ý 000 T	EXTENDED TO M	AY 1	.5, 2020	av Datum	1	014011 4545 0007
Form 990-T	Exempt Organization Bus					OMB No 1545-0687
	For calendar year 2018 or other tax year beginning JUL 1			N 30 201	املا	2018
	► Go to www irs gov/Form990T for i				<u>-</u>	2010
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma				5	pen to Public Inspection for 01(c)(3) Organizations Only
A X Check box if address changed	Name of organization (ver identification number yees' trust, see tions)			
B Exempt under section	Print THE COMMUNITY PRESERVA	TION	ORPORATIO	N_	13	3-2792409
X = 501(c)(3)	Number, street, and room or suite no. If a P.O. bo					ed business activity code
408(e) 220(e)	ZZU BAST 4ZNU STREET,					
408A 530(a) 529(a)	City or town, state or province, country, and ZIP NEW YORK, NY 10017	or foreig	n postal code		5222	292
C Book value of all assets at end of year	F Group exemption number (See instructions.)					
1,186,023,7		_		401(a)		Other trust
	organization's unrelated trades or businesses	1		the only (or first) un		
	SEE STATEMENT 1			complete Parts I-V		
business, then complete	lank space at the end of the previous sentence, complete P	arts i an	d II, complete a Schedule	M for each additiona	ai trade (or
	the corporation a subsidiary in an affiliated group or a pare	ent-subsi	diary controlled group?		Yes	X No
	nd identifying number of the parent corporation	, oaboi	dialy donaronod group			, [] 110
	► DAVID ROTHBERG		Teleph	one number 🕨 (212)	869-5300
Part I Unrelated	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s	1			}	1
b Less returns and allow		10				• '[
2 Cost of goods sold (S	•	2				·
3 Gross profit Subtract	i	3_			\longrightarrow	
, ,	ne (attach Schedule D) 4797, Part II, line 17) (attach Form 4797)	4a 4b		<u> </u>		
c Capital loss deduction		4c				
•	partnership or an S corporation (attach statement)	5				
6 Rent income (Schedu	•	6				
·	ed income (Schedule E)	7				
8 Interest, annuities, roy	valties, and rents from a controlled organization (Schedule F)	8	21,796.	21,7	96.	
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G	9				
10 Exploited exempt acti	vity income (Schedule I)	10				
11 Advertising income (S	•	_11				
•	structions; attach schedule)	12	01 706	01.7	2	
Part II Deductio	3 through 12 ns Not Taken Elsewhere (See instructions	13	21,796.	21,7	96.	
	contributions, deductions must be directly connected			income)		
14 Compensation of off	icers, directors, and trustees (Schedule K)				14	
15 Salaries and wages			5 3		15	
16 Repairs and mainter	lance	NE	18/		16	
17 Bad debts	JEC V		2050 1851		17	
*	dule) (see instructions)	. 4	2020 RE 21 22a		18	
19 Taxes and licenses20 Charitable contribution	ons (See instructions for limitation rules)	λ ∿'	/3)		20	
21 Depreciation (attach	ons (See instructions for limitation rules) Form 4562) aimed on Schedule A and elsewhere on return		N, 21		 ~ 	
·	aimed on Schedule A and elsewhere on return	CO	22a		22b	
23 Depletion	/ 5 (<u> </u>		23	
·	erred compensation plans				24	
25 Employee benefit pr	•				25	
26 Excess exempt expe	nses (Schedule I)				26	
27 Excess readership c	osts (Schedule J)				27	
28 Other deductions (a	·				28	
	dd lines 14 through 28				29	0.
	taxable income before net operating loss deduction. Subtra				30	0.
•	perating loss arising in tax years beginning on or after Janu	ary 1, 20	ווע (see instructions) אוע		31	0.
32 Unrelated business	taxable income. Subtract line 31 from line 30				1 34	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T		THE COMMUNITY PRESERVATION	CORPORATION		13-279	2409		Page	. 2
Part I	<u> </u>	otal Unrelated Business Taxable Income							_
33	Total o	of unrelated business taxable income computed from all unrelated	trades or businesses (se	ee instructions)		33		0	•
34	Amour	nts paid for disallowed fringes				34			_
35	Deduct	tion for net operating loss arising in tax years beginning before Ja	nuary 1, 2018 (see instr	uctions)		35			_
36		of unrelated business taxable income before specific deduction. Si							_
		3 and 34				36			
37	Specifi	ic deduction (Generally \$1,000, but see line 37 instructions for ex	centions)		390	37		,000	-
38		sted business taxable income Subtract line 37 from line 36. If li	•	: 36	•				_
		he smaller of zero or line 36	no or to greater than three			38		0	
Part I		ax Computation				1 00 1		<u>`</u>	<u> </u>
39		izations Taxable as Corporations. Multiply line 38 by 21% (0.21	<u> </u>			39		0	_
40		Taxable at Trust Rates. See instructions for tax computation. In		on line 38 from		1 33			-
70		Fax rate schedule or Schedule D (Form 1041)	come tax on the amount	on line 30 nom.					
41		tax See instructions				40			_
41	-					41			—
42		ative minimum tax (trusts only)				42		_	
43		Noncompliant Facility Income See Instructions				43			_
Part \		Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		0	<u>•</u>
		ax and Payments		T T		т— т			_
45 a	_	n tax credit (corporations attach Form 1118; trusts attach Form 1	116)	45a		-			
Ь		credits (see instructions)		45b		4]			
C		al business credit. Attach Form 3800		45c		-			
đ	Credit	for prior year minimum tax (attach Form 8801 or 8827)		450		-			
е	Total o	credits. Add lines 45a through 45d				45e			_
46	Subtra	act line 45e from line 44				46		0	<u>.</u>
47	Other t	taxes. Check if from; Form 4255 Form 8611 F	orm 8697 🔲 Form 8	866 🛄 Other (attach schedule)	47		_	_
48	Total t	tax. Add lines 46 and 47 (see instructions)				48			•
49	2018 r	net 965 tax liability paid from Form 965-A or Form 965-B, Part II,	column (k), line 2			49		0	•
50 a	Payme	ents: A 2017 overpayment credited to 2018		50a					
b	2018 e	estimated tax payments		50b		7 [
С	Tax de	eposited with Form 8868		50c		7			
		n organizations. Tax paid or withheld at source (see instructions)		50d		7			
		p withholding (see instructions)		50e		7			
f		for small employer health insurance premiums (attach Form 894	1)	50f		-			
		credits, adjustments, and payments Form 2439	',			1			
		Form 4136 Other	Total ▶	50g		1 1			
51	_	payments. Add lines 50a through 50g		004]		51			
52	•	ated tax penalty (see instructions). Check if Form 2220 is attached	· ~ [52			_
52		ue. If line 51 is less than the total of lines 48, 49, and 52, enter an				53			_
5.4								_	_
54	•	ayment. If line 51 is larger than the total of lines 48, 49, and 52,	enter amount overpaid	يو ا	tuadad N	54			_
Part \		the amount of line 54 you want Credited to 2019 estimated tax Statements Regarding Certain Activities and	Other Information		funded	55			—
								/an 11	_
56		time during the 2018 calendar year, did the organization have an					H	es N	<u>'</u>
		financial account (bank, securities, or other) in a foreign country						1	i
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Y	es," enter the name of the	e foreign country			-	-	<u> 1</u>
	here						-	- X X	
57		g the tax year, did the organization receive a distribution from, or		transferor to, a for	eign trust?			_ ^	<u></u>
		s," see instructions for other forms the organization may have to f							!
58		the amount of tax-exempt interest received or accrued during the							'
Sian	Und	der penalties of perjury, I would to that I have examined this return including ac trect, and complete. Deviaration of paperer (other than taxpayer) is based on a	companying schedules and si ill information of which prepar	tatements, and to the er has any knowledge	best of my knowl	edge and be	Hef, It IS true		
Sign	• .		000		T ₁	May the IRS	discuss this rel	turn with	٦
Here		4/13/2		CFO			shown below (s		1
		Signature of officer Date	Title			nstructions)?	Yes Yes	N	0
	}	Print/Type preparer's name Preparer's signatu	re D	ate	Check	if PTIN			
Paid					self- employed				
Prepa	arer	ROGER DEVRIES ROGER DEV		4/09/20			02332		
Use (Firm's name ► MOORE STEPHENS TILLER	LLC		Firm's EIN	<u>5</u> 8	0673	524	
	···· y	250 E. HARTSDALE AV	E., SUITE 3	34					
		Firm's address ► HARTSDALE, NY 10530	<u> </u>		Phone no.	(91 <u>4</u>)	723-	7743	
823711 0	1-09-19						Form 990)-T ₍₂₀	18)

Schedule A - Cost of Goods Sold. E	Inter method of inver	ntory valuation N/A					
1 Inventory at beginning of year 1		6 Inventory at end of year			6		
2 Purchases 2		7 Cost of goods sold. Su		e 6			
3 Cost of labor 3		from line 5. Enter here					
4a Additional section 263A costs		line 2		·	7		
(attach schedule) 4a		8 Do the rules of section	263A (wi	th respect to		Yes	No
b Other costs (attach schedule) 4b		property produced or a	acquired fo	or resale) apply to			
5 Total Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Research (see instructions)	eal Property and	Personal Property L	eased.	With Real Prop	erty)		
1. Description of property							
(1)				_		<i>"</i>	
(2)		_					
(3)							
(4)							
	received or accrued			-			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge .	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in ittach schedule)	1
(1)							
(2)						-	
(3)							
(4)							
Total	O. Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)			ا م	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	.		0.
Schedule E - Unrelated Debt-Finan	ced Income (see	instructions)					
		Gross income from or allocable to debt-	ļ	3. Deductions directly con to debt-finance		erty	
Description of debt-financed proper	ty	financed property	(a) s	traight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)		 	<u> </u>		+-		
(2)					1		
(3)	 						
(4)			1		1		
4. Amount of average acquisition 5 A debt on or allocable to debt-financed	verage adjusted basis of or allocable to bt-financed property (attach schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8. Allocable deducti column 6 × total of co 3(a) and 3(b))	
(1)		%			丅		
(2)		%		· · · · · · · · · · · · · · · · · · ·	丁		
(3)		%			1		
(4)		%			\top		
				ter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals		.	1	0			0.
Total dividends-received deductions included in c	olumn 8	•			-	_	0.

Form 990-T (2018)

	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)								٠,
Totals (C	arry to Part II, line (5))	•	0.	0.				0.

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	ľ	2. Gross devertising 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)	$\neg \neg$				_		
(2)					-		
(3)		-					
(4)							
Totals from Part I		0.	0.		1	-	0
		Enter here and on page 1, Part 1, 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)	▶	0.	0.				l 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

REIMBURSEMENT OF RENTAL EXPENSE BY CONTROLLED ENTITY.

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 2
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT - SUBT	OTAL - 1	21,796.	21,796.
TOTAL OF FORM 990-T, SCHEDULE F, C	OLUMN 11		21,796.