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≱ 1	•						293			00319		
~	₃ 990-T	Ex		anization B				ırn		OMB No 1545-068	87	
For	m 220-1		(and	proxy tax u	nde	r section 6	033(e))	100		201 2	è	
	•	For calendar year 2018 or other tax year beginning , and ending									,	
	partment of the Treasury			.gov/Form990T for						n to Public Inspecti		
Inte	rnal Revenue Service	Do no		ers on this form as it r		made public if your ne changed and see i				c)(3) Organizations lentification num		
<u>A</u> _	address changed		Name of organiza			rust, see instructions						
В	Exempt under section X 501 (C)(3)	Ì	CHHAYA COM	-	44	3580935						
	408(e) 220(e)	First Print Print							E Unrelated business activity code			
	408A 530(a)	or Type	City or town	TREET, ZND FLO	State		ZIP code		nstructio			
	529(a)	, ,,,,,	JACKSON HE	IGHTS	NY		11372					
			Foreign country na		oreign p	province/state/county	Foreign postal code	1				
								L				
С	Book value of all assets at end of year			umber (See instruc			04/a) trust	7 404(=)	ł a ł	Other tr		
H-	1,030,367		ck organization		<u>``</u>	<u>·</u>	01(c) trust	401(a)		Other true first) unrelate		
	Enter the number of t trade or business her				iesses	If only one, co	mplete Parts I–V					
	first in the blank space	e at the e	end of the previo	ous sentence, com	plete	Parts I and II, co	mplete a Schedu	ile M for	each a	additional		
	trade or business, the		·			· · · · · · · · · · · · · · · · · · ·					7	
ı	During the tax year, wa					r a parent-subsidi	ary controlled grou	up? .		Yes X	J Nο	
J	If "Yes," enter the name The books are in care					/A Telei	phone number	(718) 478-	-3848		
P			Business Inc			(A) Income		kpenses	7	(C) Net		
1	a Gross receipts or sa							深高			[1]	
_	b Less returns and allowa			c Balance ►	1c	0					9.300	
2	Cost of goods sold (•			2		THE THE BEATS		7 3 97.		Yra Tane	
3	Gross profit Subtract a Capital gain net inco			· (q	3 4a	0	Single Street	建设加速 转	413	0	├	
•	b Net gain (loss) (Form	•			4b		THE RESERVE OF THE PARTY OF THE	377	-23/2 Anter		 	
	c Capital loss deduction				4c	_	WE TE	A POST OF AN	NA STATE	*	\Box	
5	Income (loss) from a pa		r an S corporation	(attach statement)	5		可能的					
6	Rent income (Sched	•			6		 				└ ─	
7 8	Unrelated debt-finar Interest, annuities, royaltie				8		 				├	
9	Investment income of a se		•	, ,	9							
10	Exploited exempt ac			•	10							
11	Advertising income	-	•		11							
12	Other income (See i			dule)	12		74.75 E	12.34			ــــــ	
13	Total. Combine line:			- Coo matruatu	13	0		0 <u> </u>	for or	0	<u> </u>	
				re (See instruction ected with the un			•	Except	101 66	murbudons,	;	
14	Compensation of off					o business inc	one)	1	4			
15	Salaries and wages	•	soloro, and tras	tees (ochedule 14)	•				5		\vdash	
16	Repairs and mainter							1	6			
17	Bad debts						•	1			<u></u>	
18 19	Interest (attach sche Taxes and licenses	edule) (se	e instructions)					1				
20	Charitable contributi	ons (See	instructions for	· limitation rules)				1 2				
21	Depreciation (attach	•				21	;	1				
22	Less depreciation cla		•	d elsewhere on re	turn	22a		22			Ĺ	
23	Depletion			RECE	1\/E	D	•	2				
24	Contributions to defe		pensation plan	s NLOL	-1 V L	 70		2			<u></u>	
25 26	Employee benefit pre Excess exempt expe		hedule I)	4	A 20	20		2	\longrightarrow			
27	Excess readership c	•	•	APR 1	.U ∠U	20 00		2				
28	Other deductions (at	tach sche	edule)	.				2	8			
29									9	0	<u> </u>	
30								. 3		0		
31 32	Deduction for net oper Unrelated business t					muary 1, 2018 (se	e instructions)	3		0		
_	Paperwork Reduction A									Form 990-T (2	2018)	

Part		Total Unrelated Business Taxable Income				
33 `	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see			- 1	
	ınstructı	·	33		ol	
34		s paid for disallowed fringes	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see			\neg	
	ınstructı		35		ol	
36		unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines	36		o		
37	Specific	. 37		0		
38	Unrelate	· - 3 · -		褝		
		38		ol		
Part		e smaller of zero or line 36 Tax Computation	1 00 1			_
39		rations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		ol	
40		Taxable at Trust Rates. See instructions for tax computation. Income tax on the	39		-4	
40			40			
44		,	41		-	
41	-	ax. See instructions .				
42		ve minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions .	43		0	
44	_	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		<u> </u>	
Part		Tax and Payments			—т	
45 a	_	tax credit (corporations attach Form 1118, trusts attach Form 1116)	القي سائما_			
þ		edits (see instructions) . 45b	_			
С		business credit Attach Form 3800 (see instructions). 45c				
d		or prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 45a through 45d	45e		의	
46		line 45e from line 44	46		_이	
47		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48		x. Add lines 46 and 47 (see instructions)	48		이	
49		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a		ts A 2017 overpayment credited to 2018	W.63.			
b		timated tax payments 50b	_		ļ	
C		osited with Form 8868	- 33		}	
d	_	organizations Tax paid or withheld at source (see instructions) 50d				
e	-	withholding (see instructions) 50e				
f		r small employer health insurance premiums (attach Form 8941) 50f				
g	Other cr	edits, adjustments, and payments Form 2439 SIO	7.4			
	Form	n 4136 X Other1,639 Total ▶ 50g 1,639				
51	Total pa	yments. Add lines 50a through 50g	51	1,6	639	
52	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached .	52			
53	Tax due	. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		0	
54	Overpay	rment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,6	639	
55	Enter the	amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded •	55	1,6	539	
Part	VI St	atements Regarding Certain Activities and Other Information (see instructions)				
56	At any tu	me during the 2018 calendar year, did the organization have an interest in or a signature or other	authorit	y []	Yes	No_
	over a fir	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha	ive to file			0 A
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign	n country	,	ેલા	
	here 🕨					Χ
57	During th	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust'	?		X
	If "Yes,"	see instructions for other forms the organization may have to file	_	1	<i>\$</i>	
58		e amou nt of tax -exempt interest received or accrued during the tax year > \$		1		
		r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge and i	oelief, it is true, o	orrect,	
Sign	and d	pmplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Manufina	IDC discuss this		
Here		Legt 1 218 2020 Sxeuhin bretu		IRS discuss this i arer sho <u>wn</u> below		/IG1
		nature of offiger Date Title	instructio	ons)? X Yes	ال	No
		Prost/Type prepared's name	eck	, PTIN		
Paid	1		eck f-employed	" P010870	002	
Prep	arer	WINDIVALE		13-3777972		
Use	Only					
		Firm's address 50 BROAD STREET, SUITE 1837, NEW YORK, NY 10004	10 110	(212) 785-4	000	

Schedule A—Cost of Goo	ds Sold. Ente	er method o	of inven	tory v	aluat	ion	>			_	
					entory at en	d of year	6				
2 Purchases		2					cost of goods sold. Subtract ne 6 from line 5 Enter here				
3 Cost of labor	. [3				line	6 from line	5 Enter here	1		
4 a Additional section 263A	costs		Ī			and	in Part I, lir	ne 2	7	ol	
(attach schedule)	. 4	1a	ĺ	ľ	8	Do	the rules of	section 263A (wi	th respect to	Yes	No
b Other costs (attach sche	dule)	\$b						ced or acquired f			1
5 Total. Add lines 1 throug		5	0				ly to the org		,	Jan Miller Street	*****
Schedule C-Rent Income		Property a	nd Per	rsona					operty)		
(see instructions)	•	•				•	•		-		
Description of property				-							
(1)											
(2)											
(3)											
(4)											
	2. Rent receiv	red or accrued									
(a) From personal property (if the pe	rcentage of rent	(b) Fro	om real an	d person	nal prope	ertv (of the	3(a) Deductions d	rectly connected with	the incom	ie
for personal property is more than		percentag	ge of rent fo	or persoi	nai prop	erty`	exceeds		2(a) and 2(b) (attach schedule)		
more than 50%)		50% or r	f the rent is	s based	on profi	it or ir	ncome)				
(1)											
(2)											
(3)											
(4)											
Total	0	Total					0				
(c) Total income. Add totals of col	umns 2(a) and 2(h) Enter						(b) Total deduc			
here and on page 1, Part I, line 6, o		b) Litter					ol	Enter here and of Part I, line 6, col			0
Schedule E-Unrelated De		Income (se	ee instru	ctions')		1		<u> </u>		
		, , , , , , , , , , , , , , , , , , ,				П	3. D	eductions directly cor	nected with or alloca	ble	
1. Description of debt-	financed property		2. Gross income from or allocable to debt-financed				to debt-finance	nced property			
1. 2000/1910/101 4021	manoca property		property				(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(4)							(attacr	i schedule)	(attach schi		
(1)				_							
(2)		· -	<u>. </u>			-			 -		
(3)			<u> </u>			+					
				,		+					
Amount of average acquisition debt on or	5 Average adjunction of or allocated			. Colum			7 Gross inc	come reportable	8. Allocable de		
allocable to debt-financed	debt-financed	l property		4 divided v column				2 × column 6)	(column 6 × total 3(a) and 3		;
property (attach schedule)	(attach sch	nedule)		y column		\perp				-(-/)	
(1)						%		0			0
(2)						%		0			0
(3)						%		0			0
(4)			<u></u>			%		0			0
							Enter here	and on page 1,	Enter here and	on page	1,
							Part I, line	7, column (A)	Part I, line 7, co	olumn (B)	,
Totals					Þ	▶ [_		0			0
Total dividends-received deduct	ions included in o	column 8						•			

Schedule F-Interest, Annui	ies, Royaities,				ganizations (s	ee instri	uctions)		
	1	Exempt	Controlled	d Organizations	·				
Name of controlled organization	2. Employer identification number		related incon ee instruction			he controll	ing con	Deductions directly nected with income in column 5	
(1)		† ·							
(2)	<u>-</u>	ļ		- 	- 			 	
(3)									
(4)									
Nonexempt Controlled Organization	ns	<u> </u>				_			
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			9. Total of specified payments made	10 Part of co included in t organization's	he controll	ing conn	Deductions directly ected with income in column 10	
(1)			1						
(2)									
(3)									
(4)									
Totale					Add columi Enter here a Part I, line 8	nd on page	e 1, Enter A) Part I	d columns 6 and 11 r here and on page 1, I, line 8, column (B)	
Totals		- F04/-	\(7\) (0\)	(47) 0	-4: n - n /		0	0	
Schedule G—Investment Inco	ome of a Section	on 501(C			ation (see instr	uctions)	E 70	otal deductions	
1. Description of income	2 Amount of I	ncome	dır	3 Deductions ectly connected ttach schedule)	4. Set-asid (attach sche		and s	et-asides (col 3 blus col 4)	
(1)								0	
(2)			<u>-</u>					0	
(3)								0	
(4)			Sound therete newtown at	A NAME OF ACT OF THE PARTY OF THE	Pro A method than applied these	- 154 L (446-1915)		0	
Totals •		nter here and on page 1, Part I, line 9, column (A)						re and on page'1, e 9, column (B) 0	
Schedule I-Exploited Exemp	ot Activity Inco		Looks the man which have a	Advertising Inc	ome (see instri	uctions)	<u> </u>		
Description of exploited activity	2. Gross unrelated business income from trade or business		expenses irectly ected with fuction of irelated ess income	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. E	xpenses outable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					0			0	
(2)					0			0	
(3)					0			0	
(4)					ol	1		0	
Totals	Enter here and of page 1, Part I, line 10, col (A)	page	nere and on a 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertising Inco	me (see instructi			I to see that the second second as a consistence of	On has made street Married and and	A. P. C.			
Part I Income From Perio			Consolid	ated Basis					
				4. Advertising	T			1	
1. Name of periodical	ne of periodical 2. Gross advertising income adv		Direct ising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				SERVICE CONTROL	5				
(2)					6				
(3)									
(4)					ă .	 		HE TO THE STATE OF	
Totals (carry to Part II, line (5))	>	0	0		0	0	0	0	
							F	orm 990-T (2018)	

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical 2 minus col 3) If minus column 5, but not more than advertising advertising costs costs ıncome a gain, compute cols 5 through 7 column 4) (1) 0 0 0 0 (2) (3) 0 0 (4) 0 0 Totals from Part I 0 Enter here and on Enter here and Enter here and on on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 0 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business % (1) % (2) (3) % % (4)

Form 990-T (2018)

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