Form 990-T	Exempt Organization (and proxy tax	Busine	ess Income	Tax Retui	rn	OMB No 1545-0687				
um oo o	For calendar year 2015 or other tax year begin		2015							
Department of the Treasury ntemal Revenue Service	► Information about Form 990-T and			-		Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if	► Do not enter SSN numbers on this form a Name of organization (Check b		501(c)(3) Organizations Only Oyer Identification number							
address changed Exempt under section	Name of organization (Check box if name changed and see instructions) D Employer Identification number (Employees' trust, see instructions) PSCH, INC.									
X 501(C)(3)	Print Number, street, and room or suite no	If a P O box s	see instructions		11-2	542430				
408(e) 220(e)	or		occ mismacalonia		<u> </u>	ated business activity codes				
408(e) 220(e) 530(a)	Type 142-02 20TH AVENUE,	istructions)								
529(a)	City or town, state or province, countr	ry, and ZIP or f	oreign postal code							
Book value of all assets at end of year	FLUSHING, NY 11351	 			90009	99				
-	F Group exemption number (See instruct									
	G Check organization type ► X 501		ion 501(c	trust	401(a)	trust Other trust				
	cation's primary unrelated business activity					T T., TVT				
•	was the corporation a subsidiary in an affil			controlled group?		▶Yes X No				
	ame and identifying number of the parent co e of SHERRY TUCKER,	orporation -		ne number > 7	18-559	9-0534				
	Trade or Business Income	T	(A) Income	(B) Expen		(C) Net				
la Gross receipts or		7 1	A. A			* - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
b Less returns and allows		1c								
	Id (Schedule A, line 7)			1 1 1		* '9' \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	tract line 2 from line 1c			\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ł is					
ta Capital gain net i	ncome (attach Schedule D)	4a			\$, . j	2				
b Net gain (loss) (Fo	orm 4797, Part II, line 17) (attach Form 4797)	4b	·	3 2 3	<u> </u>					
c Capital loss dedu	ction for trusts	4c			- 33 3					
• •	partnerships and S corporations (attach statement)									
	redule C)			 		 				
	nanced income (Schedule E)			 		 				
•	Ities, and rents from controlled organizations (Schedule F)			 		 				
	a section 501(c)(7), (9), or (17) organization (Schedule G) activity income (Schedule I)	′ 		 		 				
	ne (Schedule J)			<u> </u>						
-	ee instructions, attach schedule)	h	33,445.	ATCH: 1	<u> </u>	33,445.				
3 Total. Combine li	nes 3 through 12	13	33,445.			33,445.				
Part II Deductio	ns Not Taken Elsewhere (See inst	tructions f	or limitations on o	deductions) (I	Except f	or contributions,				
deduction	is must be directly connected with	the unrela	ted business inco	ome)						
4 Compensation of	officers, directors, and trustees (Schedule K				14	<u> </u>				
5 Salaries and wag	es	CIVIC	Ď	· · · · · · · ·						
6 Repairs and mair	tenance	7FIAC	<u>U </u>		· ·					
Bad debts	chedule)		··· O ····	באות כ	17	17,479.				
8 Interest (attach s9 Taxes and license	es	28·2017		ENT.2	18	25,000.				
	outions (See instructions for limitation rules)			· · · · · · · ·	20					
	ach Form 4562) LOGD	FNII	21							
•	n claimed on Schedule A and elsewhere on r	eturn	7		22b					
			<u> </u>		23					
4 Contributions to	deferred compensation plans				24					
5 Employee benefr	programs				25					
·	φenses (Schedule I)									
	costs (Schedule J)				· ·					
	(attach schedule)					42 470				
	. Add lines 14 through 28					42,479.				
	ess taxable income before net operating					-9,034.				
	s deduction (limited to the amount on line 3 ss taxable income before specific deductio					-9,034.				
	n (Generally \$1,000, but see line 33 instruc					1,000.				
*	ess taxable income. Subtract line 33 fr									
4 Unrelated busin			•		· I	-9,034.				
	of zero or line 32	<u></u>								
enter the smaller or Paperwork Reduc	of zero or line 32	_				Form 990-T (2015)				

5	Total.	. Add	Pres	1 th	rougi	n 41	D •	5						to th	e or	ganızat	tion?				 					-		Х
Sign Here	,		orrect	and c	omplet								including ised on al						any k 311		_ [~	lay /ith	the the	IRS	disci	uss ti	ns re	
Paid Prep	arar		int/Ty		repare AMM	ER	SCH	IMI			100	V	s signatu				Date	- -	12	ıη	Che self		oloye			1384		8
	u : 💝 I	1 -			_	DI	\sim r	107	۱ T	T D														٦.) F	2011	. ^ ^	

property

produced or acquired for resale) apply

Firm's EIN ▶

Phone no

NEW YORK, NY 10017-5001

212-885-8000 Form 990-T (2015)

13-5381590

Use Only

b Other costs (attach schedule) .

Firm's name > BDO USA, LLP

Firm's address ► 100 PARK AVENUE,

,	PSCH,	INC.					11-2	542430		
orm 990-T (2015)	/From Bool D		nd Domonal Drone		Langed Mi	th Dool Brone		Page (
schedule C - Rent Income (see instructions)	(From Real P	горепту а	na Personai Prope	rty	Leased Wi	ın Real Prope	erty)			
. Description of property		· -		-						
<u>) </u>										
<u> </u>					·········					
1)	2. Rent recei	ed or accru	ed		T					
(a) From personal property (if the p for personal property is more than more than 50%)	(b) F	from real and personal propage of rent for personal properties on professional prof	perty	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
)										
2)							<u>-</u> .			
3)										
1)										
otal		Total				(b) Total deducti	ons.			
c) Total income. Add totals of co						Enter here and o	n page 1,			
ere and on page 1, Part I, line 6,						Part I, line 6, colu	ımn (B) ▶	·		
chedule E - Unrelated De	ept-Financed I	ncome (se	ee instructions)	r	3 Do	ductions directly co	nnected :-	th or allocable to		
1 Description of deb	t-financed property		Gross income from allocable to debt-finance property		(a) Straight		(b) Other deductions (attach schedule)			
1)				\dashv	(
2)								·		
3)				\neg						
1)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	6. Column 4 divided by column 5		come reportable 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
1)				%						
2)				%						
3)				%						
4)				%	.		<u> </u>			
otals	ions included in c	· · · · · ·		. •	Part I, line	and on page 1, 7, column (A).		ere and on page 1, line 7, column (B)		
Schedule F - Interest, Ann	uities, Royalt	ies, and F	Rents From Contro	lled	Organizati		ictions)			
	•	E	xempt Controlled Or	ganı	zations	 				
Name of controlled organization	2 Employe identification nu		3 Net unrelated income (loss) (see instructions)	1	otal of specified ayments made	5 Part of column included in the co organization's gro	controlling	6 Deductions directly connected with income in column 5		
1)										
2)										
3)				<u> </u>						
4)				<u> </u>						
lonexempt Controlled Organ	izations									
7. Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specific payments made	includ	rt of column 9 that is ed in the controlling ation's gross income	connected with income in				
1)										
2)			 					·		
3)			-							
4)					Enter	columns 5 and 10 here and on page 1, , line 8, column (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)		
					i					

Schedule G - Investment la	ncome of a Sec	ction 501(c)(7),	(9), or (17) Orga	nizat	ion (see ins	tructions)		Page 4	
1 Description of income	f income		3. Deductions directly connected (attach schedule)		4. Se	at-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)										
(2)										
(3)										
(4)			ļ			<u> </u>				
	Enter here and Part I, line 9, o			· · · · · ·	38		,		Enter here and on page 1 Part I, line 9, column (B)	
T			3.	3	,	^ ^ ^	, ()		(2)	
Totals			<u> </u>			· 、	277.3		 -	
Schedule I - Exploited Ex	empt Activity in	come, Othe	erin	an Advertising ir	icom	e (see instru	ictions)			
Description of exploited activity	2. Gross unrelated pusiness income from trade or business		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		6 Expen attributat column	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								-		
(2)										
(3)										
(4)										
Tatala	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,					***************************************	Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Ir		uctions)		\$2 \$2 \$5 .	¥ % % (% 3 S. i	<i>₹</i> -\$ - *	\$2.50		
Part I Income From Per			neoli	idated Basis						
altr income i form en	louicais Repor	led on a Co	115011	dated Dasis			T			
1. Name of periodical	2. Gross advertising income	3 Direct advertising of		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5.	Circulation income	6. Reader costs	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)									\$\display \cdot \c	
Totals (carry to Part II, line (5)) Part II Income From Pe 2 through 7 on a l	riodicals Repo	rted on a S	Sepa	rate Basis (For e	each	periodical I	isted in P	Part I	I, fill in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5	Circulation income	6. Reader costs	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)								_	 	
(3)										
(4)										
Totals from Part I ▶				187,873 (34.5		1. 1. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	* §	- 3		
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and page 1, Part line 11, col (t I,				* *		Enter here and on page 1, Part II, line 27	
Schedule K - Compensatio	n of Officers, D	irectors, ar	nd Tr	ustees (see instru	ctions	s)			<u> </u>	
1. Name				2 Title		3 Percent of time devoted to business	4. Co		sation attributable to lated business	
(1) ATCH 3							%			
(2)							%			
(3)							%			
(4)		1					%			
Total. Enter here and on page 1, P	art II, line 14			<u> </u>	<u></u>		. ▶			
ICA									Form 990-T (2015)	

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

MORGAN STANLEY - INVESTMENT INCOME

PART I - LINE 12 - OTHER INCOME

33,445.

33,445.

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

DEBT-FINANCED INCOME RESULTING FROM MARKETABLE SECURITIES MARGIN ACCOUNT

17,479.

PART II - LINE 18 - INTEREST

17,479.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
ALAN WEINSTOCK 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	CEO	0	0.
SHERRY TUCKER 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SENIOR VICE PRESIDENT/CFO	0	0.
ROBERT HETTENBACH 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	PRESIDENT	0	0.
PAMELA WEINBERG (THRU 9/15) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SENIOR VICE PRESIDENT	0	0.
JEFFREY FINKLE 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	CHAIRPERSON	0	0.
MARYA PIOTROWSKI 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	VICE CHAIRPERSON	0	0.
BRIAN REGAN 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	TREASURER	0	0.
HOWELL SCHRAGE, MD 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SECRETARY	0	0.
MARC ARONSEIN 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
SHELDON BERMAN 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
1631BD 702V 4/12/2017	12:36:19 PM V 15-7.18		PAGE 59

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
STEVE BERNSTEIN 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
MICHAEL JABBOUR 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
KATHY KELLY (FROM 2/16) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
LISA LASHLEY 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
DAVID LURIE 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
KRISTINA ROMANZI 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
ANDREW CARBONARA 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	VICE PRESIDENT	0	0.
JACQUELINE HERRARA 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SVP FINANCE & CLINICAL	0	0.
TOTAL COMPENSATION			0.