Form 990-T	Exem	pt Organizat	tion Bu	isine:	ss Inco	me T	ax Retui	rn	OMB No 1545-0687
	· [-	(and pro	xy tax un	der se	ction 6033	i(e))	121	7	2040
	For calendar year 2	2018 or other tax year beginning			, and en	* —	101		2018
Department of the Treasury Internal Revenue Service	▶ Do not e	► Go to www irs.gov/l nter SSN numbers on this						3).	Open to Public Inspection fo 50 1(c)(3) Organizations Only
A Check box if address changed	Name of	organization (Chec	ck box if name	e changed	and see instru	ctions.)		Em (Em	ployer identification number ployees' trust, see ructions)
B Exempt under section	Print HUDS	ON RIVER HE	ז ביים איד. ז ב	RE 1	INC.				L3-2828349
X 501(c)(3)		street, and room or suite						E Unre	elated business activity code
408(e) 220(e)		MAIN STREE		JUA, 300 II	1311 40110113.			(See	einstructions)
408A 530(a)	_	own, state or province, coi	untry, and ZIP 10566–2		n postal code			900	0099
C Book value of all assets at end of year		exemption number (See i	nstructions.)	•					
254,466,6	88. G Check	organization type 🕨	X 501(c) co	orporation	n 50 ⁻	I(c) trust	40	1(a) trust	Other trust
H Enter the number of the	organization's unr	elated trades or businesse	s. 🕨	1		Describe	the only (or first)	unrelate	d
trade or business here	SEE ST	PATEMENT 1			ا	f only one	, complete Parts I	-V. If mor	re than one,
describe the first in the	blank space at the e	end of the previous senten	ice, complete f	Parts I an	d II, complete	a Schedule	e M for each addit	ional trad	e or
business, then complete	Parts III-V.								
I During the tax year, was	the corporation a	subsidiary in an affiliated (group or a par	rent-subs	idiary controlle	d group?	•	· 🔲 Y	'es X No
If "Yes," enter the name	and identifying nur	nber of the parent corpora	ition. 🕨						
J The books are in care o	DENIS	E CALABRESE			`	Telept	none number 🕨	914-	<u>-734-8718</u>
Part Unrelate	d Trade or B	usiness Income			(A) Inco	me	(B) Expen	ses	(C) Net
1a Gross receipts or sa	es								
b Less returns and alle	wances	c Balar	nce	► <u>1c</u>					
2 Cost of goods sold (Şçhedule A, line 7)		14	2	THE STATE OF	2517	トレンコン	an de	e Eterari Thir Wordmannaninanannininana
3 Gross profit. Subtrain	t line 2 from line 1	· (`: <u>`</u> \	3	1 KE		33/3		Š
4a Capital gain net inco	me (attach Schedul	e D)	4	4a	Hat was	3 1.0	<u> 1050 - 21 - 31 - 31 - 31 - 31 - 31 - 31 - 31</u>		a l
b Net gain (loss) (Forr	n 4797, Part II, line	17) (attach Form 4797)	·	4b	ISI MAI		1997年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		\$.3
c Capital loss deduction	n for trusts			4c	10	GDEN	UNA		<i>i</i> .
5 Income (loss) from	a partnership or an	S corporation (attach stat	ement)	5	1 0	سناحاق			\$
6 Rent income (Sched	ule C)			6					
7 Unrelated debt-finan	ced income (Sched	ule E)		7					
8 Interest, annuities, ro	yalties, and rents fr	om a controlled organizati	ion (Schedule F	F) 8			ļ		
9 Investment income	of a section 501(c)(7), (9), or (17) organization	on (Schedule (G) 9					•
10 Exploited exempt ac	tivity income (Sche	dule I)		10	_				
11 Advertising income	Schedule J)			11					
12 Other income (See i	nstructions; attach :	schedule) STATEN	MENT 3	12	3,019	851.			3,019,851
13 Total. Combine line	s 3 through 12			13	3,019				3,019,851
Part II. Deducti	ons Not Take	n Elsewhere (See	instructions	for limit	ations on ded	uctions)			
(Except for	contributions, de	eductions must be direc	ctly connecte	ed with t	the unrelated	business	s income)		
14 Compensation of o	fficers, directors, ar	nd trustees (Schedule K)						14	
15 Salaries and wages 16 Repairs and mainte								15	2,429,860
16 Repairs and mainte	nance							16	
17 Bad debts								17	
18 Interest (attach sch	edule) (see instruct	uons)						18	
19 Taxes and licenses 20 Charitable contribu	, ,	•						19	250
20 Charitable contribu	tions (See instruction	ons for limitation rules)	STATEM	TNA	6 SEE	STA	FEMENT 4	20	0
21 Depreciation (attac	•	·			1	21		\$.8	
22 Less depreciation of	•	e A and elsewhere on retu	rn			22a		22b	1 _
23 Depletion					_			23	
24 Contributions to de	ferred compensation	n plans						24	
Depreciation (attact Less depreciation of Depletion Contributions to de Employee benefit p	•	•						25	589,991
26 Excess exempt exp	enses (Schedule I)							26	
EO CAGGGG GAGIIIDI GAD	, ,							27	
					~	CπΣι	rement 5	28	1,250
27 Excess readership					SEE	DIA.		1 20	
27 Excess readership28 Other deductions (attach schedule)	h 28			SEE	SIA.	I DIMBINI J	29	
27 Excess readership28 Other deductions (a29 Total deductions.	attach schedule) Add lines 14 throug		fuction. Subtra	act line 2		DIA.	I DIMENT	29	3,021,351.
 27 Excess readership 28 Other deductions (29 Total deductions 30 Unrelated business 	attach schedule) Add lines 14 throug taxable income bel	fore net operating loss dec			9 from line 13		I I I I I I I I I I I I I I I I I I I		3,021,351.
 27 Excess readership 28 Other deductions (29 Total deductions. 30 Unrelated business 31 Deduction for net of 	attach schedule) Add lines 14 throug taxable income bet perating loss arisin		on or after Janı		9 from line 13			29 30	

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823711 01-09-19

Part I	Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 -1,500.
34	Amounts paid for disallowed fringes	34
35	· · · · · · · · · · · · · · · · · · ·	7 35 0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	30
•	lines 33 and 34	$ _{36} _{-1,500}$.
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,	
00	enter the smaller of zero or line 36	38 -1,500.
Part I		1001 27000
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39 0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	
70	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 0.
Part \		1 47 1
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	9-80
b	Other credits (see instructions) 45b	\$ parts
c	General business credit. Attach Form 3800 45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
_	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
	Payments: A 2017 overpayment credited to 2018	<u> </u>
	2018 estimated tax payments 50b	7.5
		800.
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	
	Backup withholding (see instructions) 50e	Section 1
	Credit for small employer health insurance premiums (attach Form 8941) 50f	
g.		
•	Form 4136 □ Other Total ► 50g	
51	Total payments. Add lines 50a through 50g	51 16,800.
52	Estimated 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 .
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54 16,800.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 4,583. Refunded	▶ 55 12,217.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)	1
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 have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	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 tro	ust?
	If "Yes," see instructions for other forms the organization may have to file.	
58	Enter the amount of tax-exempt interest regeived or accrued during the tax year >\$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of r correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ny knowledge and belief, it is true,
Sign	torrect, and complete Declaration of preparer (vider than taxpayer) is based on an information of which preparer has any knowledge	May the IRS discuss this return with
Here	DEO & CFO	the preparer shown below (see
	Signature of difficer Date Title	instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN
Paid		mployed
Prepa	rer YOKOBOSKY, CPA YOKOBOSKY, CPA 02/16/20	P01273422
Use C		sEIN ► 22-1478099
	1301 AVENUE OF THE AMERICAS	
	Firm's address ► NEW YORK, NY 10019	e no. 212-297- <u>0400</u>

Schedule A - Cost of Goods	Sold. Enter method	d of inventory v	aluation > N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year		ır		6	
2 Purchases	2	7 Cost of goods sold. Subtract I			ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a	8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (From Real Prope	rty and Per		.ease	d With Real Prope	erty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	Rent received or accr				0/->5		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of (b	of rent for personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sched	lule)
(1)							
(2)							
(3)							
(4)							
Total	0 . Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed Incor	ne (see instru	ictions)				
			2. Gross income from		 Deductions directly connected to debt-finance 		ıble
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions schedule)
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjusted of or allocable to debt-financed prop (attach schedul 	to perty	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ele deductions total of columns and 3(b))
(1)			%				
(2)			%				
(3)			%	I			
(4)			%				
-					nter here and on page 1, Part I, line 7, column (A)		nd on page 1, , column (B)
Totals			•	<u> </u>	0	<u>. </u>	0.
Total dividends-received deductions	ncluded in column 8				>		0.
						Forr	n 990-T (2018)

0.

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Totals (carry to Part II, line (5))

(1) (2) (3) (4)

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) 4. Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross 3. Direct 5. Circulation 6. Readership costs (column 6 minus advertising income 1. Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs income costs (1) (2) (3) (4) Ō. Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, Enter here and on page 1, Part II, line 27 line 11, col (B) 0 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees

1. Name	2 Title	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
BUSINESS ACTIVITY

STATEMENT 1

CONTRACTED MANAGEMENT SERVICES & QUALIFIED TRANSPORTATION FRINGE

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

AMENDED RETURN DUE TO REPEAL OF SECTION 512(A)(7). LINE 20, 28, 34 AND 52 HAS BEEN CHANGED FROM ORIGINAL FILED RETURN.

FORM 990-T	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
CONTRACTED MANAGEMENT SERVICES	3	3,019,851
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	3,019,851.
FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2017 CONTRIBUTIONS	N/A	7,955
TOTAL TO FORM 990-T, PAGE 1, L	7,955.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREPARATION		1,250
TOTAL TO FORM 990-T, PAGE 1, I	JINE 28	1,250

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED CONTRIBUTIONS SU	BJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS U	NUSED CONTRIBUTIONS			
FOR TAX YEAR 2013	1,094,115			
FOR TAX YEAR 2014	66,395			
FOR TAX YEAR 2015	28,560			
FOR TAX YEAR 2016	29,894			
FOR TAX YEAR 2017				
TOTAL CARRYOVER		1,218,964		
TOTAL CURRENT YEAR 10% CON	TRIBUTIONS	7,955		
TOTAL COMMENT THAN TO COM				
TOTAL CONTRIBUTIONS AVAILA	BLE	1,226,919		
TAXABLE INCOME LIMITATION	AS ADJUSTED	0		
EXCESS 10% CONTRIBUTIONS		1,226,919		
EXCESS 100% CONTRIBUTIONS		. 0		
TOTAL EXCESS CONTRIBUTIONS		1,226,919		
ALLOWABLE CONTRIBUTIONS DE	DUCTION			0
TOTAL CONTRIBUTION DEDUCTION	ON	n		0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	250.	0.	250.	250.
12/31/15	250.	0.	250.	250.
12/31/16	160.	0.	160.	160.
12/31/17	250.	0.	250.	250.
NOL CARRYC	VER AVAILABLE THIS	YEAR	910.	910.