-	Amended Return	n – Sec	ction	512(a)(7) Rep	eal			
سا	Exempt Organization B				Retuŗi	1 _	OMB No 154	5-0687
Form	(and proxy tax u	nder s	ecti	on 6033(e))	10	1051	201	0
	For calendar year 2018 or other tax year beginning					19 .		0
•	nent of the Treasury Revenue Service  ► Go to www.irs.gov/Form990T for  ► Do not enter SSN numbers on this form as it					I(c)(3). 5	pen to Public Ins 01(c)(3) Organiza	pection for tions Only
A C	Check box if address changed Name of organization ( Check box if r	name char	nged an	id see instructions )			ver identification	
_	npt under section Print Health Research, Inc.					(Employ	/ees' trust, see in:	structions)
	01( C )( 3 ) Or Number, street, and room or suite no If a I	PO box,	see inst	tructions		F Hamalak	14-1402155 ed business acti	hubi aada
_	08(e) 220(e) Type 150 Broadway, Suite 560						ed business acti structions )	vity code
	OBA 530(a) City or town, state or province, country, an	nd ZIP or t	oreign p	oostal code	•		040000	
	29(a)   Menands, NY 12204  (value of all assets of or group exemption number (See instruction of year)	ictions )	<b>—</b>	<del></del>			812930	
at en	789,768,002 G Check organization type ► ✓ 501(			1 501(c) tru	ist [	401(a) t	rust □ Ot	her trust
H En	nter the number of the organization's unrelated trades or b						/ (or first) unr	
	ade or business here ► See Statement 1			ly one, complete P	-	-		
firs	st in the blank space at the end of the previous sentence							
tra	ade or business, then complete Parts III-V.							
I Du	uring the tax year, was the corporation a subsidiary in an affiliat	ted grou	p or a	parent-subsidiary co	ontrolled g	roup? .	. ► 🗌 Yes	<b></b> ✓ No
	"Yes," enter the name and identifying number of the parei	nt corpo	ration					
	ne books are in care of ► Teresa Makarowsky		r		ne numbe		518-431-1	
	Unrelated Trade or Business Income	т		(A) Income	(B) E	penses	(C) N	et
1a	Gross receipts or sales		.					].
b	Less returns and allowances Coat of goods and (Coat	ice 🚩	1c		<del>-</del>		<del>- </del>	
2 3	Cost of goods sold (Schedule A, line 7)	, ·	3		<b>,</b>		<u> </u>	<del> " </del>
4a	Capital gain net income (attach Schedule D)	, . F	4a		, ,	<del>`                                    </del>	1	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4	1-	4b		1, 4	• • •		+-
c	Capital loss deduction for trusts	· -	4c			-		$\overline{}$
5	Income (loss) from a partnership or an S corporation (attach stat	F	5		12° , 414	1	1	<del></del>
6	Rent income (Schedule C)	<b>'</b>	6		<u> </u>			$\neg$
7	Unrelated debt-financed income (Schedule E)	[	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Sch	nedule F) [	8	-				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sche	edule G)	9					
10	Exploited exempt activity income (Schedule I)	<u>-</u>	10					
11	Advertising income (Schedule J)	Г	11					
12	Other income (See instructions; attach schedule)	r	12					
13 Post	Total. Combine lines 3 through 12		13	A	\ /5			
Part	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the u					ept for co	ontributions,	
14	Compensation of officers, directors, and trustees (Scher					. 14	. 1	— <u> </u>
15	Salaries and wages					. 15		$\rightarrow$
16	_ ISI . IOI					<b>├</b>	<del></del>	
17	Bad debts (Strong Long)					. 17	7	
18	Interest (attach schedule) (see instructions).					. 18	3	
19	Taxes and licenses OGDEN, UT						)	
20	Charitable contributions (See instructions for limitation r					. 20	)	
21	Depreciation (attach Form 4562)						<del>-</del> 1	
22	Less depreciation claimed on Schedule A and elsewhere					22	<del></del>	
23 24	Depletion							+-
25	Employee benefit programs					<u> </u>		
	Excess exempt expenses (Schedule I)					· · · · · · · · · · · · · · · · · · ·		_
26 27	Excess readership costs (Schedule J)							+-
528	Other deductions (attach schedule)						<del></del>	$\neg$
<b>1</b> 029	Total deductions. Add lines 14 through 28							0 00
30	Unrelated business taxable income before net operating	loss dec	ductio	n. Subtract line 29	from line	13 30		0 00
31	Deduction for net operating loss arising in tax years beginning	ng on or	after J	January 1, 2018 (see	instructio	ns) 31	" Hall to	दी क्राप्त



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32

Unrelated business taxable income. Subtract line 31 from line 30

	J-1 (2016)					- '	aye Z
Part I		otal Unrelated Business Taxable Income					
33	Total of	unrelated business taxable income computed from all unrelated trades or b	ousinesses (se	:е			
	ınstruct	ions)		L	33		
34	Amount	s paid for disallowed fringes			34	o	00
35	Deduct	on for net operating loss arising in tax years beginning before January	/ 1, 2018 (se	e [			
	instruct	ions)			35		
36	Total of	unrelated business taxable income before specific deduction. Subtract line 3	5 from the sui	m [			
		33 and 34		- 1	36	0	00
		deduction (Generally \$1,000, but see line 37 instructions for exceptions) .	7	8	37	1,000	00
	•	red business taxable income. Subtract line 37 from line 36. If line 37 is great	_	-	7	1,000	
		e smaller of zero or line 36		``	38	o	00
Part i		x Computation			0,0	<u> </u>	
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)		$\overline{}$	39	0	00
40	_	Taxable at Trust Rates. See instructions for tax computation. In		. h			
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041) .		<u>"</u>	40		
					41		
		ax. See instructions			42		
		,, , , , , , , , , , , , , , , , , , ,		}			
		Noncompliant Facility Income. See instructions		-	43		
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	· · · · ·	1	44	0	00
Part		ax and Payments					
		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a					
		redits (see instructions)					
С		business credit. Attach Form 3800 (see instructions)					
d		or prior year minimum tax (attach Form 8801 or 8827)					
е		redits. Add lines 45a through 45d			45e		
46		t line 45e from line 44			46	0	00
47	Other tax	kes Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (a)	ttach schedule) .		47		
48	Total ta	ax. Add lines 46 and 47 (see instructions)			48	0	00
49	2018 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	e2	[	49	0	00
50a	Paymei	nts: A 2017 overpayment credited to 2018		ſ	5,7		
		stimated tax payments			23.0		
С		posited with Form 8868			~~		
d		organizations: Tax paid or withheld at source (see instructions) . 50d					
е		withholding (see instructions)			F1		
f		or small employer health insurance premiums (attach Form 8941) 50f			" ×		
g		redits, adjustments, and payments:  Form 2439		$\neg \neg$	100		
_	Form		153,271	00			
51		ayments. Add lines 50a through 50g			51	153,271	00
52		ed tax penalty (see instructions). Check if Form 2220 is attached		$\neg$ $\vdash$	52	,	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<u> </u>	53		
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	overpaid 55		54	153,271	00
55		amount of line 54 you want Credited to 2019 estimated tax	Refunded	1	55	153,271	00
Part \		atements Regarding Certain Activities and Other Information (see	····	<u> M</u>	<del>/                                    </del>	133,271	
		time during the 2018 calendar year, did the organization have an interest in or		- 0+1	hor outhor	ıtv Yes	No
56		inancial account (bank, securities, or other) in a foreign country? If "Yes," the				''y	- Vo. 2
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the					as A
	here ▶	Tromit 114, Report of Foreign Bank and Financial Accounts in Tes, Since the	ic name or the	. 101	cigii oodii		
		- Lawrence and the appropriate groups of any first from a group of the appropriate	transferer to a	·			
57	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a	IOIE	igii iiusi		442
50		" see instructions for other forms the organization may have to file.	<b>ሱ</b>				
_58	⊏nter th	ne amount of tax-exempt interest received or accrued during the tax year penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	toments and to the	hor.	t of my knowl	edge and be	of it
Sian	true, ce	penanties of perjury, I declare that I have examined this return, including accompanying scriedlies and sta- proget, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	arer has any knowle	dge ∎	t of filly knowl	euge and bei	101, 11 15
Sign	l k	$1 \sim 11 \sim 11$		Ì		discuss this parer shown	
Here		Corporate Controlle	er	_		ons)? <b>[[Yes</b> [	
	Signatu	re of officer Date Title				T ==	
Paid		Print/Type preparer's name Preparer's signature	Date	Che	eck 🔲 ıf	PTIN	
Prepa	arer	ν.		self	-employed	l	
Use (	,	Firm's name >		Fım	ı's EIN ►		
		Firm's address ▶		Pho	ne no		

6. Column

4 divided

by column 5

% %

%

%

7. Gross income reportable

(column 2 x column 6)

Enter here and on page 1, Part I, line 7, column (A).

4. Amount of average

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

(1)

(2) (3)

(4)

5. Average adjusted basis

of or allocable to

debt-financed property

(attach schedule)

8. Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

	Gol		
Form	<b>A</b> a∩.T	1201	R١

5

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	anızatıons (se	e instruc	tions)	
Name of controlled organization	2. Employer identification number	3. Net unre	lated income instructions)		5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)								
(3)		ļ						
(4)			<del></del>	_				
Nonexempt Controlled Organiz	zations			<del></del>	<del></del>		1	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			ital of specified ments made	10. Part of column included in the column organization's gro	controlling	connec	eductions directly cted with income in column 10
(1)							1	-
(2)								
(3)								
(4)		-		·				
Totals					Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 iere and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Sect	tion 501(	c)(7), (9),	or (17) Organi	zation (see inst	ructions	)	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schede	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and Part I, line 9, 6	column (A)	•				Part I, li	re and on page 1, ne 9, column (B)
Schedule I-Exploited Exe	empt Activity Inc	ome, Oti	her Than	Advertising In	come (see inst	ructions)	)	ī
1. Description of exploited activi	2. Gross unrelated business inco from trade of business	ome conr pro	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)							·· ·	
(4)						l		
Totals	Enter here and page 1, Part line 10, col (	ti, pag	here and on le 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see instru	ctions)		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	eriodicals Repo		Consoli	dated Basis				
1. Name of penodical	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								1
(2)				],				
(3)				ļ			. <u>-</u>	
(4)								, *,
Totals (carry to Part II, line (5))	. ▶						·	orm <b>990-T</b> (2018)

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising 2 minus col 3) If minus column 5, but advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business % (2) % (3) % (4) % Total. Enter here and on page 1, Part II, line 14 ▶

Form **990-T** (2018)

STATEMENT 1

FORM 990-T

AMOUNTS PAID FOR DISALLOWED FRINGE

THE AMENDED RETURN IS BEING FILED DUE TO THE REPEAL OF SECTION 512(A)(7).

THE FOLLOWING LINES AND AMOUNTS HAVE CHANGED FROM THE ORIGINAL TO THE REVISED RETURN:

LINE #	ORIGINAL	REVISED
34	730,862	0
36	730,862	0
38	729,862	0
39	-153,271	0
44	153,271	0
46	153,271	0
48	153,271	0
50B	4,793	0
50G	0	153,271
51	4,793	153,271
53	148,478	0
54	0	153,271
55	0	153,271