29393298004380

	F047-990-T		Exempt Organization Business Income Tax Return								OMB No 1545-0687		
/									1904	_	2040		
- {	200	(S)	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 201							<u>9</u>	<b>ZU I</b> 8		
\		ment of the Treasury	■ Go to www irs gov/Form990T for instructions and the latest information. ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							- 1	Open to Public Inspection for		
	Interna	Hevenue Service		501(c)(3) Organizations Only									
	A <u> </u>	Check box if Name of organization ( Check box address changed				ame changed and see instructions )				D Employer identification number (Employees' trust, see instructions.)			
	B Ex	empt under section	Print	Print GOOD SHEPHERD SERVICES							13-5598710		
	X	] 501(C <u></u>								E Unrelated business activity code (See instructions)			
		3408(e) 220(e)	Туре	305 SEVENTH AVENUE						] `	·		
		] 408A 530(a) ] 529(a)		City or town, state or pro-		ry, and ZIP or foreign postal code ) O 1							
	C Boo	k value of all accete											
	ate	ook value of all assets tend of year 121, 119, 629.      F Group exemption number (See instructions.)     T Group exemption number (Se									Other trust		
		er the number of the	related										
		de or business here		than one,									
		cribe the first in the b		· ·									
		iness, then complete											
		ring the tax year, was	Yes No										
		If "Yes," enter the name and identifying number of the parent corporation  The books are in care of  GREGHAN FISCHER					Telephone number				243-7070		
	Pai			le or Business Inc		(A) Income			(B) Expenses		(C) Net		
	1a	Gross receipts or sale	s						· · · · · · · · · · · · · · · · · · ·				
		Less returns and allow			c Balance	1c							
			cost of goods sold (Schedule A, line 7)										
		Gross profit Subtract								-			
		•	Capital gain net income (attach Schedule D)										
		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)											
		Capital loss deduction for trusts											
		Income (loss) from a partnership or an S corporation (attach statement)				4c 5							
		Rent income (Schedule C)				8							
2020		Unrelated debt-financed income (Schedule E)				7							
70		nterest, annurties, royalties, and rents from a controlled organization (Schedule F)											
ro	9	Investment income of a section 50 1(c)(7), (9), or (17) organization (Schedule G)								•			
2			ited exempt activity income (Schedule I)										
100			Advertising income (Schedule J)										
=	12	Other income (See ins	struction	s, attach schedule)		12							
Ω	13	Total. Combine lines	gh 12	13		0.							
Ш	Par												
Ź		(Except for d	contribu	itions, deductions must	be directly connected	with t	he unrelate	d business	income)				
Ķ	14	Compensation of off	ıcers, dır	ectors, and trustees (Sche	dule K)					14			
SCANNED	15	Salaries and wages								15			
•	16	Repairs and mainten	ance		חדסביי	<del></del>				16			
	17	Bad debts	ad debts RECEIVED							17			
	18	Interest (attach sche	attach schedule) (see instructions)										
	19	Taxes and licenses	BS MAY 2 2 2020							19			
	20	Charitable contribution	and licenses  MAY 2 2 2020  What is a contribution of the contributions (See instructions for limitation rules)							20_	<u> </u>		
	21	Depreciation (attach Form 4562)						21		1			
	22	Less depreciation claimed on Schedule A and elsewhere on return GDEN, L						22a		22b			
	23	Depletion								23 24			
	24	Contributions to deferred compensation plans											
	25	Employee benefit programs								25			
	26	Excess exempt expenses (Schedule I)								26			
	27	•	cess readership costs (Schedule J)							27			
	28		Other deductions (attach schedule)						28				
	29		otal deductions. Add lines 14 through 28						29 30				
	30	Unrelated business taxable income before net operating loss deduction. Subtract line									0.		
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31_				
	32	Unrelated business taxable income. Subtract line 31 from line 30								32	0.		

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

m 990-1 (2018)

Part I	II Total Unrelated Business Taxa	ble Income									
33	Total of unrelated business taxable income compu	ited from all unrelated trades or businesses	(see instruction	s)	33		0.				
34	Amounts paid for disallowed fringes		•	•	34						
35	·	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)									
36			-		35						
-	lines 33 and 34	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
37		37 instructions for exceptions		30	36	1,0	00.				
		pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  related business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,									
38	enter the smaller of zero or line 36	9 37 HOITI III 9 30. IT III 9 37 15 GI 9 a tei tilait II	118 30,				0.				
Part I					38		<del></del>				
		- ha- 20 h- 240/ /0 24)		<b>•</b>			0.				
39	Organizations Taxable as Corporations. Multiply	39		<u> </u>							
40	Trusts Taxable at Trust Rates. See instructions for	l l									
	Tax rate schedule or Schedule D (Fe	orm 1041)			40						
41	Proxy tax. See instructions	•	41								
42	Alternative minimum tax (trusts only)		42								
43	Tax on Noncompliant Facility Income. See instru		43								
44	Total Add lines 41, 42, and 43 to line 39 or 40, w		44		0.						
Part \	/ Tax and Payments										
45 a	Foreign tax credit (corporations attach Form 1118	, trusts attach Form 1116)	45a								
b	,		45b	<u></u> .	1 1						
C	General business credit. Attach Form 3800		45c		1 1						
d	Credit for prior year minimum tax (attach Form 88	301 or 8827)	45d		]						
8	Total credits. Add lines 45a through 45d				45e						
46	8 Subtract line 45e from line 44						0.				
47	Other taxes. Check if from: Form 4255	hor (attach schedule)	47								
48	Total tax. Add lines 46 and 47 (see instructions)		48		0.						
49	2018 net 965 tax liability paid from Form 965-A or	r Form 965-B, Part II, column (k), line 2 🙊	ω		49		0.				
50 a	Payments: A 2017 overpayment credited to 2018	r Form 965-B, Part II, column (k), line 2	50a	36,170.	]						
Ь	2018 estimated tax payments	6)	<b>О</b> 50b	30,462.	]						
c	Tax deposited with Form 8868	9	50c		]						
d	Foreign organizations, Tax paid or withheld at sou	rce (see instructions)	50d		1						
8	Backup withholding (see instructions)		50e		1						
t	Credit for small employer health insurance premiu	ıms (attach Form 8941)	501		1						
a	· · · —	Form 2439			1						
		Other Total	▶   50g								
51	Total payments. Add lines 50a through 50g				51	66,6	32.				
52	Estimated tax penalty (see instructions) Check if F	Form 2220 is attached 🕨 🗌			52						
53	Tax due. If line 51 is less than the total of lines 48	•	53								
54	Overpayment. If line 51 is larger than the total of	•	5499	66,6	32.						
55	Enter the amount of line 54 you want: Credited to	Refunded >	55 6-10	66,6							
Part \	/I Statements Regarding Certain	2019 estimated tax   Activities and Other Information	tion (see ins		1-0-						
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signatu	re or other auth	nority		Yes	No				
	over a financial account (bank, securities, or other			-		,,,,					
	FinCEN Form 114, Report of Foreign Bank and Fin										
	here	,			х						
57	foreign truet2			X							
37	During the tax year, did the organization receive a If "Yes," see instructions for other forms the organ	i loreigh trust.			<del></del>						
58	Enter the amount of tax-exempt interest received of	•					1				
	Under penalties of perjury. I declare that I have examine	d this return, including accompanying schedules and	statements, and to	the best of my knowled	dge and belief, it is	true,	<u> </u>				
Sign	correct, and complete Declaration of preparer (other that	an taxpayer) is based on all information of which prep	arer has any knowl	ledge							
Here	Marchelle Warela	Muchelle youche   5-12-2020 EXECUTIVE DIRECTOR									
	Signature of officer	e preparer shown b structions)?	Yes	No							
	Print/Type preparer's name	Date Title  Preparer's signature	Date		f PTIN		1				
<b>5</b> · ·	ROBERT R. LYONS,	ROBERT R. LYONS,	Date	self- employed	`   ` ''' <b>'</b>						
Paid	CD3										
Prepa	- MADEC DANIEME	S NADUC DANEMY IID									
Use (		685 THIRD AVENUE									
		Firm's address NEW YORK, NY 10017 Phone no. 21									