Form	990-T	Ex	empt Organizat	ion Bus	siness Inc	ome '	Tax Retu	rn	OMB No 1545-0687			
FOITH	(and proxy tax under section 6033(e)) (and proxy tax under section 6033(e)) (For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2018)						1900 2019	୭ଲ1ହ				
Departme	ent of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.							<u> </u>			
-	evenue Service	▶ Do	not enter SSN numbers on this	c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only							
A X	Check box if address changed		Name of organization (C	D Empl	Employer identification number (Employees' trust, see instructions)							
B Eyemi	pt undersection		RELAY GRADUATE	SCHOOT, O	E EDUCÂTION	J						
									316628			
	or								E Unrelated business activity code			
	08A 530(a)	, , , pc	25 BROADWAY, 3RI	(See ii	nstructions)							
	29(a)		City or town, state or province									
	C Book value of all assets NEW YORK, NY 10004											
at end	of year											
55	,704,200.	G Che	ck organization type 🕨 🛛 X	501(c) co	rporation	501(c) trust	401(a)	trust Other trust			
H Ente	er the number of	the orga	nization's unrelated trades or	businesses.	>		Describ	e the only	the only (or first) unrelated			
	e or business her	· —			-		•		re than one, describe the			
	•		end of the previous senten	ce, complete	Parts I and II, con	nplete a S	chedule M for ea	ch additio	nal			
	e or business, the											
			corporation a subsidiary in a	_		ibsidiary o	controlled group?		▶			
	es," enter the na books are in care		Identifying number of the par	rent corporati		Tologhan	e number ▶ 21	2-228	-1888			
			or Business Income		(A) Incom		(B) Exper		(C) Net			
	Fross receipts or s			-	(A) Incom		(D) Exper		(C) IAEL			
_	ess returns and allowa		c Bal	ance ▶ 1c	!							
			ule A, line 7)									
			2 from line 1c						-			
			ttach Schedule D)			1						
			Part II, line 17) (attach Form 479			1	{					
c C	apital loss dedu	ction for t	rusts	4c								
5 In	icome (loss) from a p	artnership o	r an S corporation (attach statement).	5								
6 R	tent income (Sch	edule C)		6								
~ ⁷ ∪	Inrelated debt-fir	nanced in	come (Schedule E)	7			•					
\Box	-		nts from a controlled organization (Sch	· -								
			1(c)(7), (9), or (17) organization (Scho									
~>			ncome (Schedule I)									
			lule J)									
			tions; attach schedule) ough 12			0.	-					
			Taken Elsewhere (See		ns for limitation		leductions) (Excent	for contributions			
			be directly connected					LACCP	ioi contributions,			
114 CS	empensation of	officers.	directors, and trustees (Schei	dule K)		DEC	FIVED	14	<u> </u>			
را 15 ق	Salaries and wage	es						<u>().</u> 15				
516 B	्रिक्क airs and main	tenance					.*. d D0.00	ဂ္ဂ. <u>16</u>				
5 17 🖺	debts					·Μ̈́Ϋ́	T 3 SASA	0. 16 0. 17				
18 ല്ല്	erest (attach s	chedule) ((see instructions)		نا. إ إ		 	<u> </u>				
19	axes and license	s				OGE	DEN, UT.	19				
			See instructions for limitation					20				
			4562)					—				
			on Schedule A and elsewhere									
									 			
	-		compensation plans									
			Schedule I)									
			Schedule I)									
			chedule)									
			s 14 through 28									
			le income before net ope						 0			
			g loss arising in tax years b	_								
		-	e income Subtract line 31 fr		=		· · · · · · · · · · · · · · · · · · ·					
For Pa	perwork Reduct	ion Act N	lotice, see instructions.				•		Form 990-T (2018)			
8X2740 1	1826EM 116	51 5/3	1/2020 10:59:02	AM V 1	8-8.3F		308456					

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
ı	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	Instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		<u>, '</u>
•	enter the smaller of zero or line 36	38	0.
Par	Tax Computation	, 30	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	17	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
44	Proxy tax. See instructions		
41			
42 43	Alternative minimum tax (trusts only)		
44		1 2 1	
Par	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
		1 1	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-	
	Other credits (see instructions)	-	
C	General business credit Attach Form 3800 (see instructions)	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	4.	
	Total credits. Add lines 45a through 45d		
46	Subtract line 45e from line 44		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		0.
48	Total tax. Add lines 46 and 47 (see instructions)		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	↓ '	
þ	2018 estimated tax payments		
С	Tax deposited with Form 8868	4	
d	Foreign organizations Tax paid or withheld at source (see instructions)	↓	
е	Backup withholding (see instructions)	-	
f	Credit for small employer health insurance premiums (attach Form 8941)	.	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	↓ .	
51	Total payments. Add lines 50a through 50g	5 1	25,945.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	25,945.
<u>55</u>	Enter the amount of line 54 you want	55	25,945.
Par	Statements Regarding Certain Activities and Other Information (see instruction	ıs) ¹	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other aut	thority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to	o file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign co	ountry
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	x
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Ufor penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kn	owledge and belief, it is
Sig	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	av the TDS	discuss this return
Her		•	parer shown below
	Signature of officer Date Title (se	ee instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date A/20/2020 Chec	k if	PTIN
Paid	CANDICE METH CANDICE METH 4/30/2020 self-	employed	P01306891
•	Darer Firm's name FISNERAMPER LLP		3,-1639826
Use			949-8700
	, , , , , , , , , , , , , , , , , , , ,		

Form 990-T (2018)										Page
Schedule A - Cost of Go	ods Sold. Er	ter method	d of invent	lory va	luation	>				
1. Inventory at beginning of ye	ear 1			6	nventory	at end of yea	ar	6		
2 Purchases					ild. Subtract line					
3 Cost of labor		ε	5 from	line 5 Er	iter here and in		İ			
4a Additional section 263A co		F	Part I, line	2		. 7				
(attach schedule)	4a						section 263A (espect to	Yes No
b Other costs (attach schedul				[property	produced	or acquired fo	r resa	ale) apply	
5 Total. Add lines 1 through	4b 5			t	o the org	anization? .	<u> </u>			
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal P	roperty	Leased V	Vith Real Prope	erty)		
(see instructions)										
Description of property										
(1)										
(2)										
(3)										
(4)								_		
	2. Rent recei	ved or accru	ed				1			
(a) From personal property (if the p for personal property is more tha more than 50%)	rom real and age of rent for r if the rent is	or perso	nal propert	y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)	<u> </u>	 								
(2)										
(3)		-					-			
(4)		_								
Total		Total			··· -··					
(c) Total income. Add totals of co	olumns 2/a) and 2/					•	(b) Total deducti	ons.	_	
here and on page 1, Part I, line 6,							Enter here and of Part I, line 6, colu			
Schedule E - Unrelated De			e instruct	tions)			1	(-)		
		(3.	2 Gross	•	e from or	3 1	Deductions directly co			ole to
1. Description of deb	t-financed property		allocable to debt-financed property (a)			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			1			, dans	ion sonedule)		(attach sche	oule)
(2)										
(3)			 				-			
(4)										
4 Amount of average	5 Average adju	sted basis	 							
acquisition debt on or allocable to debt-financed property (attach schedule) acquisition of or allocable to debt-financed property (attach schedule) (attach schedule)							s income reportable and 2 x column 6) 8 Allocable deduction (column 6 x total of column 3(a) and 3(b))			of columns
(1)					%					
(2)					%					
(3)					%					
(4)	_	•			%					
						Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and ort I, line 7, co	
Totals					•					

Form **990-T** (2018)

Total dividends-received deductions included in column 8 . .

Form 990-1 (2018)			CHOOL OF						10020 Page 4	
Schedule F-Interest, Annu	uities, Royalties	s, and Rent	s From Cont	trolled Or	ganizati	ons (see	instructions	3)		
1. Name of controlled organization	2. Employer Identification numb	er 3 Net	pt Controlled t unrelated income (see instructions)	e 4 Total	ons of specified ents made	5 Part of column 4 th included in the contro organization's gross inc		ng	6 Deductions directly connected with income in column 5	
(1)						_				
(2)		-				-		\dashv		
(3)								-+		
(4)	-					-		\dashv		
Nonexempt Controlled Organia	zations					<u> </u>				
7. Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of spo		include	t of column ed in the co ation's gross	ntrolling		Deductions directly nected with income in column 10	
(1)					Organiz	ation's gross	s income		Column 10	
					-					
(2)	 -				<u> </u>					
(3)					-					
					Enter I	columns 5 a nere and on line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Totals	come of a Sec	tion 501(c)(7), (9), or	(17) Orga	nization	(see inst	tructions)			
1. Description of income	2 Amount of		3 Deductions			4 Set-asides (attach schedule			5 Total deductions and set-asides (col 3 plus col 4)	
(1)			,			-				
(2)						_				
(3)								_		
(4)								_		
Enter here and on pag Part I, line 9, column						-		Enter here and on page 1 Part I, line 9, column (B)		
Totals ▶										
Schedule I-Exploited Exe	empt Activity In	come, Othe	er Than Adv	ertising Ir	ncome (s	ee instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expense directly connected or production unrelated business inc	of If a gai	ncome (loss) related trade ess (column s column 3) n, compute through 7	. 5 Gross incom		vity that attributable		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,			I		Enter here and on page 1, Part II, line 26		
Schedule J- Advertising Ir	I COMe (see instr	uctions)								
Part I Income From Per			neolidated l	Racic						
Tarti momerrom er	louicais itepori	led on a Co	insolidated i	20313	1				<u> </u>	
1 Name of periodical	2 Gross 1 Name of periodical advertising income adv		gain or costs 2 minu a gain	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		-								
(2)		<u>. </u>		_					7	
(3)							<u> </u>		7	
(4)									7	
	<u> </u>		_		<u> </u>		-			
Totals (carry to Part II, line (5))										

Form **990-T** (2018)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14.

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.) 7 Excess readership 4. Advertising costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5 Circulation 6 Readership minus column 5, but 1. Name of periodical advertising 2 minus col 3) If advertising costs ıncome costs a gain, compute not more than ıncome 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 page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 2 Title time devoted to 1. Name unrelated business business (1) % (2) %

Form 990-T (2018)

%

%