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DLN: 93491337006059

2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2018, or tax year beginning 10-01-20	018 , a	nd er	nding 09-30-		
		indation RCH GROUP INC			' '	entification numbe	er
) D		46-1248144		
		l street (or P O box number if mail is not delivered to street address IVE FLOOR 37) Room/suite		,	mber (see instructio	ns)
City	or town	, state or province, country, and ZIP or foreign postal code			(646) 289-7246	5	
		NY 10016			C If exemption	application is pendir	g, check here
G Ch	neck all	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere 🕨 🗀
		Final return Amended return				ganizations meeting k here and attach co	
		Address change Name change				undation status was	
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), ched	
		A 4947(a)(1) nonexempt charitable trust Other taxable trust Other	le private foundation Cash	!	E If the found	-tion is in a 60 mont	h tarmination —
of '	year (f	Trom Part II, col (c), ▶\$ 165,322 Cher (specify)		ıaı		ation is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ If the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	76		76		
	4	Dividends and interest from securities					
	5a b	Gross rents Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-				
er	ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)	-		0		
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	<u> </u>				
	b	Less Cost of goods sold					
	11	Gross profit or (loss) (attach schedule)	6,566		0		
	12	Total. Add lines 1 through 11	6,642		76		
	13	Compensation of officers, directors, trustees, etc	0,0.12	ļ	0		
	14	Other employee salaries and wages					
Ş	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)					
хbе	ь	Accounting fees (attach schedule)	4,000		0		(
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	7,255		0		
) ţ	17	Interest					
Str	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion	125		0		
Adi	20	Occupancy					-
חק	21 22	Travel, conferences, and meetings					
g g	23	Other expenses (attach schedule)	2,812		0		
Ħ	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	14,192		0		
ō	25	Contributions, gifts, grants paid	C				
	26	Total expenses and disbursements. Add lines 24 and 25	14,192	!	0		(
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-7,550				
	ь	Net investment income (if negative, enter -0-)			76		
	С	Adjusted net income (if negative, enter -0-)					
or	Paner	work Reduction Act Notice, see instructions.			Cat No. 11280	/ Fo	m QQ0-DE (2018

0

172,872

172,872

172,872

172,872

7,375

165,322

165.322

165,322

165,322

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172,872

-7,550

165,322

165.322 Form 990-PF (2018)

0

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7,375

165,322

ets	
Assets	
	l

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31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

b c

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 125

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Investments—other (attach schedule)

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ____

Temporarily restricted

Grants payable

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Page **6**

Pai	t VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (co	ontinue	ed)				
5a	During the	e year did the foundation	pay o	r incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes		No			
	(2) Influe	nce the outcome of any s	pecific	public election (see sect	ion 4955), or to carry	_	_ res		NO			
	on, dı	rectly or indirectly, any vo	ter re	gistration drive?			Yes		No			
	(3) Provid	le a grant to an individual	for tr	avel, study, or other sım	lar purposes?	F	Yes		No			
	(4) Provid	le a grant to an organizat	on ot	her than a charitable, etc	, organization described	<u> </u>	_ res	•	NO			
	ın sec	tion 4945(d)(4)(A)? See ii	nstruc	tions		г	Yes	~	No			
	(5) Provid	le for any purpose other t	han re	eligious, charitable, scien	tific, literary, or	L	_ res	•	NO			
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or anımals?	г	Yes	~	No			
b	If any ans	wer is "Yes" to 5a(1)-(5),	dıd a	iny of the transactions fa	ıl to qualıfy under the ex	ceptions describ		•	NO			
	Regulation	ns section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizati	ions relying on a current r	otice	regarding disaster assist	ance check here		. ▶	П				
С	If the answ	wer is "Yes" to question 5	a(4),	does the foundation clain	exemption from the			ш				
	tax becaus	se it maintained expenditi	ıre re	sponsibility for the grant?		г	Yes	П	No			
	If "Yes," a	ttach the statement requi	red by	y Regulations section 53	4945-5(d)	L	_ res	ш	NO			
6a	Did the fo	undation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ıms on						
	a persona	l benefit contract?					٦.,	~				
ь	Did the fo	undation, during the year	, pay	premiums, directly or ind	rectly, on a personal be	nefit contract? .	」Yes		No	6b		No
		6b, file Form 8870										
7a	At any tim	ne during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction? [٦ ٧	~				
b	If yes, did	the foundation receive ar	ny pro	ceeds or have any net in	come attributable to the	transaction?	」Yes · · ·	•	NO	7 b		
8	Is the four	ndation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuneration	or					
	excess pa	rachute payment during t	he yea	ar [?]		г	Yes	~	No			
		Information About (Office	ers. Directors. Trust	ees. Foundation Ma	nagers. High				vees.		
Pai	t VIII	and Contractors		,,	,		,			,,		
1	List all of	ficers, directors, truste	es, fo	oundation managers ar	d their compensation	. See instruction	ns					
			(b) Title, and average	(c) Compensation (If				(6)	Eyper	se acc	ount
	(a) Na	ame and address	(hours per week	(c) Compensation (If not paid, enter	employee bene	fit plans	s and			se acc Ilowan	
MARK		ame and address	Ì	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and on	0			
	OPLER		Ì	hours per week	(c) Compensation (If not paid, enter	employee bene deferred con	fit plans	s and	0			
336 W		REET	PRES	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and on	0			
336 W BRON	OPLER EST 246 STF	REET	PRES: 1 00	hours per week devoted to position IDENT & DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and on	0			
336 W BRON STAC' 336 W	OPLER EST 246 STF X, NY 10471 LIECHT EST 246 STF	REET	PRES 1 00	hours per week devoted to position IDENT & DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and ion 0	0			
336 W BRON STAC' 336 W BRON	OPLER EST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471	REET	PRES. 1 00 DIREC 2 00	hours per week devoted to position IDENT & DIRECTOR CTOR	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and on 0	0			
336 W BRON STAC' 336 W BRON DUAN	OPLER JEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 CRANSTON	REET	PRES: 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and ion 0	0			
336 W BRON STAC' 336 W BRON DUAN 125 E	OPLER EST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471	REET REET KWAY	PRES 1 00 DIREC 2 00	hours per week devoted to position IDENT & DIRECTOR CTOR	(c) Compensation (If not paid, enter -0-)	employee bene deferred con	fit plans	s and on 0	0			
336 W BRON STAC' 336 W BRON DUAN 125 E	OPLER EST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI	REET REET KWAY	PRES 1 00 DIREC 2 00 DIREC 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR	(c) Compensation (If not paid, enter -0-) 0	employee bene deferred con	fit plans	s and on 0	0	ther al	llowand	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER EST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 ECRANSTON ASTERN PARI KLYN, NY 11 Compens	REET REET KWAY 238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR pployees (other than the	(c) Compensation (If not paid, enter -0-) 0	employee bene deferred con	ions). I	on 0	ne, er	nter "	NONE	((
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER EST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compensa	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0	L—see instruct (d) Contrib employee	ions). I	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
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336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
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336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STACY 336 W BRON DUAN 125 E BROO 2	OPLER SEST 246 STR K, NY 10471 LIECHT EST 246 STR K, NY 10471 E CRANSTON ASTERN PARI KLYN, NY 11 Compens:	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRE 2 00 DIRE 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR Tiployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	employee bene deferred con defe	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (
336 W BRON STAC' 336 W BRON DUAN 125 E BROO 2 (a)	OPLER SEST 246 STF K, NY 10471 LIECHT EST 246 STF K, NY 10471 ECRANSTON ASTERN PARI KLYN, NY 11 Compens.	REET KWAY .238 ation of five highest-pa	PRES 1 00 DIRECTOR 1 00 DIRECTOR 1 00 DIRECTOR 1 00	hours per week devoted to position IDENT & DIRECTOR CTOR CTOR (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line 1	L—see instruct (d) Contrib employee plans and compen	ions). I utions t benefit deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne, eı	nter "	NONE.	ces (

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4 5

Page 9

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Form	990-PI	F (201
Pa	rt XII	• •

90-PF (2	018
t XIII	

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XIII	Un

b Total for prior years

a From 2013. **b** From 2014. c From 2015. . . . d From 2016. e From 2017.

idistributed Income (see instructions) (a)

a Enter amount for 2017 only.

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

same amount must be shown in column (a))

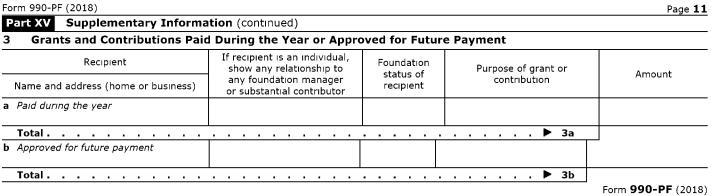
3 Excess distributions carryover, if any, to 2018

- 1 Distributable amount for 2018 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2018
 - Corpus

0

- (b) Years prior to 2017
- (c) 2017

N/A

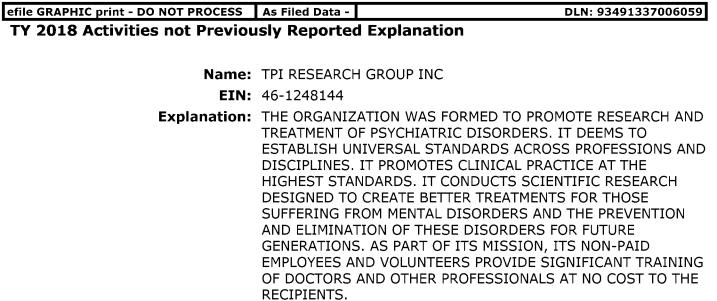


nter gros	s amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a PRC	GRAM SERVICE FEES	621300	6,566	22		
b						
d						
е						
g Fees	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash					
ınvestr	ments			14	76	
	nds and interest from securities					
5 Net re	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than					
invent	•					
	come or (loss) from special events					
	profit or (loss) from sales of inventory	621300				
	revenue a					
	al Add columns (b), (d), and (e)		6,566		76	
	Add line 12, columns (b), (d), and (e)			13	3	6,642
Part XV	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the		ment of Exemp	ot Purposes		
art XV ine No.		ne Accomplish Income is reporte	d ın column (e) of	Part XVI-A contribu		
art XV	Relationship of Activities to the Explain below how each activity for which	ne Accomplish Income is reporte	d ın column (e) of	Part XVI-A contribu		
art XV ine No. ▼	I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation.	ne Accomplish Income is reporte	d ın column (e) of	Part XVI-A contribu		
art XV ine No. ▼	I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions)	ne Accomplish Income is reporte	d ın column (e) of	Part XVI-A contribu		
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Part XV Line No.	I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explainstructions)	ne Accomplish Income is reporte	d ın column (e) of	Part XVI-A contribu		

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	formation Regarding Transfers To and Transactions and Relationships With Noncharitable	rs To and Transactions and Relationships With	
		15 To dia Transactions and Relationships With	
/II	empt Organizations		

Part X	VII	Exempt Organi		ransı	rers 10 a	and Transactio	ons an	a Kelatio	nsnips with No	ncnarita	ibie		
		anization directly or in nan section 501(c)(3)	ndirectly enga							ion 501		Yes	No
a Transf	fers fr	om the reporting four	ndation to a n	oncha	ırıtable exe	empt organization	of	_					
										. :	la(1)		No
(2)	ther :	assets									La(2)		No
b Other	trans	actions											
(1) 9	ales o	of assets to a nonchar	ıtable exemp	t orga	nization.					1	lb(1)		No
(2) F	urcha	ses of assets from a i	noncharitable	exem	pt organiz	zation				[lb(2)		No
(3) F	Rental	of facilities, equipme	nt, or other a	ssets.						[1	lb(3)		No
(4) F	Reimbi	ursement arrangemer	nts							. [1	lb(4)		No
(5) L	oans.	or loan guarantees.								. 1	lb(5)		No
(6) Pe	erform	nance of services or m	nembership or	fund	raising sol	licitations				. 1	lb(6)		No
	-	acılıtıes, equipment, i								· L	1 c		No
		er to any of the above											
		s, other assets, or ser action or sharing arra											
,									,				
(a) Line No)	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	(d) [escription of	transfers, transactions	s, and sharı	ng arra	ngemen	its
	-												
	-												
	-												
	-												
2a Ic tho	found	lation directly or indir	octly offiliator	d with	or rolato	d to one or more	+24-04	mnt organ	ızatıons				
		section 501(c) (othe	•		•	•				es 🗸	Na		
		nplete the following s		1 301((3)) 01 1	in section 3277.				es 🖭	NO		
D II Tes	s, cor	(a) Name of organizati			l (1	b) Type of organizat	on	1	(c) Description	n of relation	shin		
		(a) Name of organizati	011		,,	b) Type of organizat	011		(c) Description	TOT TELECOT	этпр		
	of my	penalties of perjury, knowledge and belie preparer has any kno	f, it is true, co										
Sign Here		****				2019-12-03		*****		May the return			
) –						— J			with the below	prepa	rer shov	vn
	Sı	gnature of officer or t	rustee			Date		Tıtle	,	(see ins	tr)? [Yes	□ _{No}
		Print/Type preparer's	s name	Prepa	arer's Sıgr	nature	Date		Check if self-	PTIN			
									employed ▶ □	Р	00052	319	
Paid		JERRY GOLDBERG	CPA				20:	19-12-03					
Prepai	rer	Firm's name ► SHA	LIK MORRIS	& CON	ΛΡΔΝΥ ΙΙ Ι)							
Use O										Firm's EI	N ►11·	-29730 	036
	-	Firm's address ► 80	CROSSWAY:	S PAR	K DRIVE V	WEST							
		W	OODBURY, N	Y 117	797					Phone no	(516	338-8	8700
		**		. 11/									

efile GRAPHIC print - DO NOT PRO	OCESS As Filed D	ata -	Di	LN: 93491337006059						
TY 2018 Accounting Fees Schedule										
Name: TPI RESEARCH GROUP INC EIN: 46-1248144										
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						
ACCOUNTING	4,000	0		0						



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491337006059 TY 2018 Cash Deemed Charitable Explanation Statement Name: TPI RESEARCH GROUP INC **EIN:** 46-1248144 **Explanation:** THE ENTITY HAS COMMITTED TO INCREASE SPENDING FOR CHARITABLE PURPOSES IN 2019 AND 2020

ote: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.								
TY 2018 Depreciation Scheduk	e							
Name:	TPI RESEARCH GROUP INC							
EIN:	46-1248144							
Depreciation Schedule						1		

Rate /

Life (# of years)

5 000000000000

Current Year's

Depreciation

Expense

125

Net Investment

Income

Adjusted Net

Income

Computation Method

SL

DLN: 93491337006059

Cost of Goods

Sold Not

Included

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Date

Acquired

2019-09-01

Cost or Other

Basis

7,500

Description of

Property

WEBSITE DESIGN COSTS

As Filed Data -

Prior Years'

Depreciation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934913370060)59
TY 2018 Land, Etc. Schedule			
Name:	TPI RESEARCH GF	ROUP INC	

7,375

EIN: 40-1240144				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

125

7,500

ETNI 46 1249144

WEBSITE DESIGN COSTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491337006059		
TY 2018 Other Expenses Schedule						
Name:	TPI RESEARCH	GROUP INC				
EIN: 46-1248144						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TELEPHONE	545	0		0		
INTERNET	2,247	0		0		
BANK CHARGES	20	0		0		

Name: TPI RESEARCH GROUP INC

As Filed Data -

PROGRAM SERVICE FEES

efile GRAPHIC print - DO NOT PROCESS

EIN: 46-1248144

Other Income Schedule

Net Investment

Income

Adjusted Net Income

6,566

DLN: 93491337006059

Expenses Per Books

Description

Revenue And

6,566

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	. –	DLI	N: 93491337006059		
TY 2018 Other Professional Fees Schedule						
Name: TPI RESEARCH GROUP INC						
EIN: 46-1248144						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

2,375

4,880

OUTSIDE CONTRACT SERVICES

CONSULTANTS