Business Income		(A) Income)		(B) Expe	nses		(C)) Net
1a Gros	ss receipts or s	ales										- •
Z b Less	returns and allowar		c Balance ▶	1c								
2 Cos			ıle A, line 7)	2								
			2 from line 1c	3								
4a Cap			tach Schedule D)	4a								
b Net			Part II, line 17) (attach Form 4797)	4b								
₹_c Cap			rusts	4c			F					
			an S corporation (attach statement)	5			+	RE	CEN	/FD	\exists	
			· · · · · · · · · · · · · · · · · · ·	6			10	,—		+	 	
_			come (Schedule E)	8			1	MA.	₹ 0 9	2020	18	
	-		nts from a controlled organization (Schedule F) (c)(7), (9), or (17) organization (Schedule G)	9	<u> </u>		10		\ U J	2420	윘	
			come (Schedule I)	10			+	00			Ĕ	
-	•	•	ule J)	11				_OGI	JEN,	UT	\dashv	
			ions, attach schedule)	12							_	_
			ough 12	13		0.				 		
Part II	Deduction	s Not	Taken Elsewhere (See instr	uctio	ns for limitation	ns on d	edu	ctions.) (Except	for conf	tribu	tions,
	deductions	s must	be directly connected with t	he ur	related busine	ss inco	me.)	·			-
14 Com	pensation of o	officers, o	directors, and trustees (Schedule K)						14			
15 Sala	ries and wages	s							15	j		
16 Rep	airs and maint	enance .							16	;		
										<u> </u>		
			see instructions)									
			ee instructions for limitation rules)		1	1		• • • • •	20	<u></u>		
21 Depi	reciation (attac	ch Form	4562)		21							
			on Schedule A and elsewhere on re				_					
			ompensation plans									
			chedule I)									
			hedule J)									
			chedule)									
			s 14 through 28.						_		-	
			e income before net operating									
			loss arising in tax years beginning									
32 Unre	elated busines	s taxable	income Subtract line 31 from line									
For Paper	work Reduction	on Act N	otice, see instructions.		-				1	1	orm !	990-T (2018)
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	Total Unrelated Business Taxable Income				
33 6	-Total of unrelated business taxable income computed from all unrelated trades or businesses (se				
	instructions)				
34	Amounts paid for disallowed fringes	. 34	<u> </u>		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur				
	of lines 33 and 34		<u> </u>		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<u> </u>	<u> </u>	1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 38	ا ابر			
	enter the smaller of zero or line 36	1 38			0
Par	t IV 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 of	n r			
	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)- · · · · · · · · · · · · · · · · · · ·	. 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	1		
Par	t V Tax and Payments		•		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		T		
	Other credits (see instructions)	\neg			
	General business credit Attach Form 3800 (see instructions)	_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	ヿ			
	Total credits. Add lines 45a through 45d	. 45e			
46	Subtract line 45e from line 44				
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				
	2018 estimated tax payments	ō. '			
	Tax deposited with Form 8868	ō.			
	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		İ		
	Other credits, adjustments, and payments Form 2439		Į.		
_	□ Form 4136 □ Other □ Total ▶ 50g	,	1		
51	Total payments. Add lines 50a through 50g	. 51	1 1	.95,0	000.
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	1	.95,0	00.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	▶ 55		.95,0	
Par					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		r authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of th	e foreic	an country		
	here ▶	_			Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign fri			Х
	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 penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of	my knowledge :	and belie	ef, it i
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Marie 15	IDC des		
Her			IRS discuss preparer sh		
	Signature of officer Date Title		ctions)? X Ye		No
	Print/Type preparer's name Preparer's signature Date	' 	f PTIN		
Paid	SCOTT THOMPSETT 2/14/2020 se	neck L elf-employe	"	4149	0
Prep	earer Fum's name GRANT THORNTON LLP	m's EIN	22.2.2.		
use	Only		212-599-0		
16.4	· · · · · · · · · · · · · · · · · · ·	2	Form 99	_	2018
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Schedule A - Cost of Goo	ods Sold. Er	iter method	d of invento	ry valuation	<u> </u>	·					
1 4 Inventory at beginning of year	r 1			6 Inventory	at end of yea	ar	6				
2 Purchases	2		7 Cost of goods sold. Subtract line								
3 Cost of labor	3			6 from	line 5 En	iter here and in	_				
4a Additional section 263A cost	s			Part I, line	2		7				
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith re	spect to	Yes	No	
b Other costs (attach schedule)	. 4b			property produced or acquired for resale) apply							
5 Total. Add lines 1 through 4t				to the org	anization? .	<u> </u>		<u> </u>		Х	
Schedule C - Rent Income (From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Proper	ty)				
(see instructions)											
1. Description of property	·										
(1)											
(2)				 							
(3)											
(4)	2 Pant							-			
	2. Rent recei					-					
for personal property is more than 10% but not perce			age of rent for	all and personal property (if the ent for personal property exceeds ent is based on profit or income) 3(a) Deductions directly connected with the incodumns 2(a) and 2(b) (attach schedule)						ome	
(1)											
(2)			-								
(3)											
(4)				-		-					
Total		Total									
(c) Total income. Add totals of colu	mns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on					
here and on page 1, Part I, line 6, co						Part I, line 6, colum					
Schedule E - Unrelated Deb			e instruction	ns)		<u> </u>					
		•	2 Gross in	come from or	3 [Deductions directly con debt-finance			le to		
1 Description of debt-fi	nanced property					nt line depreciation ch schedule)	(b) Other deduction (attach schedule)				
(1)						·					
(2)				•							
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 di					8 Allocable deductions (column 6 x total of column 3(a) and 3(b))				
(1)				%							
(2)				%							
(3)				%							
(4)				%							
Totals						e and on page 1, e 7, column (A)		here and o I, line 7, col			

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Schedule F-Interest, Ann	uities, Royaltie	s, and Rer	nts Fr	om Contro	lled O	rganizat	i ons (se	e instruction	ons)		
·				ontrolled Or			•				-
'- 1 Name of controlled organization	2 Employer identification num	ber 3 N	let unre	lated income instructions)	4 Total	of specified ents made	included	of column 4 to d in the contr tion's gross in	olling	6 Deduction connected with the column column	ith income
(1)									_		
(2)											
(3)					 	*************			-		
(4)							 		_		
Nonexempt Controlled Organi	zations		-				<u> </u>				
Tronovernot Controlled Organi	8 Net unrelated	naama		Total of appoin		10 Pa	rt of column	n 9 that is	11	Deductions of	directly
7 Taxable Income	(loss) (see instru	I .		Total of specific payments made		ınclud	ed in the co	ontrolling		nected with in	come in
(1)			······			organia	ation's gros	s income		column 10	
(2)			•••••						<u> </u>		
3)			•••••								
(4)		***************************************				A al al					
						Enter	columns 5 a here and on , line 8, colu	page 1,	Ente	d columns 6 a er here and on t I, line 8, colui	page 1,
Totals					▶						
Schedule G-Investment II) Orga	nization	(see ins	tructions)			
			1	3 Deduc	tions			et-asides		5 Total ded	
1 Description of income	2 Amount o	f income		directly cor (attach sch				schedule)		and set-aside	
1)	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						, p	
2)								•		-	
3)	· -	·						_			
4)	 	***************************************			•			•			
	Enter here and	on page 1,					**		l i	Enter here and	on page 1
	Part I, line 9, o		1							Part I, line 9, c	
Γotals ▶											
Schedule I – Exploited Exc	empt Activity In	come Oth	or Th	an Adverti	eina Ir	come (oo inetri	ictions)			
Joned <u>uie I Exploited Ex</u>			101 11			Come	566 111211	1			
Description of exploited activity .	2 Gross unrelated business income from trade or business	3. Expen directl connected productio unrelate business in	y I with on of ed	4. Net incomfrom unrelation business 2 minus collif a gain, collif 5 thro	ed tradé (column umn 3) ompute	from ac	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		ble to	7 Excess exper (column 5 column 5 more colum	nses 6 minus , but not than
11)	 			 				 		+	
1) 2)	 			 			•••••	 	•		
3)				 				-		 	
								·			
4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	art I,					J		Enter he on pag Part II, I	ge 1,
Totals				<u> </u>			•	···		1	
Schedule J- Advertising Ir							********			*************	
Part I Income From Per	iodicals Report	ted on a C	onsol	idated Bas	is			<u></u>		· · · · · ·	
Name of periodical	2 Gross advertising	3 Dire	ct	4 Advert	s) (col	5 Circ	culation	6 Reade	ership	7 Excess r	olumn 6
r Hame of periodical	income	advertising	costs	2 minus co a gain, cor cols 5 thro	npute	inc	ome	cost	s	minus colu not mor colum	e than
1)					- 100				**********		
2)					-11-						. ~
3)										7	•
4)							_			7	
otals (carry to Part II, line (5))								<u></u>			
											_

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Rart II Income From Pe '2 through 7 on a			rate Basis (For e	each periodical	listed in Part II	, fill in columns
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 readership costs (column 6 minus column 5, but not more than column 4)
/4)						

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	minus column 5, but not more than column 4)
(1)						
(2)						
(3)		_		•		
(4)						
Totals from Part I ▶						
	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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	_	%	
(4)		%	- "
Total. Enter here and on page 1, Part II, line 14			

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