000 T	I Francis Orma	NOTICE 20			ov Doturn	. 1	OMB No 1545-0687
Form 990-T	Exempt Orga	inization Bus and proxy tax und	sine:	SS INCOME 1 ction 6033(e))	1908	' -	OMB No 1545-0687
	For calendar year 2017 or other tax ye					8	2017
		v.irs gov/Form990T for in				<u> </u>	2017
Department of the Treasury Internal Revenue Service	Do not enter SSN number					<u> </u>	Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name o	hanged	and see instructions)		(Emple	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print BLUE SCHOOL	•				2	7-0753913
X 501(c (1) 3)	or Number, street, and roor	m or suite no. If a P.O. box	x, see in	istructions.			ited business activity codes instructions)
408(e)220(e)	Type 241 WATER S	TREET] (000 ,,,	
	City or town, state or pro	ovince, country, and ZIP o	r foreigi	n postal code			
C Book value of all assets at end of year	F Group exemption num	ber (See instructions.)	>				
135,384,3		pe ► X 501(c) corp			401(a) tru <u>s</u> t	Other trust
H Describe the organization	on's primary unrelated business act	ivity. DISALLO	WED	FRINGE BEN	EFITS		
	s the corporation a subsidiary in an		nt-subsi	diary controlled group?	▶ [Ye	s . 🗓 No
	and identifying number of the pare	:					
	f ▶ DAVID LEVIN-						228-6341
Pantil Unrelate	d Trade or Business Inc	come		(A) Income	(B) Expense:	S	(C) Net
1 a Gross receipts or sale	.es	_					
b Less returns and allo		」 c Balance ►	1c			\$5,2485 \$2,377	<u> </u>
2 Cost of goods sold (S	· · ·	Δ	2		126 2 3 C 22 22 22 22 22 22 22 22 22 22 22 22 2	25.72.44 25.75.44	
3 Gross profit. Subtrac		11	3		TO CONTROL TRANSPORT	25000000 2600000000000000000000000000000	
. •	me (attach Schedule D)	4707\	4a		627.13.18.20.48.20.48.40.4	\$100 K	
	n 4797, Part II, line 17) (attach Ford	m 4/9/)	4b			60 (C) 1	
c Capital loss deductio		ttoob ototomost\	4c				
	partnerships and S corporations (at	nach statement)	<u>5</u>		L. Com Ser Black Co.	١٩٠٥٨	
6 Rent income (Schedi	ced income (Schedule E)		7				
	oyalties, and rents from controlled	ornanizations (Sch. E)	8				
	of a section 501(c)(7), (9), or (17) of		9				
	tivity income (Schedule I)	organization (concusto a)	10				
11 Advertising income (, ,		11				
• ,		TATEMENT 1	12	53,304.			53,304.
13 Total. Combine line			13	53,304.			53,304.
	ons Not Taken Elsewhe						
(Except for	contributions, deductions mus	t be directly connected	with t	he unrelated business	income)		
14 Compensation of of	fficers, directors, and trustees (Sch	edule K)				14	
15 Salaries and wages						15	
16 Repairs and mainter	nance .	RECEIVE	D	1		16	
on 17 Bad debts		11202112		ပ္က		17	
50 18 Interest (attach scho	edule)	JUL 2 3 20	n	OSO-83		18	
19 Taxes and licenses	15	JUL 2 3 20°	19	တ္တ		19	
	tions (See instructions for limitation			≝		20	
21 Depreciation (attach	•	OGĐEN, U	JT	21	•		
22 Less depreciation cl	laimed on Schedule A and elsewhe	re-on-return		22a	····	22b	
23 Depletion						23	
24 Contributions to def	ferred compensation plans					24	
25 Employee benefit pr						25	
26 Excess exempt expe						26	
Contributions to del Employee benefit pr 26 Excess exempt expersor Excess readership of 20 Other deductions (a)						27	
C) 28 Other deductions (a						28	0.
	Add lines 14 through 28	na loce deduction. Subtree	t luna Of	from line 12		30	53,304.
	taxable income before net operation		25	THE IS		31	
· · · · ·	deduction (limited to the amount or taxable income before specific ded		om lina	30		- 32	53,304.
0	10 " 01 000 1 1 1 00		,			00	1,000
33 Specific deduction (34 Unrelated business	(Generally \$1,000, but see line 33 list staxable income Subtract line 33	from line 32. If line 33 is	oreater	than line 32 enter the sr	naller of zero or	<u> </u>	
ling 32	Tavanie illegille Gootlact ille 99	02. 11 11116 00 15	groutel	man mio oz, ontor the si	36	34	52.304.

Form 990-T (POIT) BLUE SCHOOL		27-0	<u>753913 </u>	Paç
Partill	Tax Computation				
35 (Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here Get instructions and	d.			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			1 1	
	1) \$ (2) \$ (3) \$		1		
	inter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	2) Additional 3% tax (not more than \$100,000) \$				
•	ncome tax on the amount on line 34			► 35c	10,984
36 7	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount of	on line 3	4 from:	*** -	
, J	Tax rate schedule or Schedule D (Form 1041)			36	
37 F	Proxy tax. See instructions			37	
	Alternative minimum tax			38	
	ax on Non-Compliant Facility Income. See Instructions			39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			4 7	10,984
artily				1 30	
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
	Other credits (see instructions)	41b		-	
	Seneral business credit. Attach Form 3800	41c		7	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		 	
	otal credits. Add lines 41a through 41d			41e	
			· · · · · · · · · · · · · · · · · · ·	6 42	10,984
	other taxes, Check it from; Form 4255 Form 8611 Form 8697 Form 886		,,	·	10,004
_	——————————————————————————————————————	П		Q 4	10,984
	()	45.		8 44	10,904
	Payments: A 2016 overpayment credited to 2017	45a		⊣ '	
D 2	2017 estimated tax payments	45b	11,500	-	
1.3	ax Depusited Willi Form 6000	45d	11,500	'' 	
	oreign organizations: Tax paid or withheld at source (see instructions)				
	lackup withholding (see instructions)	45e			
	Credit for small employer health insurance premiums (Attach Form 8941)	451			
9 5	Other credits and payments: Form 2439 Form 4136 Other Total	AFA			
40 7		45g		51 1	11,500
46 T	otal payments. Add lines 45a through 45g	• •	"	3 \ 46	11,500
	stimated tax penalty (see instructions). Check if Form 2220 is attached			→ 48 → 48	
	ax due If line 46 is less than the total of lines 44 and 47, enter amount owed		"સ્યાં	49	516
		516.	Refunded	50	0
art V				1 30 1	<u>-</u>
	It any time during the 2017 calendar year, did the organization have an interest in or a signature of				TVoo I N
	ver a financial account (bank, securities, or other) in a foreign country? If YES, the organization in		•		Yes N
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo				
		i oigii co	runti y		🔻
	ere		to a foreign trivat?		$-\frac{x}{x}$
	ruring the tax year, did the organization receive a distribution from, or was it the grantor of, or trail	iisieroi i	io, a ioreign irustr		
	YES, see instructions for other forms the organization may have to file. It is amount of tax-exempt interest received or accrued during the tax year \$\infty\$				
53 E	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments ar	nd to the best of my know	wledge and helief it	t is true
ign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h				
ere	7-17-19 HEAD OF	ecu.	OOT.		see this return with
	Signature of Afficer Date Title	0011		the preparer show instructions)?	-
			Check X		Yes N
	Print/Type preparer's name Preparer's signature Date	· ,	i i	1	
aid	DAMPTON VII CDA (CATA / 7/	10/1	g self- employe		75982
repare			Frem's CINI		859910
Jse On	ly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP ONE PENN PLAZA, SUITE 3000		Firm's EIN	- 33-0	,000010
	Firm's address NEW YORK NY 10119		Phone no	212,697	7.6900

Form 990-T (2017)

Form 990-T (2017) BLUE. SCHOOL

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory val	uation ► N/A			_		
Inventory at beginning of year	1			nventory at end of yea			6	Τ	
2 Purchases	2			Cost of goods sold Si		ine 6			
3 Cost of labor	3		_	rom line 5. Enter here					
4a Additional section 263A costs			_	ine 2		•	7	1	
(attach schedule)	4a		8 (Oo the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	. 5			he organization?					
Schedule C - Rent Income (F	rom Real I	Property and	d Perso	onal Property L	.ease	d With Real Prop	erty	1	
(see instructions)									
1 Description of property									
(1)	·								
(2)									
(3)								·	
(4)						T			
	<u> </u>	ed or accrued				3(a) Deductions directly	/ conne	cted with the income in	1
` rent for personal property is more than			and personal property (if the percentage personal property exceeds 50% or if int is based on profit or income) 3(a) Deductions directly connected with the columns 2(a) and 2(b) (attach school in th						
(1)					_				
(2)	-								
(3)									
(4)								-	
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debi		Income (see	instruct	ions)					
			,	Gross income from	:	3 Deductions directly con to debt-finance			
1			0	r allocable to debt-	(a)	Straight line depreciation	Ť	(b) Other deduction	s
1 Description of debt-fine	апсеа ргорелу			financed property		(attach schedule)		(attach schedule)	
(1)		· · · · · · · · · · · · · · · · · · ·					+		
(2)									
(3)				· "					
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducto (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%			\perp		
(3)				%					
(4)				%			\perp		
						inter here and on page 1, Part I, line 7 column (A)		Enter here and on pag Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions inc	cluded in columi	n 8		•)	•	_	0.

	-	_	_	_	_	_	_	_	
27	7 _	O	7	5	3	9	1	3	

Form 990-T (2017) BLUE, S	CHOOL								<u> 27-07</u>	<u>53913</u>	Page 4
Schedule F - Interest,	Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	itions	(see ins	structions)
				Exempt (Controlled O	rganızatı	ons				 _
1 Name of controlled organiza	1 Name of controlled organization		1 Name of controlled organization 2 Employer identification number				al of specified nents made	includ	t of column 4 ed in the cont ation s gross	rolling	6 Deductions directly connected with income in column 5
(1)		 -			-						
·								_			
(2)			-								
(3)											
(4)			L			L					
Nonexempt Controlled Organ										Ι	_
7 Taxable Income		nrelated incom ee instructions		9. Total	of specified payr made	nents	10 Part of column the controlling gross	mn 9 tha ing orgar s income	ızatıon's		uctions directly connected income in column 10
(1)											
(2)											
(3)									_		
	<u> </u>										
_(4)	1		l				Add colun Enter here and line 8, c		1 Part I,	Enter he	i columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals						>			0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section 5	501(c)(7	'), (9), or (17) Org	anization				
	ructions)			• • • •							
1 . Desc	cription of inco	me			2 Amount of	ıncome	3 Deduction directly connect (attach schedu	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)									·		
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co			• 1	a (Voja ja	, 10 111	Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.	ı		,		0.
Schedule I - Exploited (see instri		Activity	Income,	, Other	Than Adv		g Income	•			
	_		3 Expe		4 Net incom	ne (loss)	_				7 Excess exempt
1 Description of exploited activity	2 G unrelated incom trade or l	e from	directly co with prod of unrel business	nnected luction lated	from unrelated business (co minus colum gain, computi through	lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)								·			
(4)						Ī					
	Enter ber page 1 line 10,	, Part I,	Enter here page 1, i line 10, c	Part I, ol (B)	Dark Cornelis of Am	dirita nata	Octo I data a Antigonamayan	поманунканан <i>Б</i>	nii in de a a a a a a a a a a a a a a a a a a	ilinneta étambanatar	Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.		^	· · · · · ·		• •	<u> </u>	0.
Schedule J - Advertisi											
Part I Income From	Periodic	als Repo	orted on	a Cons	solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct tising costs	4 Advert or (loss) (co col 3) If a go cols 5 th	ain, compute	5 Circulat		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					, 3						13 /
(2)					, v .	-					100 mm
(3)	- -	_			,	` 4					
(4)						•					
					<u> </u>		1			+	- 7
Totals (carry to Part II, line (5))	•	().	_0	•	-					0. Form 990-T (2017)
											101111-0-4 (2017)

27-0753913

Page 5

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)

Columns 2 (nrough	7 011 a					,	
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)
(1)							
(2)							
(3)		-	-	_			
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, co! (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

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		<u> </u>	0.

Form 990-T (2017)

	<i>1</i> 2 .	•
BLUE SCH	E SC	CHOOL

27-075	3913
STATEMENT	1
3 MOUNIT	

... Ch

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
DISALLOWED FRINGE BENEFITS			53,304.
TOTAL TO FORM 990-T, PAGE 1, LII	NE 12		53,304.

Blue School 8/31/2018 990T - Line 35c Disallowed Transportation Fringe Benefits Tax Calculation EIN# 27-0753913

Jän-June 2018	53,304
less specific deduction	(1,000)
•	52,304
Tax Rate 21%	10,984