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SCANNED	
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Form	990-T	E	empt Organization (and proxy tax		siness Income der section 603		urn	OMB No 1545-0047				
78-		For cale	ndar year 2019 or other tax year begin	, 20	୭ ⋒1 9							
Depart	lment of the Treasury		► Go to www irs.gov/Form990		<u> </u>							
Interna	Revenue Service	▶ Do	not enter SSN numbers on this form a	s it ma	ay be made public if your	organization is a 5	01(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A	Check box if address changed		Name of organization (Check bo	ox if na	me changed and see instruc	ctions)		oyer identification number byees' trust, see instructions)				
_	empt under section]	HOUSING CONSERVATION	V CC	ORDINATORS, IN	С.						
Х	501(C ∑ 3)	Print or	Number, street, and room or suite no. I	faPO	box, see instructions		51-0	141489				
	408(e) 220(e)	Туре			ated business activity code structions)							
\vdash	408A530(a)	530(a) 777 TENTH AVENUE										
ليل	529(a)		1	, and a	ZIP or foreign postal code							
	ok value of all assets end of year	F 0		ORK, NY 10019								
			up exemption number (See instruction type X 501		· · · · · · · · · · · · · · · · · · ·	1(a) trust	401(0)	trust Other trust				
ш с.	ator the number of		nization's unrelated trades or busine			1(c) trust	401(a)	trust Other trust (or first) unrelated				
	ade or business her		mization's unrelated trades or busine	3363			•	e than one, describe the				
			end of the previous sentence, cor	nolete				•				
	ade or business, the			iipicio	Tarto Farta II, complete	a concadic in for	cuon adamo	iui				
			corporation a subsidiary in an affili	ated o	roup or a parent-subsidia	arv controlled arou	p?	▶ Yes X No				
	• , ,		identifying number of the parent cor	_	on >	,						
J Th	ne books are in care	e of ▶LE	SLIE THROPE		Telep	hone number 🕨	212-541-	-5996				
Par	t I Unrelated	Trade o	or Business Income		(A) Income	(B) Exp	enses	(C) Net				
1 a	Gross receipts or s	sales						. [
b	Less returns and allowa	nces	c Balance ▶	1c								
2	Cost of goods sol	d (Sched	ule A, line 7)	2				ļ ļ				
3	-		2 from line 1c	3				1				
4 a	Capital gain net in	ncome (a	ttach Schedule D)	4a								
b			Part II, line 17) (attach Form 4797)	4b			 	и				
C	•		rusts	4c								
5			r an S corporation (attach statement)	5			RECE	11/150				
6	· ·	-		6 7		 -	IVEC	IVED				
7 8			come (Schedule E)	8			1445 -					
9	-		1(c)(7), (9), or (17) organization (Schedule G)	9		 8 .	MAR 0	3 2020 				
10			ncome (Schedule I)	10		 						
.11		-	lule J)	11			OGDE	VIIT				
12			tions, attach schedule)	12		-						
13	Total. Combine lir	nes 3 thr	ough 12	13	(ο.						
Par	t II Deduction	ns Not	Taken Elsewhere (See instr	uctio		n deductions)	(Deduction	ons must be directly				
	connected	d with th	ne unrelated business incom	<u>e)</u>				· · · · · · · · · · · · · · · · · · ·				
14	Compensation of	officers,	directors, and trustees (Schedule K)				14					
15												
16					▼							
17			· · · · · · · · · · · · · · · · · · ·									
18		-	(see instructions)									
19							19	,				
20 21			on Schedule A and elsewhere on re				21b	2				
22					· · · · · · · · · · · · · · · · · · ·							
23			compensation plans					. mamim.				
24			S									
25			Schedule I).									
26			chedule J)									
27			chedule)									
28			s 14 through 27									
29	Unrelated busines	ss taxab	le income before net operating	loss	deduction Subtract III	ne 28 from line	13 29					
30		•	g loss arising in tax years beginnin	•	• •	. ,						
31			e income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	31					
+or P	aperwork Reducti	ion Act N	lotice, see instructions.					Form 990-T (2019)				

Pa	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
υ	instructions)	32			
33	Amounts paid for disallowed fringes			_	
34	Charitable contributions (see instructions for limitation rules)	-			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from the sum of lines 32 and 33	35			0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	H			
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	100			
•	enter the smaller of zero or line 37	39			0
Pai	t IV Tax Computation	<u> </u>			Ť
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41		40			
41		44			
42		$\overline{}$			
42	Proxy tax. See instructions	-			
43	Alternative minimum tax (trusts only).	43		···	
44	Tax on Noncompliant Facility Income. See instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
	t V Tax and Payments	1.1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	↓ ˙			
b	Other credits (see instructions)	4			
C	General business credit. Attach Form 3800 (see instructions)	-			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45	47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
b	2019 estimated tax payments				
C	Tax deposited with Form 8868]			
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) 51f	1			
g	Other credits, adjustments, and payments Form 2439	1			
	Form 4136 Other Total ▶ 51g	<u> </u>			
52	Total payments. Add lines 51a through 51g	52		5,91	6
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		5,91	6.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶	56		5,91	6.
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	·			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	_	authority	Yes N	10
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				ţ
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-			
	here ▶		,	$ \overline{x} $	
58			2	l x	
	During the tax year, did the organization receive a distribution from or was it the granter of or transferor to a force	ian trust		1 1 -	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization may have to file	ign trust			
59	If "Yes," see instructions for other forms the organization may have to file	ign trust			
59	If "Yes," see instructions.for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			and belief	ıt ı
	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of pengry, I declare that I have examined this return, including accompanying schedules and statements, and to the tax year and complete Declaration of prenary (other than tax payer) is based on all information of which prenary has any knowledge.			and belief,	ıtı
Sigr	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	pest of m	y knowledge	this retu	ım
	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the titrue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge All John Executive Director Magnetic Property Ma	pest of m ay the in the	y knowledge IRS discuss preparer sh	this retu	ım
Sigr	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the titrue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge All John	pest of m	IRS discuss preparer shons) ² X Ye	this retu	ım
Sigr	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ABRON SHAPTRO Preparer's name Preparer's graftlys Date	pest of many the the einstruction	IRS discuss preparer shons) ² X Ye	this retu nown belo	ım
Sigr Here	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the time correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Amount Amou	pest of many the the the einstruction k if	IRS discuss preparer shons)? X Ye PTIN P013	this retuniown beloes	ım
Sigr Here Paid Prep	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the tax year.	est of many the the the enstruction if the mployed is EIN	IRS discuss preparer shons)? X Ye PTIN P013	this returned the same state of the same state o	ım

Form 990-T (2019)								Page	
Schedule A - Cost of G		ter metho	od of invent	ory valuation	<u> </u>		·		
	• • • • • • • • • • • • • • • • • • • •					ar			
2 Purchases	2			7 Cost of	goods so	old. Subtract line			
3 Cost of labor	3			6 from lu	ne 5 Enter	here and in Part			
4a Additional section 263A c	1 1								
(attach schedule)				8 Do the	rules of	section 263A ((with respect to Yes No		
	er costs (attach schedule) . 4b				or resale) apply				
5 Total. Add lines 1 through	to the orga	anization?	 		X				
Schedule C - Rent Income	e (From Real P	roperty a	and Perso	nai Property	Leased V	With Real Prope	erty)		
(see instructions) 1. Description of property									
(1) (2)					-				
(3)									
(4)									
<u> </u>	2. Rent recei	ved or accru	ied						
(a) From personal property (if the				personal property	(if the	3(a) Deductions of	directly connected with th		
for personal property is more th	han 10% but not	percen	tage of rent fo	r personal property	exceeds	in columns 2			
more than 50%))	50% c	or if the rent is	based on profit or	income)				
(1)							·		
(2)									
(3)									
(4)									
Total	,	Total							
(c) Total income. Add totals of c						(b) Total deduction Enter here and or	n page 1,		
here and on page 1, Part I, line 6	6, column (A)	<u> ▶</u>				Part I, line 6, colu	ımn (B) ▶		
Schedule E - Unrelated D	ept-Financed ii	ncome (s	ee instructi	ons)	- 3 [Deductions dispetly on	nnected with or allocable	+-	
1. Description of del	ht-financed nonedu			income from or			nced property		
i. Description of del	or imaneco property		allocable to debt-financed property		(a) Straight line depreciation (attach schedule)				
(1)	,		(an			cir scriedule)	(attach schedul	.e)	
(2)			 						
(3)	n								
(4)	·								
4. Amount of average	5. Average adjus	ited basis		0.1					
acquisition debt on or allocable to debt-financed	of or allocal debt-financed			Column divided	7. Gross income reportable		8. Allocable deduction (column 6 x total of c		
property (attach schedule)	(attach sche		by	column 5	(column	n 2 x column 6)	3(a) and 3(b))		
(1)	_ "			%					
(2)				%					
(3)				%				H	
(4)	<u> </u>			%					
						e and on page 1,	Enter here and on		
					raiti, lin	e 7, column (A)	Part I, line 7, colun	ภท (ช)	
Totals				▶					

Form **990-T** (2019)

Schedule F - Interest, Ann	uities, Royalties,	and Re	nts Fro	om Contro	lled O	rganiza	tions (se	e instruction	ons)	
		Exe	mpt Co	ntrolled Or	ganızatı	ons	_			
1. Name of controlled organization	2 Employer identification number	L.		ated income astructions)		of specified ents made	I IIICIGOGO III (IIG CONTROUNIG I		6. Deductions directly connected with income in column 5	
(1)										
(2)			· ·							1
(3)										
(4)					ļ					1
Nonexempt Controlled Organi	zations									<u>.</u>
		nme	9.1	otal of specific	ed e	10. Pa	rt of column	9 that is	1	1. Deductions directly
7 Taxable Income	8. Net unrelated income (loss) (see instructions)			ayments made		included in the co organization's gros		ontrolling		nnected with income in column 10
(1)						<u> </u>				
(2)										
(3)										
(4)	 .		_							
Totals					▶ `) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1 Description of income	2. Amount of in		<u> </u>	3. Deduc directly cor	tions inected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3
· · · · · · · · · · · · · · · · · · ·			_	(attach sch	iedule)		(41.44)		\rightarrow	plus col 4)
(1)										
(2)								-		
(3)	<u>. </u>									
(4)										
Totals	Enter here and on page Part I, line 9, column (A								Enter here and on page 1, Part I, line 9, column (8)	
Schedule I - Exploited Ex	empt Activity Inc	ome, Ot	her Th	an Adverti	sing Ir	come (s	ee instru	ictions)		
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experiments direct connecte production unrelated business in the contract of	nses tly ed with ion of ited	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 attributable column 5		ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)										
(2)	 			<u> </u>				 		1
(3)		-						 		
· · · · · · · · · · · · · · · · · · ·		-			-					
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, c	Part I,			7.10		I		Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising I		ctions)								
Part I Income From Per			Conecl	idated Rac	eis.					
Pant income From Fe	Todicais Reporte	u on a c	3011301	dated Das	913	_				<u> </u>
1. Name of periodical	2. Gross advertising income	3 Dir advertisin		4. Advertising gain or (loss) (col 2 minus col 3) I 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)		-							,	i
(2)					,					
(3)					4	- -				
(4)	 						1			
· · · ·	-			<u> </u>						
Totals (carry to Part II, line (5))										

Part II, Income From Per 2 through 7 on a l			rate Basis (For	each periodica	al listed in Part II	, fill in columns
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)	<u> </u>					
(2)						
(3)		, nim				
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Schedule K - Compensation	n of Officers. D	irectors, and T	rustees (see instr	uctions)	MAN TON MEDICAL MANAGEMENT AND THE	
1. Name		2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%	•	
(4)			%			

Form **990-T** (2019)