

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2022**

For calendar year 2022 or other tax year beginning 7/01, 2022, and ending 6/30, 2023

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed. <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	<input type="checkbox"/> Check box if name changed and see instructions. <b>CARNEGIE HILL NEIGHBORS, INC.</b> 1326 MADISON AVENUE NEW YORK, NY 10128  <b>C</b> Book value of all assets at end of year. . . . . <u>760,349.</u>	<b>D</b> Employer identification number <u>13-3300409</u> <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type . . . . . <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university		<b>H</b> Check if filing only to . . . . . <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. . . . . <input type="checkbox"/>		<b>J</b> Enter the number of attached Schedules A (Form 990-T). . . . . <u>1</u>	
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. . . . .		<b>L</b> The books are in care of <u>JOANNA CAWLEY 1326 MADISON AVENUE NEW YORK NY 10128</u> Telephone number <u>212-996-5520</u>	

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	0.
2 Reserved. . . . .	2	
3 Add lines 1 and 2. . . . .	3	0.
4 Charitable contributions (see instructions for limitation rules). . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. . . . .	5	0.
6 Deduction for net operating loss. See instructions. . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5. . . . .	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions). . . . .	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9. . . . .	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	0.

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21). . . . .	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . .	2	
3 <b>Proxy tax.</b> See instructions. . . . .	3	
4 Other tax amounts. See instructions. . . . .	4	
5 Alternative minimum tax (trusts only). . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions. . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies. . . . .	7	0.

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		0.
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		
<b>6a</b> Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies. <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		0.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> .....	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 _____	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year. .... \$ <u>0.</u>		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V. ....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Signature of officer	Date	CHAIRMAN		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J. HITCHINGS				P00310839
	Firm's name	WILFRED WYLER & CO., CPA'S, P.C.		Firm's EIN	13-3688414
	Firm's address	14 PENN PLAZA, SUITE 1506 NEW YORK, NY 10122		Phone no.	(212) 687-0050

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization CARNEGIE HILL NEIGHBORS, INC.	<b>B</b> Employer identification number 13-3300409
<b>C</b> Unrelated business activity code (see instructions) 541800	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business **ADVERTISING**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance			
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)			
<b>7</b>	Unrelated debt-financed income (Part V)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)	45,790.	33,767.	12,023.
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	45,790.	33,767.	12,023.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b>	Salaries and wages	<b>2</b>	
<b>3</b>	Repairs and maintenance	<b>3</b>	
<b>4</b>	Bad debts	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions	<b>5</b>	
<b>6</b>	Taxes and licenses	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b>	Depletion	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	
<b>11</b>	Employee benefit programs	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	12,023.
<b>14</b>	Other deductions (attach statement)	<b>14</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	12,023.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	
<b>17</b>	Deduction for net operating loss. See instructions	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	

**BAA** For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	<b>Total.</b> Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)....	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).....	_____			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....	_____			
9 Allocable deductions. Multiply line 3c by line 6....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....	_____			
11 <b>Total dividends - received deductions</b> included in line 10.....	_____			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. ....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

**Part IX Advertising Income**

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A  CARNEGIE HILL NEWS
  - B
  - C
  - D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....	45,790.			
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				45,790.
3 Direct advertising costs by periodical.....	33,767.			
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				33,767.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....	12,023.			
5 Readership costs.....	66,289.			
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....	66,289.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....	12,023.			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....				12,023.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on Part II, line 1.....

**Part XI Supplemental Information** (see instructions)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

CARNEGIE HILL NEIGHBORS, INC.

Business or activity to which this form relates

Identifying number

13-3300409

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Rows 1-5 are summary rows. Row 6 is a header for a table with 3 columns: (a) Description of property, (b) Cost (business use only), and (c) Elected cost. Rows 7-13 are continuation of the table.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Row 14: Special depreciation allowance for qualified property. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2022. Row 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g: 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property. Rows h-i: Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs, (f) 30 yrs, (g) 40 yrs, (h) S/L, (i) S/L, (j) S/L, (k) S/L.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property. Enter amount from line 28. Row 22: Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

## CARNEGIE HILL NEIGHBORS, INC.

13-3300409

FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	821,137.	821,137.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	653,990.	345,640.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
COMPUTER SUPPORT	1,278.	511.	703.	64.
CONSULTANT	6,000.	2,400.	3,300.	300.
TOTAL	\$ 7,278.	\$ 2,911.	\$ 4,003.	\$ 364.

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK & CREDIT CARD FEES	12,651.	5,819.	3,163.	3,669.
CONTRIBUTIONS	751.	338.	188.	225.
GRAFFITI REMOVAL EXPENSES	658.	658.		
MISCELLANEOUS	500.	230.	125.	145.
PAYROLL SERVICE FEE	2,813.	1,294.	703.	816.
POSTAGE AND SHIPPING	1,104.	508.	276.	320.
PRINTING AND PUBLICATIONS	4,073.	1,874.	1,018.	1,181.
TELEPHONE & INTERNET	1,600.	736.	400.	464.
UTILITIES	3,383.	1,556.	846.	981.
TOTAL	\$ 27,533.	\$ 13,013.	\$ 6,719.	\$ 7,801.



# CT-13

Department of Taxation and Finance

# Unrelated Business Income Tax Return

Amended return

Tax Law – Article 13

All filers enter tax period:

beginning **07-01-22** ending **06-30-23**

Employer identification number (EIN) <b>13-3300409</b>	File number <b>MM4</b>	Business telephone number <b>212-996-5520</b>	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>
Legal name of corporation <b>CARNEGIE HILL NEIGHBORS, INC.</b>		Trade name/DBA	
Mailing address Care of (c/o) <b>1326 MADISON AVENUE</b>		State or country of incorporation	
Number and street or PO Box <b>1326 MADISON AVENUE</b>		Date of incorporation	Foreign corporations: date began business in NYS
City <b>NEW YORK</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10128</b>	Country (if not United States)
NAICS business code number (from federal return) <b>541800</b>	For office use only		
Principal unrelated business activity (see instructions) <b>ADVERTISING</b>		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	

### Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

**Organization** – Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A</b> Pay amount shown on line 22. Make payable to: <b>New York State Corporation Tax</b>	Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)	

### Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction .....	1	-1,000
2	New York State Article 13 and Article 23 tax deducted on federal return .....	2	
3	Additions required for shareholders of federal S corporations (see instructions) .....	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions) .....	4	
5	Other additions (see instructions) .....	5	
6	Add lines 1 through 5 .....	6	-1,000
7	Other income (see instructions) .....	7	
8	Federal S corporation shareholder subtractions (see instructions) .....	8	
9	Other subtractions (see instructions) .....	9	
10	Total subtractions (add lines 7, 8, and 9) .....	10	0
11	Taxable income before net operating loss deduction (subtract line 10 from line 6) .....	11	-1,000
12	New York net operating loss deduction (attach federal and NYS computations; see instructions) .....	12	
13	Taxable income (subtract line 12 from line 11) .....	13	-1,000
14	Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) .....	14	-1,000
15	Tax based on income (multiply line 14 by 9% (.09)) .....	15	0
16	Minimum tax .....	16	250 00
17	Tax (line 15 or line 16, whichever is larger) .....	17	250
18	Total prepayments from line 46 .....	18	250
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17) .....	19	0
20	Interest on late payment (see instructions) .....	20	
21	Late filing and late payment penalties (see instructions) .....	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) .....	22	0
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) .....	23	
24	Amount of overpayment on line 23 to be credited to next year .....	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) .....	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Table with columns for Average value of (lines 26-30), A New York State, and B Everywhere. Includes line 31 for percentage in New York State.

Receipts in the regular course of business from:

Table for Receipts in the regular course of business from (lines 32-42) with columns for New York State and Everywhere.

Composition of prepayments claimed on line 18\*

Table for Composition of prepayments claimed on line 18\* (lines 43-46) with columns for Date paid and Amount.

\*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination... Capital loss carryback... Amended Form 990-T... If marked, enter date of determination: Federal return filed Form 1139



<b>Third - party designee</b> <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> <b>MICHAEL J. HITCHINGS</b>	Designee's phone number <b>212-687-0050</b>
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>TRISH PRESTON</b>	Signature of authorized person	Official title <b>CHAIRMAN</b>
	Email address of authorized person <b>INFO@CHNEIGHBORS.ORG</b>	Telephone number <b>212-996-5520</b>	Date
<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> <b>WILFRED WYLER &amp; CO., CPA'S, P.C.</b>	Firm's EIN <b>13-3688414</b>	Preparer's PTIN or SSN <b>P00310839</b>
	Signature of individual preparing this return	Address <b>14 PENN PLAZA, SUITE 1506</b>	City <b>NEW YORK</b>
		State <b>NY</b>	ZIP code <b>10122</b>
	Email address of individual preparing this return <b>WWCPAS@VERIZON.NET</b>	Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

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**Request for Six-Month Extension to File**  
 (for franchise/business taxes, MTA surcharge, or both)  
 Tax Law – Articles 9-A, 13, and 33

All filers must enter tax period:

beginning **07-01-22** ending **06-30-23**

Employer identification number (EIN) <b>13-3300409</b>	File number <b>MM4</b>	Business telephone number <b>212-996-5520</b>		
Legal name of corporation <b>CARNEGIE HILL NEIGHBORS, INC.</b>		Trade name/DBA		
Mailing address Care of (c/o)		State or country of incorporation		
Number and street or PO box <b>1326 MADISON AVENUE</b>		Date of incorporation	Foreign corporations: date began business in NYS	
City <b>NEW YORK</b>	U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>10128</b>	Country (if not United States)	For office use only
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.				

**Request for extension of time to file the following forms:** Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13		Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>		CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

<b>A.</b> Pay amount shown on line 11. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	Payment enclosed
		<b>250</b>

**Certain corporations filing as part of a combined group:** Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

**B.** Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers)..... **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

**C.** If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box..... **C**

**D.** If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box..... **D**

**Computation of estimated franchise tax**

1 Franchise tax from the worksheet in Form CT-5-I.....	<b>1</b>	<b>250</b>
2		
3		
4 Prepayments of franchise tax (from line 16, column A).....	<b>4</b>	
5 Balance due – franchise tax (subtract line 4 from line 1; do not enter less than zero).....	<b>5</b>	<b>250</b>

**Computation of estimated MTA surcharge**

6 MTA surcharge from the worksheet in Form CT-5-I.....	<b>6</b>	
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B).....	<b>9</b>	
10 Balance due – MTA surcharge (subtract line 9 from line 6; do not enter less than zero).....	<b>10</b>	
11 Total balance due (see instructions).....	<b>11</b>	<b>250</b>

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**Composition of prepayments** – Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

		Date paid	A. Franchise tax	B. MTA surcharge
12	Mandatory first installment from Form CT-300	12		
13a	Second installment from Form CT-400	13a		
13b	Third installment from Form CT-400	13b		
13c	Fourth installment from Form CT-400	13c		
14	Overpayment credited from prior years	14		
15	Overpayment credited from Form CT- _____ Period	15		
16	Total prepayments (total all entries in column A and column B)	16		

<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name (or yours if self-employed) <b>WILFRED WYLER &amp; CO., CPA'S, P.C.</b>	Firm's EIN <b>13-3688414</b>	Preparer's PTIN or SSN <b>P00310839</b>
	Signature of individual preparing this document	Address <b>14 PENN PLAZA, SUITE NEW YORK</b>	City <b>NEW YORK</b>
		State <b>NY</b>	ZIP code <b>10122</b>
	Email address of individual preparing this document <b>WWCPAS@VERIZON.NET</b>	Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

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# New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation <b>CARNEGIE HILL NEIGHBORS, INC.</b>
---

### Purpose

This form is for use by EROs only. An ERO must complete this form when **both** of the following conditions are met:

- the ERO is e-filing one of the following forms:
  - Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*;
  - Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*;
  - Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*;
  - Form CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*;
  - Form CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or
  - Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*; **and**
- the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

### Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Important:** You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does **not** satisfy the signature requirement for e-filed Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400.

**Do not mail this form to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

### Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic extension request, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

### Financial institution information (required if electronic payment is authorized)

1 Amount due with extension.....	<b>1</b>	<b>250.</b>
2 Financial institution routing number.....	<b>2</b>	<b>021000021</b>
3 Financial institution account number.....	<b>3</b>	<b>611907806</b>

Signature of authorized officer of the corporation	Date
Print your name <b>TRISH PRESTON</b>	Title of officer <b>CHAIRMAN</b>

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CARNEGIE HILL NEIGHBORS, INC.</b>	Taxpayer identification number (TIN) <b>13-3300409</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1326 MADISON AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10128</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ JOANNA CAWLEY 1326 MADISON AVENUE NEW YORK NY 10128 \_\_\_\_\_

Telephone No. ▶ 212-996-5520 \_\_\_\_\_ Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 5/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 2022, and ending 6/30, 2023.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2022**

For calendar year 2022 or other tax year beginning 7/01, 2022, and ending 6/30, 2023

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed. <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	<input type="checkbox"/> Check box if name changed and see instructions. <b>CARNEGIE HILL NEIGHBORS, INC.</b> 1326 MADISON AVENUE NEW YORK, NY 10128  <b>C</b> Book value of all assets at end of year..... <b>760,349.</b>	<b>D</b> Employer identification number <b>13-3300409</b> <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type..... <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university		<b>H</b> Check if filing only to..... <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation..... <input type="checkbox"/>		<b>J</b> Enter the number of attached Schedules A (Form 990-T)..... <b>1</b>	
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.....		<b>L</b> The books are in care of <b>JOANNA CAWLEY 1326 MADISON AVENUE NEW YORK NY 10128</b> Telephone number <b>212-996-5520</b>	

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	<b>1</b>	0.
2 Reserved.....	<b>2</b>	
3 Add lines 1 and 2.....	<b>3</b>	0.
4 Charitable contributions (see instructions for limitation rules).....	<b>4</b>	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.....	<b>5</b>	0.
6 Deduction for net operating loss. See instructions.....	<b>6</b>	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.....	<b>7</b>	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).....	<b>8</b>	1,000.
9 Trusts. Section 199A deduction. See instructions.....	<b>9</b>	
10 Total deductions. Add lines 8 and 9.....	<b>10</b>	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.....	<b>11</b>	0.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).....	<b>1</b>	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	<b>2</b>	
3 Proxy tax. See instructions.....	<b>3</b>	
4 Other tax amounts. See instructions.....	<b>4</b>	
5 Alternative minimum tax (trusts only).....	<b>5</b>	
6 Tax on noncompliant facility income. See instructions.....	<b>6</b>	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.....	<b>7</b>	0.

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		0.
<b>2</b> Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		
<b>6a</b> Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies. <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		0.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> .....	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 _____	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year. .... \$ <u>0.</u>		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b> If 6a is "Yes", has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V. ....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J. HITCHINGS				P00310839
	Firm's name	WILFRED WYLER & CO., CPA'S, P.C.		Firm's EIN	13-3688414
	Firm's address	14 PENN PLAZA, SUITE 1506 NEW YORK, NY 10122		Phone no.	(212) 687-0050

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization CARNEGIE HILL NEIGHBORS, INC.	<b>B</b> Employer identification number 13-3300409
<b>C</b> Unrelated business activity code (see instructions) 541800	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business **ADVERTISING**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance			
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)			
<b>7</b>	Unrelated debt-financed income (Part V)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)	45,790.	33,767.	12,023.
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	45,790.	33,767.	12,023.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b>	Salaries and wages	<b>2</b>	
<b>3</b>	Repairs and maintenance	<b>3</b>	
<b>4</b>	Bad debts	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions	<b>5</b>	
<b>6</b>	Taxes and licenses	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b>	Depletion	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	
<b>11</b>	Employee benefit programs	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	12,023.
<b>14</b>	Other deductions (attach statement)	<b>14</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	12,023.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	
<b>17</b>	Deduction for net operating loss. See instructions	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	

**BAA** For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	<b>Total.</b> Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)....	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).....	_____			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....	_____			
9 Allocable deductions. Multiply line 3c by line 6....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....	_____			
11 <b>Total dividends - received deductions</b> included in line 10.....	_____			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

**Part IX Advertising Income**

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A  CARNEGIE HILL NEWS
  - B
  - C
  - D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....	45,790.			
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				45,790.
3 Direct advertising costs by periodical.....	33,767.			
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				33,767.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....	12,023.			
5 Readership costs.....	66,289.			
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....	66,289.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....	12,023.			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....				12,023.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on Part II, line 1.....

**Part XI Supplemental Information** (see instructions)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

CARNEGIE HILL NEIGHBORS, INC.

Business or activity to which this form relates

Identifying number

13-3300409

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and carryover of disallowed deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A, including fields for MACRS deductions for assets placed in service in tax years beginning before 2022 and a checkbox for grouping assets.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 10 rows (a-i) for Section B, detailing classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 6 columns and 4 rows (a-d) for Section C, detailing class life, recovery period, convention, and method.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including fields for listed property amount, total depreciation, and carryover of disallowed deduction.