| | | • | | | | | | | Ĺ | 201906 | | | |
|-------------------------------|----------|--|---|---|--------------|----------|---------------------------------------|--------------------------|--------------|--|--|--|--|
| | _ | 990-T | F | Exempt Organization | n Rus | ine | ss Income | Tax Return | , Ī | OM8 No. 1545-0687 | | | |
| | Form | 330-1 | • | and proxy l | tax und | er se | ction 6033(e)) | 1100 | ' | | | | |
| | | | For co | tendar year 2018 or other tax year beginning J | | | | 30. 201 אנטדע | ا و | 2018 | | | |
| | _ | | | <u> </u> | 2010 | | | | | | | | |
| | | tment of the Treasury at Revenue Service | ■ 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). | | | | | | | Open to Public Inspection for 501(c)(3) Organizations Only sloyer identification number ployees' trust, see | | | |
| | A [| Check box if address changed | | | | | | | | | | | |
| | B E | xempt under section | Print | BOYS AND GIRLS HAP | RBOR | INÇ | | | 1 | 3-6015256 | | | |
| | X |] 501(d)/3 | or Turns | | | | | | | E Unveloted dusiness activity code (See instructions.) | | | |
| | |] 408 (e) [220(e) | (e) Type | 1 EAST 104TH STREET | | | | |] ```` | , | | | |
| | |] 408A530(a)] 529(a) | | City or town, state or province, country, NEW YORK, NY 1002 | | | n postal code | | | | | | |
| | C Bo | ok value of all assets and of year | | F Group exemption number (See instru- | | | | | | | | | |
| | _ | <u> 5,917,2</u> |) trust | Other trust | | | | | | | | | |
| | H En | H Enter the number of the organization's unrelated trades or businesses. | | | | | | | | | | | |
| | | de or business here | | e than one, | | | | | | | | | |
| | | | • | ce at the end of the previous sentence, co | ompiete Pa | rts I an | io II, complete a Sche | Dule M for each addition | ai trace | e or | | | |
| | _ | siness, then complete F | | oration a subsidiary in an affiliated group | or a narer | ıt.cuhci | idiary controlled grow | p? ▶ [| 7 | es X No | | | |
| | | | | brying number of the parent corporation. | - | 11-3003 | idadi y cominando que co | , | | CO (15) NO | | | |
| | _ | | | MOREL SHEPPARD | - | | Tet | ephone number 🕨 2 | 12- | 427-2244 | | | |
| | Pa | rt I Unrelated | Trac | le or Business Income | | | (A) Income | (B) Expenses | ð | (C) Net | | | |
| 2021 | 1a | Gross receipts or sales | 3 | | | | | | | | | | |
| | | Less returns and allow | | c Balance | | 10 | | | | | | | |
| 26 | | | | A, One 7) | | 2 | | - | | | | | |
| | | | | om line 1c | | 3 | | | | | | | |
| APR | | Capital gain net income | - | n Schedule D) art II, line 17) (attach Form 4797) | • | 4a 4b | | | | / | | | |
| | | | | | | 4c | | | / | | | | |
| Received In Batching Ogden | 5 | Income (loss) from a p | oss deduction for trusts 4c loss) from a partnership or an S corporation (attach statement) 5 | | | | | | | <u> </u> | | | |
| 6 0 | | Rent income (Scheduli | | | | 6 | | | | | | | |
| 9 6 | 7 | Unrelated debt-finance | d incon | ne (Schedule E) | | 7 | | | | | | | |
| 3 | 8 | Interest, annuities, roys | ilies, œ | nd rents from a controlled organization (S | schedule F} | 8 | | | | | | | |
| 33 | | | | n 501(c)(7), (9), or (17) organization (Sc | | | | - | | <u> </u> | | | |
| 6 | | | | me (Schedule I) | | 10 | | | | | | | |
| | | | | J) | | 11 | | | | | | | |
| | | Other income (See Insi Total, Combine lines : | | | | 12 13 | |). | | | | | |
| | | | | t Taken Elsewhere (See instru | uctions fo | | | | | | | | |
| | | (Except for co | ontribu | tions, deductions must be directly c | onnected | with t | he unrelated busine | ess income.) | | | | | |
| | 14 | Compensation of office | ers, dir | ectors, and trustees (Schedule K) | / | | | | 14 | | | | |
| | 15 | Salanes and wages | | | / | | | | _15 | ļ | | | |
| | 16 | Repairs and maintena | nce . | | | | | | 16 | | | | |
| | 17 | Bad debts | | | | | | | 17 | | | | |
| | 18 | Interest (attach sched | | . ,,,,,,, | •• | ••• | | | 18 | ···· | | | |
| | 19 20 | Taxes and licenses Charitable contributes | ne /Saa | instructions for Implifation rules) | | | | | 20 | | | | |
| r 27 2021 | 21 | | | 62) | | | 21 | | <u> </u> | | | | |
| | 22 | Less depreciation clai | med on | Schedule A and elsewhere on return | | | · · · · · · · · · · · · · · · · · · · | | 22b | | | | |
| | 23 | | | | | מבע | EIVED | | 23 | | | | |
| | 24 | Contributions to defer | | | 8 | | | | 24 | | | | |
| | 25 | | | | [8] | aug. | 25 2020 Ş | | 25 | | | | |
| MAY | 28 | Excess exempt expen | | | ا`` | | | | 28 | | | | |
| <u> </u> | 27 | Excess readership cos | | | | GĐ | EN, UT | 1 | 27 | | | | |
| i | 28 | Other deductions (atta | | | | | | _ | 28 | 0. | | | |
| • | 29 30 | | | come before net operating loss deduction | Subtract | line 29 | | | 30 | 0. | | | |
| | 31 | | | oss arising in tax years beginning on or a | | | | | 31 | | | | |
| | 32/ | , | | | | | | <u></u> | 32 | 0. | | | |
| | 823701 | | | vark Reduction Act Natice, see instruction | | | | | | Form 990-T (2018) | | | |

| Form 990-1 (20 | BOYS AND GIRLS HARBOR INC 13- Total Unrelated Business Taxable Income | 6015256 | Page 2 |
|--------------------|--|--------------------------------|------------------------------|
| | <u> </u> | Tan | 0. |
| | otal of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions) | 33 | |
| | mounts paid for disallowed tringes | | |
| | eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | |
| | otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | _ _ | |
| | res 33 and 34 | $\left \frac{38}{37} \right $ | 1,000. |
| | | · 🗸 | 1,000. |
| 1. 1. | orelated business taxable income — Subtract line 37 from line 36. If line 37 is greater than line 36, ster the smaller of zero or line 36 | 38 | 0. |
| | Tax Computation | 30 _ | |
| | ganizations Taxable as Corporations Multiply line 38 by 21% (0.21) | ▶ 39 | 0. |
| | usts 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 | |
| | oxy tax. See instructions | | |
| | ternative minimum tax (trusts only) | 42 | |
| 43\ \Ta | x on Noncompliant Facility Income. See instructions | 43 | |
| 44 /10 | stal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 0. |
| Part Y | Tax and Payments | | |
| 45a F0 | reign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| b Ol | her credits (see instructions) | | |
| c Ge | eneral business credit, Attach Form 3800 | | |
| d Cr | edit for prior year minimum tax (attach Form 8801 or 8827) | | |
| e To | otal credits. Add lines 45a through 45d | 45е | |
| 46 Su | obtract line 45e from line 44 | . 46 | 0. |
| 47 Ot | her taxes. Check if from: 🔲 Form 4255 🔝 Form 8611 🔛 Form 8697 🔲 Form 8866 🔲 Other (anach ache | duto) 47 | |
| 48 To | tal tax. Add lines 46 and 47 (see instructions) | 48 | 0. |
| | بكر المجرية 18 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | 0. |
| 50 a Pa | The tree is a state of the stat | 56. | |
| b 20 | 18 estimated tax payments | - 1 | |
| c Ta | x deposited with Form 8868 | | |
| | reign organizations: Tax paid or withheld at source (see instructions) | | |
| | ckup withholding (see instructions) | | |
| | edit for small employer health insurance premiums (attach Form 8941) | | |
| g <u>Ot</u> | her credits, adjustments, and payments: Form 2439 | 1 1 | |
| | Form 4136 Other Total ▶ 50g | <u> </u> | 156 |
| | tal payments. Add lines 50a through 50g | \$1 | 156. |
| 52 Es | timated tax penalty (see instructions). Check if Form 2220 is anached 🕨 🔲 | 52 | |
| 53 Ta | x due | ∑ 53 | 156. |
| | rerpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | 156. |
| | ter the amount of line 54 you want Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information (see instructions) | <u>▶ ∐55</u> | 136. |
| Part VI | | , | Yes No |
| | any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | THS NO |
| | er a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may have to file | | 1 1 1 |
| | ICEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | re | 2 | $-\frac{x}{x}$ |
| | | * | ··· - - - |
| | Yes," see instructions for other forms the organization may have to file. ter the amount of tax-exempt interest received or accrued during the tax year >\$ | | 1 1 1 |
| | Under consider of parary. I declare that I have examined this return including accompanying schedules and statements, and to the best of my | knowledge and belief, il | ls true, |
| Sign | correct, and complete. Decisiation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. CHIEF FINANCIAL | | iss this return with |
| Here | 8/17/2020 OFFICER | the proparer show | |
| | Signature of officer Date Title | instructions)? | Yes No |
| | Print/Type preparer's name Preparer's signature Date Check | ıf PTIN | |
| Baid | FREDERICK E. DAVIS A Self- emp | loyed | |
| Paid | lrp | | 46023 |
| Prepare Use Onl | NUMBER OF THE PROPERTY OF THE | IN ► 13-2 | 781641 |
| OSE OUI | 80 PINE STREET, 32 FL | | |
| | Firm's address ► NEW YORK, NY 10005 Phone n | | 09-4500 |
| 823711 01-09- | | For | m 990-T (2018) |

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | itory va | luation > N/A | \ | | | |
|---|-----------------------|---|--|---|---|---|---|-----------|
| 1 Inventory at beginning of year | | | | | | 6 | • | |
| 2 Purchases | | | | | | | | |
| 3 Cost of labor | | | | | | 1 | i | |
| 4 a Additional section 263A costs | | | 7 | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | | | Yes | No No |
| b Other costs (attach schedule) | 4b | | 1 | property produced or a | • | • | _ | |
| 5 Total, Add lines 1 through 4b | 5 | | 1 | the organization? | | , in the second of the second | | - |
| Schedule C - Rent Income | | Property and | Pers | | ease | d With Real Prop | erty) | |
| (see instructions) | | | | | | | | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | ed or accrued | | | | 2/a) Dodustines disadh. | connected with the leasure | 1- |
| (a) From personal property (if the per- rent for personal property is more 10% but not more than 50%) | than | Of rent for p | peragnal (| nat property (if the percenta property exceeds 50% or if d on profit or income) | | 3(a) Doductions directly connected with the Income In columns 2(a) and 2(b) (attach schodule) | | |
| (1) | | | | | | | | |
| (2) | , | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 0. | | | |
| (c) Total Income. Add totals of columns here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part Lithe 6 column (B) | • | 0. |
| Schedule E - Unrelated Deb | | Income (see | instruc | tions) | | | | |
| | | | 2. | Gress income from | | 3. Deductions directly conn to debt-finance | | |
| 1. Description of debt-thranced property | | | or allocable to debt- financed property | | (a) Straight line depreciation (attach schodule) | | (b) Other deducted (attach schodule | ins)) |
| (1) | | | ┿┈╴ | | _ | | | |
| (2) | | | + | | \vdash | | | |
| (3) | | | + | | | | | |
| (4) | | | 1 | | | | | |
| 4. Amount of average acquirition debt on or allocable to debt-financed property (attach schodule) | of or a debt-lines | ad Justed basis Bocabis to need property schedulo) | 6. | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8 Allocable deduction of a total of a 3(b) and 3(b) | enunia: |
| (1) | | | | <u> </u> | t | | | |
| (2) | | | 1 | % | | | 1 | |
| (3) | - | | 1 | % | | | | |
| (4) | | | 1 | % | | | | |
| | | | | | | nter here and on page 1, Part L line 7, column (A). | Enter here and on pa Part I, line 7, column | |
| Totals | | | | • | | 0. | . } | 0. |
| Total dividends-received deductions in | cluded in column | В . | • • | | | | | 0. |
| | | | | | | | Form 990- | T /2019\ |

Form 990-T (2018) BOYS AND GIRLS HARBOR INC 13-60152

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 (locs) (col. 2 minus col. 3). If a gain, compute cots. 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) | | | | | | <u> </u> |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, the 11, cot (A). | Enter here and on page 1, Part I, (Ine 11, col (B). |] | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0. | 0. | } | | | 0 |

| Schedule K - Compensation of | of Officers, Directors, and Trustees | (see instructions) |
|------------------------------|--------------------------------------|--------------------|
|------------------------------|--------------------------------------|--------------------|

| 1. Namo | 2. Titto | 3. Percent of time devoted to business | Componsation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, fine 14 | | > | 0. |

Form 990-T (2018)