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•••	TD0 Nove - 2020 22	. 270	332	6502602
	IRS Notice 2020-23			
Form 990-T	Exempt Organization Business Inco		1,	OMB No 1545-0687
Form 330-1	(and proxy tax under section		100	0040
	For calendar year 2018 or other tax year beginning 07/01, 2018,		19	2018
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for instructions and the Do not enter SSN numbers on this form as it may be made public if		(3)	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name changed and see i		D Employer	identification number
address change	INTERBOROUGH DEVELOPMENTAL AND CON	SULTATION	(Employees	trust, see instructions)
B Exempt under section	CENTER, INC.			
X 501(C)(3)	Print Number, street, and room or suite no. If a P.O. box, see instructions or	<u> </u>	23-735	
408(e) 220(d	Type	[E Unrelated (See instruc	business activity code
408A530(a	1623 KINGS HIGHWAY			
529(a)	City or town, state or province, country, and ZIP or foreign postal or	ode		
C Book value of all assets at end of year	BROOKLYN, NY 11229 F Group exemption number (See instructions) ▶			
	G Check organization type X 501(c) corporation	501(c) trust	401(a) trus	other trust
H Enter the number of	f the organization's unrelated trades or businesses			first) unrelated
trade or business hi		nly one, complete Parts I-V		•
	ace at the end of the previous sentence, complete Parts I and II, com	•		,
	nen complete Parts III-V			
	was the corporation a subsidiary in an affiliated group or a parent-su	bsidiary controlled group?.		Yes No
	ame and identifying number of the parent corporation			
	<u> </u>	Telephone number ▶ 929		
Part I Unrelated	Trade or Business Income (A) Income	e (B) Expense	es	(C) Net
1a Gross receipts or				•
b Less returns and allow				
_	(35.05.55.4,			
·	otract line 2 from line 1c			
	orm 4797, Part II, line 17) (altach Form 4797) . 4b			
	uction for trusts			
5 Income (loss) from a	partnership or an S corporation (attach statement)			
	nedule C) 6			
	nanced income (Schedule E) 7 RECIEV	/ED		
■ 8 Interest, annuities, ro	ralties, and rents from a controlled organization (Schedule F) 8	၂၀		
	a section 501(c)(7) (9), or (17) organization (Schedule G)	2020 Q		
Exploited exemp	activity income (Schedule I)	2020		
11 Advertising inco	ne (Schedule J)			
12 Other income (S	ee instructions, attach schedule) 12 OGDEN	<u>, U I</u>		
≤13 Total Combine	nes 3 through 12 18	0.	voont for	contributions
deduction	ns Not Taken Elsewhere (See instructions for limitations must be directly connected with the unrelated busine	se income)	xcept ioi	contributions,
	officers, directors, and trustees (Schedule K)		. 14	
	es			
	ntenance		·	·
	schedule) (see instructions)			
	es		1 1	
	butions (See instructions for limitation rules)	1	. 20	
	ach Form 4562)		_	
22 Less depreciation	n claimed on Schedule A and elsewhere on return 22	a	22b	
			1 1	
	deferred compensation plans		r	
	t programs			.
	xpenses (Schedule I)		1 1	<u> </u>
	p costs (Schedule J)			
	s (attach schedule)			
29 Total deductions	Add lines 14 through 28		. 29	

32 Unrelated business taxable income Subtract line 31 from line 30. For Paperwork Reduction Act Notice, see instructions.

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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .

_	990-1 (2018)				age z
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)				
34	Amounts paid for disallowed fringes				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sun				
	of lines 33 and 34				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	6 . 37		1,(000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36	5, 🚪			
	enter the smaller of zero or line 36	. 38			0.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax or	ո 🚶			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40			
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 4\$a	\Box			
45 a	Other and to fee a set with a set of the set	\dashv \sqcup			
D	Other credits (see instructions)	\dashv \vdash			
С	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-1.1			
е	Total credits Add lines 45a through 45d				
46	Subtract line 45e from line 44				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
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			
	Payments A 2017 overpayment credited to 2018	_ ' '			
b	2018 estimated tax payments	6.			
	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)				
_	Backup withholding (see instructions)	7			
	Credit for small employer health insurance premiums (attach Form 8941)	\neg			
	Other credits, adjustments, and payments Form 2439	\dashv \sqcup			
y					
-4		. 41		7.1	616.
51	Total payments Add lines 50a through 50g	52			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	_ —			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53 -L			616
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5#			616.
55	Enter the amount of line 54 you want				616.
Par	TVI Statements Regarding Certain Activities and Other Information (see Instruction)	ons) ¹		1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	e foreign	country] !	
	here ▶				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust	?		Х
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				1
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements and to the	e best of m	y knowledge	and beli	ief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her		•	RS discuss		
1161	Signature of officer Date Title	with the (see instruction	preparer shons)? X v	es E	No
	Print/Type preparer's name Preparer's signature Date		PTIN	-3	1110
Paid	6/8/2020	neck 📖 if		0 4 1 7	0
	parer (doctorwood)	elf-employed		8417	
•	Control Firm's name DDO OSA, EDF	m's EIN 🕨	13-538		
	Firm's address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001 Ph	ione no 21	2-885-	8000	

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		property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)					
(2)					
(3)					
(4)					
	4 Amount of average acquisition debt on or allocable to debt-financed property (allach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
1 Ota	ai aiviaenas-receivea deduc	tions included in column 8			

Form 990-T (2018)

TAXPAYER NAME. INTERBOROUGH DEVELOPMENTAL AND CONSULTATION CENTER, INC.

EIN: 23-7358415

Tax year: 6/30/2019

2018 Form 990-T

IRC SECTION 512(a)(7) Repeal

The filing organization is filing its 2018 Form 990-T to solely claim a refund for estimated tax payments made in relation to UBIT for disallowed fringes under IRC Section 512(A)(7).

H.R. 1865, as signed into law on December 20, 2019, repealed IRC Section 512(a)(7) that taxed qualified transportation fringe benefits, which included expenses related to transit passes and parking facilities associated with qualified parking. The repeal is retroactive to the original date of enactment. As a result, organizations are entitled to a refund of taxes paid since the provision's original effective date of January 1, 2018.

Therefore, on the attached return, we are claiming a refund of the estimated tax payments made during the reporting period '