MB No 1545-0687	
2018 Into Public Inspection for e)(3) Organizations Only identification number is trust, see is) 6202692 business activity codections }	
Other trust	Y
No 1-0920 (C) Net	2939306006712_0

4					1900			
Form 990-T	6	Exempt Organization Bus			ax Return	OMB No 1545-0887		
	Forca	elendar year 2018 or other tax year beginning JUL 1,			N 30, 2019	2018		
Department of the Trea	surv ,tr	► Go to www.irs.gov/Form990T for in	struction	s and the latest inform	ation.	Open to Public Inspection for 501(c)(3) Organizations Only		
Internal Revenue Service		Name of organization (Check how if name changed and see instructions) D Employer identification number						
A L Check box address ch		Name of organization (Check box if hame of		Employees' trust, see nstructions)				
B Exempt under s		CHINESE-AMERICAN PLANN				13-6202692 Inrelated business activity code		
X 501(c例3 408(e)	220(e) Type	1 Number, Street, and room or suite no. If a P.U. Dox. See instructions.						
	530(a)	City or town, state or province, country, and ZIP or foreign postal code						
529(a) C Book value of all ass	sets	NEW YORK, NY 10012 F Group exemption number (See instructions.)	<u> </u>		<u>_</u>			
at end of year		G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) tru	st Other trust		
H Enter the numbe	r of the organiza	ition's unrelated trades or businesses.		Describe	the only (or first) unrela	ited		
trade or business					complete Parts I-V, If n	· ·		
		ace at the end of the previous sentence, complete Pa	arts I and	II, complete a Schedule	M for each additional tr	ade or		
business, then co			-4	land and and and and		Yes No		
		poration a subsidiary in an affiliated group or a parei tifying number of the parent corporation.	nt-subsid	lary controlled group?		Yes L No		
		JONATHAN BRAKE		Telepho	one number > 212	2-941-0920		
		de or Business Income		(A) Income	(B) Expenses	(C) Net		
1a Gross receipt	s or sales				· ·			
b Less returns a	and allowances	c Balance	1c					
	sold (Schedule	•	2					
· ·	Subtract line 2 fi		3					
	et income (attac	·	4a					
	eduction for true	Part II, line 17) (attach Form 4797)	4b 4c	.		 		
·		ship or an S corporation (attach statement)	5			 -		
6 Rent income		or an electronic (analytical)	6			<u> </u>		
		me (Schedule E)	7					
8 Interest, annu	ities, royalties, a	nd rents from a controlled organization (Schedule F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)	9					
		ome (Schedule I)	10					
	come (Schedule		11					
	(See instruction ine lines 3 throu	ns; attach schedule)	12	0.				
		ot Taken Elsewhere (See instructions for						
		utions, deductions must be directly connected			income.)			
14 Compensation	on of officers, di	rectors, and trustees (Schedule K) RECE	IVF)		4		
15 Salaries and	wages				<u>_1</u>	5		
Repairs and	maintenance	MAR 0	9 : ७०२१	RS-OSC		6		
Bad debts			& ZUZU	, [8]	 	7		
19 Taxes and light	ich schedule) (s		A. I. I.		— — — — — — — — — — — — — — — — — — —	9		
20 Charitable of		e instructions for limitation rules)	N, U	<u>!</u>		20		
21 Depreciation	(attach Form 4			21	<u> </u>			
≥22 Less depreci	-	n Schedule A and elsewhere on return		22a	2:	2b		
23 Depletion						3		
24 Contribution	s to deferred co	mpensation plans			_2	4		
25 Employee be	enefit programs							
K 7F	ipt expenses (So	•				6		
-	ership costs (Sc				_	27		
	tions (attach sch t ions . Add lines	•				9 0.		
		ncome before net operating loss deduction. Subtrac	t line 29	from line 13	3			
		loss arising in tax years beginning on or after Janua			3			
	_	ncome. Subtract line 31 from line 30			_	2 0.		
		work Reduction Act Notice, see instructions.			1-3	Form 990-T (2018)		

FC-91 080-	20 020	2692	Page 2
Part	II Total Unrelated Business Taxable Income		
38	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	38	0.
34	Amounts paid for disallowed fringes *Repealed under H.R. 1865 Further Consolidated Appropriations Act, 2020	84	0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	85	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	38	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
36	Unrelated business texable income. Subtract line 37 from line 36, If line 37 is greater than line 36,	 " -	
30			^
Dord		38	0.
	V Tax Computation	-	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
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)	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	/ Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)	1	
	The same of the sa	1 1	
C .	General business credit, Attach Form 3800	1 1	
đ	Credit for prior year minimum tex (attach Form 8801 or 8827)	ł l	
е	1 11-11-11-11-11-11-11-11-11-11-11-11-11	450	
46	Subtract line 45e from line 44	46	0.
47	Subtract line 45e from line 44 Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach echedule)	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 Form 965-B, Part II, column (k), line 2	49	0.
60 a	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50a 1,647. Payments: A 2017 overpayment credited to 2018 50b 68,562.		
b	2018 estimated tax payments 50 68,562.] `	
0	Tax deposited with Form 8868]	
4	Foreign organizations; Tax paid or withheld at source (see instructions) 50d	1 1	
	Backup withholding (see instructions) 50e	1 1	
•	Credit for small employer health insurance premiums (attach Form 8941)	1	
1		1 1	
9	Other credits, adjustments, and payments: Form 2439	1 1	
	Form 4136 Other Total ▶ 5bg	ا ہے ⊦	70 000
51	Total payments. Add lines 50a through 50g	59	70,209.
52	Estimated tax penalty (see instructions). Check If Form 2220 is attached	52	······································
63	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	58	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	70,209.
65		255	70,209.
Part \	/ Statements Regarding Certain Activities and Other Information (see instructions)		
58	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		1 1
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	•••••	·····
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tex-exempt interest received or accrued during the tax year		
Sian	Under pensities of perjury, I decise that I have examined this return, including accompanying echedules and statements, and to the best of my knowle correct, and complete. Decision of preserve other than texpayer) is based on all information of which preparer has any knowledge.	ugo and Dollai	, it i s true ,
Sign			cuse this return with
Here		e preparer sho	own below (ese
	Signature of phicer Date Title	structions)?	X Yes No
	Print/Type preparer's name Priparer's signature Date Check	I PTIN	
Paid	IAII 11 CYA 1 Louis amelanda		
	CAPPERE M STOCTAG ANATT M MAG 215 2010	P00	543209
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Use C	665 FIFTH AVENUE		
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