Form 990-T   Exempt Organizati	ion Busine	ess Income 1	ິax Return ໌	OMB No 1545-0687			
(and prov	(and proxy tax under section 6033(e))						
	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 201						
	<ul> <li>▶ Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>						
A Check box if address changed Name of organization ( Check	Name of organization ( Check box if name changed and see instructions.)						
B Exempt under section Print CH_PENNSYLVANIA	Print CH_PENNSYLVANIA UNDER - 21						
X 501(C0)3 ) or Number, street, and room or suite r		instructions.		Unrelated business activity code See instructions )			
408(e) 220(e) 31 EAST ARMAT SI	1ype 31 EAST ARMAT STREET						
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA , PA 19144						
C Book value of all assets at end of year F Group exemption number (See in							
	501(c) corporati		401(a) tru				
H Enter the number of the organization's unrelated trades or businesses trade or business here ▶	· •		the only (or first) unrela , complete Parts I-V. If n				
describe the first in the blank space at the end of the previous sentenc	e complete Parts I :						
business, then complete Parts III-V.	o, complete raits re	ind it, complete a concadi	c wi for cach additional a	400 01			
During the tax year, was the corporation a subsidiary in an affiliated gi	roup or a parent-sub	sidiary controlled group?	STMT 1▶ X	Yes No			
If "Yes," enter the name and identifying number of the parent corporate	ion. 🟲	(0	VE 13-2	725416			
J The books are in care of ▶ JEN WEIKERT, EXEC	UTIVE DIF	ECTOR Telept	none number 🕨 21!	5-951-5411			
Part I. Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a Gross receipts or sales							
b Less returns and allowances c Balanc	· ·		<u> </u>				
2 Cost of goods sold (Schedule A, line 7)	2		<del> </del>				
3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)	3 4a		,	<del>                                     </del>			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 <u>4</u>			-			
c Capital loss deduction for trusts	4c		٠,				
5 Income (loss) from a partnership or an S corporation (attach state)			¥ 1				
6 Rent income (Schedule C)	6						
7 Unrelated debt-financed income (Schedule E)	7						
8 Interest, annuities, royalties, and rents from a controlled organization	n (Schedule F) 8						
9 Investment income of a section 501(c)(7), (9), or (17) organization	(Schedule G)9_						
10 Exploited exempt activity income (Schedule I)	10						
11 Advertising income (Schedule J)	11	<del> </del>	<del>                                     </del>				
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12	12	0.	<del>  /                                   </del>				
Part II Deductions Not Taken Elsewhere (See in							
(Except for contributions, deductions must be direct	tly connected with	the unrelated business					
Compensation of officers, directors, and trustees (Schedule KIR)	ECENTED	/	1	14			
15 Calaines and Wages	-CEIVED		<u>-</u>	15			
16 Repairs and maintenance	10 -	700	1	16			
17 Bad debts AU	IG <b>0.6</b> 2020 DEN, LJ	191/	_1	17			
18 Interest (attach schedule) (see instructions)		121	<u> </u>	18			
19 Taxes and licenses OG	DEN	7-1		19			
,			<del>-</del> -	20			
<ul><li>21 Depreciation (attach Form 4562)</li><li>22 Less depreciation claimed on Schedule A and elsewhere on return</li></ul>		21 22a		2b			
23 Depletion		[224]		23			
24 Contributions to deferred compensation plans				24			
25 Employee benefit programs			_	25			
26 Excess exempt expenses (Schedule I)				26			
27 Excess readership costs (Schedule 4)			2	27			
28 Other deductions (attach schedule)			2	28			
29 Total deductions. Add lines 14 through 28		29 0.					
30 Unrelated business taxable income before net operating loss dedu				30 0.			
31 Deduction for net operating loss arising in tax years beginning on	or after January 1,	2018 (see instructions)		31 6.84			
32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see inst	ructions		1.3	92 0. Form 990-T (2018)			

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Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	L	33	0.
34	Amounts paid for disallowed fringes *Repealed under H.R. 1865 Further Consolidated Appropriations Act,	2020	34	0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	·· · · · · ·		<del></del>
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	1	38	0.
Part I	V Tax Computation			
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:			·
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> [ 4	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	⟨ Tax and Payments	······		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions) 45b		Į	
C	General business credit, Attach Form 3800			
d	0.116		ł	
e	Total credits. Add lines 45a through 45d	4	ISe I	
48	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	47	
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.
50 a	Payments: A 2017 overpayment credited to 2018			
b		300.	ţ	
c	Tax deposited with Form 8868		ł	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		[	
	Backup withholding (see instructions) 50e		1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
Q	Other credits, adjustments, and payments: Form 2439	]	1	
	Form 4136 Other Total ▶ 50g		1	
51	Total payments. Add lines 50a through 50g	L		1,300.
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	() ▶ 🗀		1,300.
65	Enter the amount of line 54 you want: Credited to 2019 estimated tax		56	1,300.
Part \	I Statements Regarding Certain Activities and Other Information (see instructions	<u>s)</u>	<u> </u>	
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			1 1
	here >			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	rust?	1 ** ***** * * **	
	If "Yes," see instructions for other forms the organization may have to file.			1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year			
C:	Under penalties of perkry, I declare that I have examined this return, including accompanying schedules and statements, and to the best o correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge	and belief, it is tru	3,
Sign Here	1. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	May I	the IRS discuss this	return with
11616	Stollabore of officer Date Title		reparer shown belo	
			ictions)? X Y	es No
	Prefit/Type preparer's name Prefarer's signature Date Chec		PTIN	
Paid		employed	200540	200
Prepa	rer britter in missing to the		P00543	
Use (		's EIN 🕨	27-172	<u>0745</u>
	500 MAMARONECK AVENUE	0.4	4 204 0	000
		ne no. 91	4-381-8	900 90-T (2018)
923711 01	LTU_1U		E U	THE ! (70110)

FORM-990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
7	-	<del></del>			<del></del>		
CORPORATION'	S NAME						IDENTIFYING NO
COVENANT HOU	SE						13-2725416