| _Б ф. 990-Т | E | Exempt Organization Bu | sines | ss Income T | ax Return | ı ļ | OMB No 1545-0687 | | | |
|--|-------------|--|----------------|-----------------------------|------------------|---------------|--|--|--|--|
| / | | (and proxy tax under section 6033(e)) | | | | | | | | |
| | For ca | lendar year 2017 or other tax year beginning | : 44 '- | , and ending | | - | 201/ | | | |
| Department of the Treasury Internal Revenue Service | | Go to 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). | | | | | | | | |
| Check box if address changed | | Name of organization (Check box if name | changed | and see instructions.) | | (Empl | oyer identification number oyees' trust, see ctions) | | | |
| Exempt under section | Print | JEWISH OMNI SERVICES, | INC | | | | 4-2119390 | | | |
| X 501(c)(3 03 | or | Number, street, and room or suite no. If a P.O. b | | | | E Unrela | ated business activity code | | | |
| 408(e) 220(e) | - Type | 538 ROBESON STREET | • | | | (0001) | isa dolloria y | | | |
| 408A 530(a) | | City or town, state or province, country, and ZIP | or foreign | postal code | | | | | | |
| 529(a) Book value of all assets | <u> </u> | FALL RIVER, MA 02720 F Group exemption number (See instructions.) | _ | | | | | | | |
| at end of year 8,391,8 | 339. | G Check organization type ► X 501(c) cc | rporation | 501(c) trust | 401(a) | trust | Other trust | | | |
| Describe the organization | n's prim | ary unrelated business activity. NONE | • | | | | | | | |
| | | poration a subsidiary in an affiliated group or a par | ent-subsid | diary controlled group? | > [| Ye | s X No | | | |
| | | tifying number of the parent corporation. | | | | | | | | |
| The books are in care of | f 🕨 (| CHRISTINE VITALE | | Telepho | ne number 🕨 5 | 08- | 679-6172 | | | |
| Part I Unrelate | d Trac | de or Business Income | | (A) Income | (B) Expenses | : | (C) Net | | | |
| 1a Gross receipts or sal | es | | | | | | | | | |
| b Less returns and allo | wances | c Balance ▶ | 10 | | | | | | | |
| 2 Cost of goods sold (3) | | • | 2 | | | | | | | |
| 3 Gross profit. Subtract | | | 3 | | | | | | | |
| 4 a Capital gain net incoi | | | 4a | | | | | | | |
| - , , , | | Part II, line 17) (attach Form 4797) | 4b | | | | | | | |
| c Capital loss deductio | | | 4c | | | | | | | |
| | | ips and S corporations (attach statement) | 5 | | | | | | | |
| 6 Rent income (Schede | • | | 6 | | | | | | | |
| 7 Unrelated debt-finan | | · · | 7 | | | | | | | |
| | | and rents from controlled organizations (Sch. F) | . 8 | | | | | | | |
| | | on 501(c)(7), (9), or (17) organization (Schedule (| - | | | | | | | |
| 10 Exploited exempt act | | | 10 | | | | | | | |
| 11 Advertising income (| | | 12 | | | | | | | |
| Other income (See inTotal. Combine line | | | 13 | 0. | | | | | | |
| | | ot Taken Elsewhere (See instructions | | | | | | | | |
| | | utions, deductions must be directly connect | | | income) | | | | | |
| 14 Compensation of of | fficers, di | rectors, and trustees (Schedule K) | | | | 14 | | | | |
| 15 Salaries and wages | | | | | | 15 | | | | |
| 16 Repairs and mainter | nance | | | | | 16 | | | | |
| 7 Bad debts | | | | | | 17 | | | | |
| 8 Interest (attach sch | edule) | | | | | 18 | | | | |
| 19 Taxes and licenses | | | | | | 19 | | | | |
| | • | e instructions for limitation rules) | | 1 1 | | 20 | | | | |
| 21 Depreciation (attach | | | | 21 | | | | | | |
| 22 Less depreciation c | laimed or | RECEIVE A 280 elsewhere on return | | 22a | | 22b | | | | |
| | 1 | REOL | | | | 23 | | | | |
| 24 Contributions to de | terred co | mpensation plans | | | | 24 | | | | |
| 25 Employee benefit pr | roglame | chedule J | | | | 25 | | | | |
| 26 Excess exempt expo | enses | chedule I) | | | | 26 27 | | | | |
| 27 Excess readership of | COSTS (SC | COEN. UT | | | | 28 | | | | |
| 28 Other deductions (a | Mad II Acc | hedule-J) GDEN, UT | | | | 29 | 0 | | | |
| 10441 00440410113.7 | tuu iiiiso | न्यनतारवाष्ट्रा 28 ncome before net operating loss deduction. Subtr | act line 20 | from line 12 | | 30 | 0 | | | |
| | | ncome before het operating loss deduction. Subtr n (limited to the amount on line 30) | aut 11116 29 | THOM MIC 13 | | 31 | | | | |
| | | ncome before specific deduction. Subtract line 31 | from line | 30 | | 32 | 0 | | | |
| | | y \$1,000, but see line 33 instructions for exceptio | | JU | | 33 | 1,000 | | | |
| | | y \$1,000, but see line 33 from line 32. If line 33 i | | han line 32 enter the em | aller of zero or | 33 | ±,000 | | | |
| line 32 | o landult | s meeting. Subtract mig 55 HUIII mig 52. II Mile 55 I | o greater t | nan inio oz, cinci the sili | uno: 0: 20:0 0: | 34 | , 0 | | | |
| | D | rwork Reduction Act Notice, see instructions. | | | 0.7 | $\overline{}$ | Form 990-T (201) | | | |

| Form 990- | T (2017) | JEWISH | OMNI | SERVIC | ES, | INC. | | | | 04-2 | 119 | <u> 390</u> | | | Page 2 |
|-----------|--------------|--|-----------------|-------------------|------------|-------------------|-----------------------|--|------------|------------------|---------------|-------------|----------------------------|---------|--|
| Part I | II Ta | ax Computati | ion | | | | | | | | | | | | |
| 35 | Organiz | zations Taxable as | Corporation | ns. See instruc | ctions fo | r tax computa | ition. | | | | | | | | |
| | _ | led group members | | | | | _ | ns and | | | | | - | | |
| а | | our share of the \$50 | - | | • | | | | | | 1 | | | | |
| _ | (1) \$ | | | (2) \$ | , | | (3) \$ | | 1 | | - | | | | |
| h | | rganization's share | | | (not mo | re than \$11.7 | | | | | | 4. | | | |
| | | litional 3% tax (not | | | (IIIII) | 10 than w 1,7 | β [\$ | | | | 1 | | | | |
| | | tax on the amount | | p 100,000) | | | Ψ | | | | ▶ -3 | 5c | | | 0. |
| | | | | atriiationa far í | tov oom | nutation Inco | ma tay an tha am | ount on line | 24 fram: | • | F | , I | | | <u> </u> |
| 36 | | Taxable at Trust Ra | | | | | ille tax on the and | Julit off fille | 34 110111. | | . | - | | | |
| | | ax rate schedule or | | hedule D (Forr | 111 104 1) | | | | | | | 36 | | | |
| 37 | • | ax. See instructions | 5 | | | | | | | , | \vdash | 37 | | | |
| 38 | | tive minimum tax | | | | | | | | | _ | 38 | | | |
| 39 | | Non-Compliant Fa | - | | | | | | | | _ | 39 | | | |
| 40 | | Add lines 37, 38 and | | 35c or 36, whi | chever a | pplies | | | | | | 10 | | | 0. |
| | | ax and Payme | | | | | | | , | | | | | | |
| | _ | tax credit (corpora | | Form 1118; tr | rusts att | ach Form 111 | 6) | 41a | | | _ | _ | | | |
| b | | redits (see instructi | • | | | | | 41b | ļ | | 4 | _ | | | |
| C | | business credit. At | | | | | | 41c | | | _ | | | | |
| d | Credit fo | or prior year minim | um tax (atta | ch Form 8801 | or 882 | 7) | | 41d | L | | | | | | |
| е | Total ci | r edits. Add lines 41 | a through 4 | 10 | | | | | | | 14 | 1e | | | |
| 42 | | t line 41e from line | | | | | | | _ | | Ŀ | 12 | | | 0. |
| 43 | Other ta | ixes. Check if from: | Form | 4255 F | orm 86 | 11 Forn | n 8697 📖 Fori | m 8866 📖 | _ Other (| (attach schedul | e) <u> </u> | 13 | | | |
| 44 | Total ta | x Add lines 42 and | 1 43 | | | | | | | | L | 14 | | | 0. |
| 45 a | Paymer | nts. A 2016 overpa | yment credi | ted to 2017 | | | | 45a | | | | | | • | |
| b | 2017 es | stimated tax payme | nts | | | | | 45b | | | | | | | |
| c | Tax dep | osited with Form 8 | 868 | | | | | 45c | | | | · | | | |
| d | Foreign | organizations Tax | paid or with | held at source | e (see in | structions) | | 45d | | | | . | | | |
| е | Backup | withholding (see in | structions) | | | | | 45e | | | | ` | | | |
| f | Credit fo | or small employer h | nealth insura | ance premium: | s (Attacl | n Form 8941) | | 45f | | | | . | | | |
| | | redits and payment | | | m 2439 | | | | | | | ı | | | |
| · | | orm 4136 | | Oth | ner | | Total | ▶ 45g | | | - 1 | i | | | |
| 46 | | ayments. Add lines | 45a throug | | | | | ٠ ــــــــــــــــــــــــــــــــــــ | · | | 7 | 16 | | | |
| 47 | • | ed tax penalty (see | • | - | rm 2220 | is attached | ▶ □ | | | | | 17 | | | — |
| 48 | | e. If line 46 is less the | | - | | | | | | 1 | | 18 | | | 0. |
| 49 | | yment. If line 46 is | | | | | | | | | - | 19 | | | 0. |
| 50 | • | e amount of line 49 | • | | | - | > | | l Re | funded | - | 50 | | | |
| Part.\ | | atements Re | - | | | | Other Inform | ation (se | | | | <u> </u> | | | |
| 51 | | ime during the 201 | | | | | • | | | | | | | Yes | No |
| • | - | inancial account (bi | - | • | • | | • | | | • | | | | | ." 1 |
| | | Form 114, Report of | | - | | - | | - | | | | | | 1 | ,] |
| | here > | , , | | | | , | | | , | | | | | * * | X |
| 52 | | the tax year, did the | organizatio | n receive a dis | stributio | n from or wa | at the granter of | or transfero | r to a for | reion trust? | | | | | X |
| | - | see instructions for | - | | | • | on the granter on, | 0, 1,2,10,0,0 | 0, = .2. | | | | į | · † | , , |
| 53 | | e amount of tax-ex | | _ | - | | vear ► \$ | | | | | | | | |
| | | er penalties of perjury, l ct, and oppoplete Decl | | | | | | and statement | ts, and to | the best of my l | knowled | lge and | belief, it is | true, | <u> </u> |
| Sign | corre | ct, and confolete Decl | a atyon of prop | earer (other than | taxpayer) | is based on all i | nformation of which p | oreparer has ar | ny knowled | dge | | | | | |
| Here | | 4U/1111 | `XV\ | $1/ \bigcup_{}$ | _ | | PRESI | DENT | | | | | discuss this shown belo | | with |
| | | Signature of officer | -U-/ | | Dat | e | Title | .DDIVI | | | | tions)? | | ` | No |
| | <u> </u> | Print/Tyne preparer | 'e name | | Dronaro | r's signature | | Data | I | Check | | PTIN | ٠٠ ليفيا | | <u>,, , , , , , , , , , , , , , , , , </u> |
| _ | | Print/Type preparer | 3 Hallie | | - Tepare | · · | f . | Date | | | | 1. 1114 | | | |
| Paid | Ļ | VY BECKH | λM | | \perp | vu the | ckham | 09/26 | | self- employ | eu | DΛ | 1316 | 121 | |
| Prepa | יים ויים ויי | rm's name ► C | | TT. A D C O A | T T & T | <i>1</i> - | | U 3 / 40 | / 10 | Currello CINI | | | $\frac{1316}{-074}$ | | <u>a</u> — |
| Use C | Only ¦∴ | inn s name 🕨 C. | | | | | VE, SUIT | E 310 | | Firm's EfN | | 4 T | -0/4 | 0 / 4 | |
| | | rm's address | | | | | AE' 2011 | טונ יי. | | Dhone se | 15 | 171 | 984 | _ 01 | Λ Λ |
| | | iiii 5 dudless | COTM | CI, MA | 041 | U J | | | | Phone no. | ιο. | | | | |
| | | | | | | | | | | | | | Form 99 | ⊅U- I (| 2017) |

723711 01-22-18

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory v | aluation N/A | | | | | | |
|---|----------------------|--|---------------------------------------|---|--------------------------------|--|--|-------------|--|--|
| 1 Inventory at beginning of year 1 | | | | 6 Inventory at end of year 6 | | | | | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 | | | | | | | |
| 3 Cost of labor | 3 | | 7 | from line 5. Enter here and in Part I, | | | | | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | on 263A (with respect to Yes N | | | | | |
| b Other costs (attach schedule) 4b property produced or | | | | | cquirec | for resale) apply to | | — | | |
| 5 Total. Add lines 1 through 4b | 5 | | 7 | the organization? | | | l | - | | |
| Schedule C - Rent Income | (From Real | Property an | d Per | sonal Property | Leas | ed With Real Pro | perty) | | | |
| (see instructions) | | <u> </u> | | | - | | | | | |
| 1. Description of property | | | | | | | | | | |
| (1) - | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | ed or accrued | | | | 3(a) Deductions directly | connected with the incor | me in | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | of rent for | personal | onal property (if the percenta property exceeds 50% or if ed on profit or income) | age | columns 2(a) an | d 2(b) (attach schedule) | | | |
| (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 | | ter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. | | |
| Schedule E - Unrelated Del | ot-Financec | Income (see | ınstru | ctions) | | | | | | |
| | | | 2 | . Gross income from | | 3. Deductions directly control debt-finance | | | | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deduction (attach schedu | | | |
| | | | | | | (4.1.2.7.02.1.2.1.7) | , | , | | |
| (1) | | ··· | + | | | | | | | |
| (2) | | | + | | | ., | | | | |
| (3) | | | 1 | | | | | | | |
| (4) | | | + | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property n schedule) | 6 | . Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | 8. Allocable ded (column 6 x total or 3(a) and 3(t | f columns | | |
| (1) | | | + | % | | | † | | | |
| (2) | | -, · · · · · · | | % | | | | | | |
| (3) | | | 1 | % | | | | | | |
| (4) | | | | % | | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on Part I, line 7, colur | | | |
| Totals | | | | > | | 0 | . | 0. | | |
| Total dividends-received deductions in | icluded in columr | n 8 | | - 1 | ٠ | • | | 0. | | |
| | | | | | | | Form 99 0 | I-T (2017) | | |

| 1 Name of controlled organization consideration of the controlled organization of controlled organization of controlled organization of controlled organization is great income of controlled organization is great income of controlled organizations. 7. Transible income 8. Net unrelated encome (loss) (ever instructions) 8. Net unrelated encome (loss) (ever instructions) 9. Total of specified payments in 10 Part of column 8 that is noticided in the controlled organization in the controlled o | Schedule F - Interest, A | Annumes, | noyaitie | | Controlled C | _ | | Zations | s (see ins | truction | S) |
|--|---------------------------------------|---------------------------|----------------|---|---|--|-----------------------------------|------------|-----------------------------|-----------------|--|
| Comparison Controlled Organizations S. Net unstated number (see) S. Total of specified payments 10 mm to column (in this is produced 11. Deactions drawft, cornorate mode of the column (in this is produced 11. Deactions drawft, cornorate mode of the controlled organization (in the controlled organization | 1 Name of controlled organizat | ion | identification | er 3 Net un | related income | 4. Tota | al of specified | included | included in the controlling | | connected with income |
| Comparison Controlled Organizations S. Net unstated number (see) S. Total of specified payments 10 mm to column (in this is produced 11. Deactions drawft, cornorate mode of the column (in this is produced 11. Deactions drawft, cornorate mode of the controlled organization (in the controlled organization | (1) | | | | | | | | | | |
| (4) Nonexempt Controlled Organizations 7. Traceble house 8. Net unstated access (east) 9. Total of separated payments 10. Per of culture 8 that is reduced. (1) (2) (3) (4) And cultures 5 and 10. Earner traceble rough of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Decretion of income 1 Decretion of income 2. Amount of noone 2. Amount of noone 2. Amount of noone 3. Codictions (see instructions) 1 Decretion of income 2. Amount of noone 3. Codictions (see instructions) 3. Codictions (see instructions) 4. Ger-states (see) (d) (d) (e) (d) (e) (f) (e) (f) (f) (g) (g) (h) (g) (h) (h) (h) (h | | | | | - | | | | | | |
| Add calcums 5 and 1 Contact Co | | | | | | | | | | | <u> </u> |
| Nonexempt Controlled Organizations 8. Neutralisate receives (base) 9. Total of appended payments 10. Part of ashume 8 that a reclused with income on column 10 of the controlling organizations or the controlling organization organiz | | | | <u> </u> | • | | | | - | | |
| 7, Taxable Income 8, Net unrelated income (lose) (see instructions) 9, Total of appointed payments in the controlling operations and the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations and the controlling operations are seen in the controlling operations are seen in the controlling operation of the controlling operation operation of the controlling operation of the controlling operation of the controlling operation operation operation operation opera | | zations | | • | | | | | | | |
| (d) Totals Add columns 3 and 10 Enter here and on page 1, Part I, line 8, column (i) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Deductions developed consequence of the sea and on page 1, Part I, line 8, column (ii) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (ii) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (iii) (6) (7) (8) (9) Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income (see instructions) 1 Description of supplied Exempt Activity Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 2 Description (supplied Exempt Activity Income) 3 Description (supplied Exempt Activity Income) 4 An income (supplied Exempt Activity Income) 5 Description (supplied Exempt Activity I | | 8. Net unre | | oss) 9 . Total | | ments | in the controll | ng organiz | | 11. Dec with | ductions directly connected income in column 10 |
| (d) Totals Add columns 3 and 10 Enter here and on page 1, Part I, line 8, column (i) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Deductions developed consequence of the sea and on page 1, Part I, line 8, column (ii) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (ii) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (iii) (6) (7) (8) (9) Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income (see instructions) 1 Description of supplied Exempt Activity Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 1 Description of supplied Exempt Activity Income, Other Income (see instructions) 2 Description (supplied Exempt Activity Income) 3 Description (supplied Exempt Activity Income) 4 An income (supplied Exempt Activity Income) 5 Description (supplied Exempt Activity I | (1) | | | | | | | | | | · |
| (4) Add columns 5 and 10 Enter have and on page 1, Part 1, Inches, column (8) Column (9) Column (9) | | | | | | | | | | | |
| Add column 5 and 10 Enter here and on page 1, Part 1, line 8, column (8) O. O. | | | | | | | - | | | | |
| Add columns (as an in 10 Enter here and on page 1, Part I, line 8, column (8) O . O . O . O . Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 3, Chidustoris directly connected (effects schedule) Columns (see instructions) C | | | | | | | | | | | |
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| Cose instructions 2. Amount of income 2. Amount of income 3. Destrictions destroy connected (entach schedule) 4. Set-assides (entach schedule) (2) (3) (4) (| | | | | | <u>▶</u> | | | 0. | | 0. |
| 1 Description of income 2. Amount of income 3. Exclusives directly connected (attach schedule) (1) (2) (3) (4) Stite here and on page 1, Part I, line 9, column 6 year of unrelated business income from trade or bus | | | e of a Se | ction 501(c) | (7), (9), or | (17) Or | ganization | ì | | | |
| (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A), Part I, line 9, column (B) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited dusiness income from bade or business income hade or business income from bade or business income hade or business income bade or business income bade or business income from business income income home bade or business income bade or | · · · · · · · · · · · · · · · · · · · | | | | 2. Amount of | ıncome | directly conne | cted | | | and set-asides |
| (4) First here and on page 1, Part I, line 9, column (A) | (1) | | | | | | (anach sched | ulej | <u>`</u> | <u> </u> | (col 3 plus col 4) |
| (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Income, other Than Advertising Income (see instructions) 1. Description of exploited activity Income, other Than Advertising Income (see instructions) 1. Description of exploited activity Income, other Than Advertising Income (see instructions) 2. Gross understood business income for trade or business income | | | | | <u> </u> | | | | | | |
| Company Comp | | | | | <u> </u> | | | | | | |
| Enter here and on page 1, Part I, line 9, column (8) | | | | | <u> </u> | | | | | | |
| Totals Part I, line 9, column (A) | (4) | | | | Enter here and | on noon 1 | | | | | Enter here and an age 1 |
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| (3) (4) Contains | (1) | | | | | | | | | | |
| (3) (4) Contains | (2) | | | | | | | | | | |
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| Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income Inc | | page 1, Pa | art I, (A) | page 1, Part I, line 10, col (B) | | | | | | | on page 1, Part II, line 26 |
| Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising all or (loss) (col 2 minus coll 3). If a gain, compute colls 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A. Advertising gain or (loss) (col 2 minus coll 2 minus coll 3). If a gain, compute colls 5 through 7 5. Circulation income 6. Readership costs (column 6 minus collumn 4). | | a Incom | | | l | | | | | | 1 0. |
| 1. Name of periodical advertising advertising costs advertising co | | | | | solidated | Basis | | _ | | | |
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| | Totals (sarry to rait ii, lille (s)) | | 0. | | *1 | | <u> </u> | | | L | |

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Form 990-T (2017) JEWISH OMNI SERVICES, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

Form 990-T (2017)