ι 990-T	Exc	empt Organi	zation	Bus	siness In der sectio	ICOI	me <sup>-</sup>	Tax Retu	ırn	OMB No	1545-0687
	For calend	dar year 2018 or other to							2018	20	<b>118</b>
Department of the Treasury		► Go to www irs.go	ov/Form990	T for ı	nstructions an	d the	latest	ınformatıon	Į.		910
Internal Revenue Service		not enter SSN numbers									blic Inspection for rganizations Only
A Check box if address changed		Name of organization (	Check bo	x if na	me changed and :	see ins	truction	s)		oyer identifica oyees' trust, see	
B Exempt under section	ĵ [	MARGARET ANN	A CUSACE	K CA	RE CENTER	IN	C		_		
X 501( C )( 3 )		Number, street, and roor	n or suite no 1	faPO	box, see instruct	ions			76-0	847915	
408(e) 220(e	Type									lated busines: nstructions)	s activity code
408A530(a	l I	537 PAVONIA								,	
529(a)	] ]	City or town, state or pro			IP or foreign post	al code	•				
C Book value of all assets at end of year	<u> </u>	JERSEY CITY,						<u> </u>			
26,772,820.		p exemption number (	<del></del>			<del>- 1</del>	504/-	\.	404(-)		045-2-4
		k organization type					501(c)		401(a)		Other trust
H Enter the number of trade or business he	•	ization's unrelated trad	les or busine	sses	·——	If onl		complete Parts		y (or first) uni	
		end of the previous se	entence cor	nnlete			•	•			rescribe the
trade or business, th		•	eriterioe, cor	iipicio	, and in a	Joinph		01100010 111 101 0	aon adamo		
		orporation a subsidiar	ry in an affili	ated g	roup or a parent	t-subs	idiary c	controlled group	?		Yes X No
		dentifying number of t									
J The books are in car	e of ▶ERN	NEST CHESTER	JR.			Te	lephon	e number 🕨 2	01-653	-8300	
Part I Unrelated	Trade or	r Business Incom	ne		(A) Inc	ome		(B) Exp	enses	(	C) Net
1a Gross receipts or	sales										
<b>b</b> Less returns and allow	ances		c Balance 🕨	1c						<del></del>	
2 Cost of goods so	ld (Schedul	le A, line 7)		2						+	
•		from line 1c		3						<del></del>	
		ach Schedule D)		4a						<del> </del>	
- , , ,		art II, line 17) (attach Fo		4b						<del> </del>	
		usts		4c		_				<del> </del>	
		an S corporation (attach state)		5 6		<del></del>				<del> </del>	<del></del>
		ome (Schedule E)		7						+	<del></del>
_		is from a controlled organizati							- 10	_	
		c)(7) (9), or (17) organization		9				· · · · · · · · · · · · · · · · · · ·			
		come (Schedule I)		10							
·	•	ile J)		11							
=		ons, attach schedule)		12							
13 Total, Combine li	nes 3 throu	ugh 12	<u></u>	13			0.				
		aken Elsewhere	`						(Except f	for contrib	utions,
		be directly connec							<u> </u>		
		irectors, and trustees (				RE	CE	Nr.	6\ ·   14	<del></del>	
15 Salaries and wag	es		· · · if i.	· ' '	n: · · \ · -	11=			<b>?</b> ∤.   15		
16 Repairs and mair	tenance .		· · · / / / / 1	9ŀ	9 101	کاکمز .	N 2	5 2019	16	<del></del>	
17 Bad debts				• • •			. : ! ـ	Acres 18 18 18 18 18 18 18 18 18 18 18 18 18	17	<del></del>	
18 Interest (attach s	cneaule) (s	ee instructions),			$\dots \setminus l_{\alpha_i,l}$	سند	W.D	ينشلط للاعا	18	+	
19 Taxes and license 20 Charitable contrib	s	o instructions for limit	totion rules)		/	ي:	ولينيو		19	+	
		562)					 I		20	<del>-</del>	
-,		on Schedule A and els			The state of the s				226	.	
111										1	
4-1		ompensation plans									
		chedule I)									
		hedule J)									
28 Other deductions	(attach sch	hedule)			<b>.</b>				28		
		14 through 28									
_		e income before net								1	
31 Deduction for net	operating	loss arising in tax ye	ars beginnin	g on c	r after January	1, 201	18 (see	instructions)	31		

32 Unrelated business taxable income Subtract line 31 from line 30 . . . . . . For Paperwork Reduction Act Notice, see instructions.

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_	990-T (2018)		Page 2
Pa	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	18,881.
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	18,881.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
30	enter the smaller of zero or line 36	38	17,881.
		1 30 1	17,001.
	Tax Computation		2 755
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	3,755.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	1	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	3,755.
Par	t V Tax and Payments	,	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	]	
b	Other credits (see instructions)	}	
	General business credit Attach Form 3800 (see instructions)	] ]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	) )	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	3,755.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)		3,755.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018	<del></del>	
	2018 estimated tax payments	1 1	
	Tax deposited with Form 8868	ł	
đ	Foreign organizations Tax paid or withheld at source (see instructions)	{	
e	Backup withholding (see instructions)	}	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	1 1	
51	Total payments Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	2 255
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ,	53	3,755.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want   Credited to 2019 estimated tax   Refunded	55	
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to file	.
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	1 1
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?	. x
	If "Yes," see instructions for other forms the organization may have to file	<b>3</b>	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		1 1
	Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledg	e and bellef, it is
Sigr	true, correct and complete. Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge		
Нег		y the IRS discui h the preparer	
	Signature of officer Pate Title	n the preparer	
	Print/Type preparer's name Preparer's signature Date 1	PTIN	
Paid	Check	راالا	333816
Prep	arer		
	Only Firm's name PBAD, BEP OF Firm's		
	Firm's address ► 655 THIRD AVENUE #1200, NEW YORK, NY 10017 Phone	no. 212.867	
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Total dividends-received deductions included in column 8.

Schedule F—Interest, Anni	unies, Royanie	<del></del>		ontrolled Or		<del>-</del>	0113 (500	- msnacac	)/15 <i>)</i>		
Name of controlled organization	2 Employer identification number		3 Net unrelated inci		1	of specified included		of column 4 that is d in the controlling tion's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)					Ī						
(3)											
(4)											
Nonexempt Controlled Organiz	zations							· <u></u>			
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specification		ınclud	rt of column ed in the co ation's gros	ntrolling		. Deductions directly nected with income in column 10	
(1)	<del></del>										
(2)								-			
(3)					-						
(4)						-					
Totals	come of a Sec	· · · · · · · · · · · · · · · · · · ·			<b>▶</b>	Enter   Part I	here and on line 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (8)	
Schedule G-Investment II	Tollie of a sec	<u> </u>	<u> </u>	3 Dedu		inzation			$\overline{}$	5 Total deductions	
1 Description of income	2 Amount o	f income		directly co (attach sc	nnected			t-asides schedule)	_	and set-asides (col 3 plus col 4)	
(1)			_								
(2) .											
(3)			_								
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ther Th	an Advert	ising Ir	ncome (s	see instru	ictions)		Enter here and on page Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unre business	ctly led with tion of lated	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column dumn 3) compute	from ac	s income tivity that inrelated s income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				1-						<del> </del>	
(2)					_					-	
	<del> </del>			<del>                                     </del>				<del> </del>		<del> </del>	
(3)	-			-		-				-	
(4)	Enter here and on page 1, Part 1, line 10, col (A)	Enter her page 1, line 10,	Part I,			L				Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	<del></del>	<del></del>		<u>'</u>							
Part I Income From Per	iodicais Repor	ieu on a	Consol	idated Ba	515						
1 Name of periodical	2 Gross advertising income	3 D. advertisi		4 Adver gain or (lo 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If ompute	ł .	culation ome	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								<u> </u>			
1.7		i		4				<b></b>		⊣	
	<del></del>			1		}		ł			
(2)			-	<u> </u>			<del>-</del>	-		_	
(2)		_				 				- <del> </del>	
				-							

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 )

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 ▶						<u> </u>
	Enter here and on page 1, Part f, 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 27
Totals, Part II (lines 1-5) ▶						<u> </u>

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.					

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