٠.							1-	106			
			l Fx	empt Organization	Bus	siness Income	Tax Retui		OMO No. 1545 0007		
	Form	990-T	^			der section 6033		·	OMB No 1545-0687		
			For caler	ndar year 2016 or other tax year begin	ning	07/01 , 2016, and end	ing 06/30	017.	2M16		
')	Denart	ment of the Treasury		ormation about Form 990-T and					<u> </u>		
1		I Revenue Service		not enter SSN numbers on this form a			-	9	Copen to Public Inspection for \$\frac{1}{2}\$501(c)(3) Organizations Only \$\frac{1}{2}\$		
	A [Check box if		Name of organization (Check be	ox if na	me changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)		
		address changed						(Emplo	your trust, see instructions /		
		mpt under section		PSCH, INC.							
	X	501(C)(3 ()3	Print	Number, street, and room or suite no	faPO	box, see instructions			542430		
	\sqcup	408(e) 220(e)	Туре						E Unrelated business activity codes (See instructions)		
	Ш	408A530(a)	-	142-02 20TH AVENUE,				,	,		
)		529(a)		City or town, state or province, countr	y, and i	ZIP or foreign postal code		0000	0.0		
Λ		k value of all assets nd of year		FLUSHING, NY 11351		<u>. </u>	<u> </u>	90009			
		·		up exemption number (See instruct			\ I	1404/->			
				ck organization type X 501		rporation 501(c) trust	401(a)	trust Other trust		
				rimary unrelated business activity		roup or a parent-subsidian	controlled group?		▶ Yes X No		
				identifying number of the parent co	_	• •	controlled group?				
				MICHAEL TANG,	porati	Telepho	ne number ▶ 71	8-559-	-0534		
				or Business Income		(A) Income	(B) Expen		(C) Net		
	1a	Gross receipts or						- 1905 - 1905 - 1905			
	b	Less returns and allowa		c Balance ▶	1c				The state of the s		
	2	Cost of goods so	ld (Sched	ule A, line 7)	2				经验 的是当时对性的。		
	3	Gross profit Sub	tract line	2 from line 1c	3		SEE SE		95 50 60		
	4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a		4.30		2		
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b		32.00		*		
	С	*		rusts	4c		STATE OF THE STATE				
	5			os and S corporations (attach statement)	1		2.20 DW125		,		
	6	,	•		6		ļ				
~	7			come (Schedule E)	7	· · · · · · · · · · · · · · · · · ·	 				
2 	8	· ·		nts from controlled organizations (Schedule F)							
_	9			1(c)(7), (9), or (17) organization (Schedule G)	10		 				
_	10 11	•	•	ncome (Schedule I)	11		 				
•	12	-	•	tions, attach schedule)	12	78,109.	-Arch 1		78,109.		
	13	•		ough 12	13	78,109.			78,109.		
~	Par			Taken Elsewhere (See inst	ruction	ons for limitations on	deductions.) (l	Except f	or contributions,		
1			s must	be directly connected with t	he u	nrelated business inc	ome)				
Ξ	14	Compensation of	officers,	directors, and trustees (Schedule K)				14			
ことで	15	Salaries and wage	es					15			
3	16	•									
73	17	Bad debts						17	20 571		
	18								38,571. 13,688.		
	19					13,000.					
	20			See instructions for limitation rules)	. <u>20</u>						
2	21 22			4562)				22b			
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>	24								 		
7 <		Employee benefit	orograms	compensation plans	ELC	ELA ED		. 25			
_	26	Excess exempt ex	openses (Schedule I)				26			
	27	Excess readership	p costs (S	chedule J)	APR	1.9. 2018 191		27			
5	28	Other deductions	(attach s	chedule)				28			
	29					F-K-1 - 1-1-7		29	52,259.		
7	30			s 14 through 28					25,850.		
;	31			on (limited to the amount on line 3					05.050		
3	32			e income before specific deduction					25,850.		
ĭ	33	•	•	ally \$1,000, but see line 33 instruc					1,000.		
	34			ble income. Subtract line 33 fr		-		· I	24,850.		
	For P	Paperwork Reduct	tion Act N	line 32	<u></u>	<u> </u>		34	Form 990-T (2016)		
	6X274	0 16031BD 702	2V 4/5	5/2018 8:23:07 AM	V 1	6-7.16			PAGE 6		

Sign Here	true, corregt, and complete Declaration of preparer (other the Signature of officer		PRESIDENT	e May the IRS	6 discuss this return eparer shown below
	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
Paid	PAUL HAMMERSCHMIDT	Taxtomurehas	4/5/2018	self-employed	P01384178

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001

Phone no 212-885-8000 Form 990-T (2016)

Firm's EIN ▶13-5381590

Preparer

Use Only

Firm's name ► BDO USA, LLP

Form 990-T (2016)						- 		_Page 3
Schedule A - Cost of Go		nter method	d of invent				-,	
1 Inventory at beginning of y		 				ar		
2 Purchases				7 Cost of	goods so	ld. Subtract line)	
3 Cost of labor	3					iter here and in	1 "	
4a Additional section 263A co								
(attach schedule)				8 Do the	rules of	section 263A (with respect to	Yes No
b Other costs (attach schedu	ie) . 4b						or resale) apply	, ' '
5 Total. Add lines 1 through				to the org	anization?	<u> ,</u>	<u> </u>	X
Schedule C - Rent Income (see instructions)	e (From Real	Property a	nd Perso ————	nal Property	Leased V	Vith Real Prope	erty) 	
1. Description of property								
(1)								
(2)			·					
(3)					-		·	
(4)								
	2. Rent rece	eived or accru	ed					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent				and personal property (if the tropersonal property exceeds to shad on profit or income) 3(a) Deductions directly connected with the incolumns 2(a) and 2(b) (attach schools because it is based on profit or income)				
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	. ,	• •				(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De			ee instructi	ions)		1 410 1, 11110 0, 0010	Jiiii (8) P	
1. Description of det		11001110 (01	2 Gross	income from or to debt-financed		debt-finan	onnected with or allocabl	
				roperty		nt line depreciation ch schedule)	(b) Other deduction (attach sched	
(1)	_		<u> </u>					
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	Column divided column 5	7. Gross income reportable (column 6 x total of column 6 (column 6 x total of column 6)		fcolumns	
(1)				%	_			
(2)				%				
(3)				%				
(4)				%				
						e and on page 1, e 7, column (A)	Enter here and o Part I, line 7, col	n page 1, umn (B)
Totals	inne included in i	olumn 0			L			
i otal dividends-received deduct	ions moidaea in t	Joiumin 6	<u></u>		<u></u>	<u> </u>	Form 99	0-T (2016)

PSCH, INC.

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(4)

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

PSCH, INC. Page 5 Form 990-T (2016) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7. Excess readership costs (column 6 gain or (loss) (col 2. Gross 3. Direct 5. Circulation 6 Readership minus column 5, but 2 minus col 3) If 1. Name of periodical advertising ıncome costs advertising costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I, Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I. on page 1, Part II, line 27 line 11, col (B) line 11, col (A) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4 Compensation attributable to unrelated business 2. Title (1) % (2) ATCH 3 %

Form 990-T (2016)

%

% ▶

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

MORGAN STANLEY - INVESTMENT INCOME

78,109.

PART I - LINE 12 - OTHER INCOME

78,109.

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

DEBT-FINANCED INCOME RESULTING FROM MARKETABLE SECURITIES MARGIN ACCOUNT

38,571.

PART II - LINE 18 - INTEREST

38,571.

ATTACHMENT 3

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ALAN WEINSTOCK 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	CEO	0	0.
MICHAEL TANG (FROM 6/16) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SENIOR VICE PRESIDENT/CFO	0	0.
SHERRY TUCKER -PRES. (FR 1/17) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SVP/CFO (THRU 5/16)	0	0.
ROBERT HETTENBACH (THRU 12/16) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	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 (THRU 4/17) 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.
DAVID BARR (FROM 5/17) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.

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ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
SHELDON BERMAN (THRU 6/17) 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
STEVE BERNSTEIN 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
THOMAS A. BLUMBERG (FROM 2/17) 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 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	DIRECTOR	0	0.
LISA LASHLEY (THRU 1/17) 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.
SHAVONE HAMILTON 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SENIOR VICE PRESIDENT/COO	0	0.
JACQUELINE HERRARA 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	SENIOR VICE PRESIDENT/ADMIN.	0	0.

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ANDREW CARBONARA 142-02 20TH AVENUE, 3RD FLOOR FLUSHING, NY 11351	VP - FACILITIES MANAGEMENT	0	0.
TOTAL COMPENSATION			0.