			29398	05 ₁ 3	0 0 0 0 2 OMB No. 1545-06	587 -		
Form 990-T	Exempt Organization Business			η ζ -	1			
Form , SOO	(and proxy tax under sect		i V	ן על	2017	,		
	For calendar year 2017 or other tax year beginning 9/01,							
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for instruction			Ope	n to Public Inspect	tion fo		
Check box if	▶ Do not enter SSN numbers on this form as it may be made				(c)(3) Organization			
A L address changed	Name of organization (Check box if name changed	and see instructions.)			r identification nu es' trust, see instruc			
B Exempt under section	Print Magen David Yeshivah				1-1666839	•		
	or Number, street, and room or suite no. If a P.O box, see in 2130 MCDONALD AVENUE	istructions.			business activity	codes		
☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a)	City or town, state or province, country, and ZIP or foreign	n nostal code		(See instri				
529(a) +	BROOKLYN, NY 11223	ii postai code			1.			
C Book value of all assets at end of year	F Group exemption number (See instructions.) ▶							
at end or year	G Check organization type ► ✓ 501(c) corporation	on 501(c)	trust	401(a) tru	st Other	trust		
H Describe the orga	nization's primary unrelated business activity.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>			
I During the tax year	was the corporation a subsidiary in an affiliated group or	a parent-subsidiary	controlled g	roup?	▶ ☐ Yés 🔽	No		
If "Yes," enter the	name and identifying number of the parent corporation	on, ▶	_	•	: }			
	care of ► JEFFREY GREENBERG	Telepi	hone numbe	r 🕨	718-676-0215	,		
Part I Unrelated	d Trade or Business Income	(A) Income	(B) Ex	penses (C) Net				
1a Gross receipts				31		. 1.		
b Less returns and				۴,,	to the second	<u> </u>		
	sold (Schedule A, line 7) 2		1 45' %	, T	Care Same	ļ		
•	ubtract line 2 from line 1c			- ' - 1	ŗ			
	et income (attach Schedule D) 4a		<u> </u>					
	(Form 4797, Part II, line 17) (attach Form 4797) 4b	<u> </u>	3-	1, 1	-			
	eduction for trusts	ļ	4, 49	50,	,			
	m partnerships and S corporations (attach statement) 5		1, 1, 1			<u> </u>		
6 Rent income (<u> </u>		
	t-financed income (Schedule E)		-			<u> </u>		
	royalties, and rents from controlled organizations (Schedule F) 8				1	ļ		
	e of a section 501(c)(7), (9), or (17) organization (Schedule G)	 				<u> </u>		
	npt activity income (Schedule I)	-				-		
	come (Schedule J)	4074			-4974	-		
	Other income (See instructions; attach schedule)							
Part II Deduction	ns Not Taken Elsewhere (See instructions for limit		tions \ /Evo	ent for con	tributions			
	s must be directly connected with the unrelated bu		tions.) (Exce	spt ioi con	tributions,.			
	of officers, directors, and trustees (Schedule K)			. 14				
15 Salaries and w	2000			. 15	-			
1.6 Repairs and m				. 16	· · · · · · · · · · · · · · · · · · ·			
17 Bad debts .		S		. 17		_		
18 Interest (attach	schedule)	۵		. 18				
19 Taxes and lice	nses			. 19				
20 Charitable con	tributions (See instructions for limitation-rules), ————	≑ 		. 20	7.1			
				, 2 * 4	• .			
	ion claimed on Schedule A and elsewhere on return .			22b				
				. 23				
	o deferred compensation plans			. 24		ļ		
	efit programs			. 25	,			
•	t expenses (Schedule I)			. 26	* *1	ļ		
	ship costs (Schedule J)			. 27	· · · · · · · · · · · · · · · · · · ·			
	ns (attach schedule)					<u> </u>		
	ons. Add lines 14 through 28				-4974	-		
	oss deduction (limited to the amount on line 30)				-4974			
	· · · · · · · · · · · · · · · · · · ·							
	tion (Generally \$1,000, but see line 33 instructions for				; 1000			
	iness taxable income. Subtract line 33 from line 32. er of zero or line 32				. ; 2074			
cinci nie sinali	or or 2010 or mile oz			. 34	,-3974	i		

[[李] [[] [[] [] []

Part	III Tax Computation				
35 、	Organizations Taxable as Corporations. See instructions for tax computate members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	ion. Controlled gro	up		
a ,	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brace (1) \$ (2) \$ (3) \$,	1 .		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$,
С	Income tax on the amount on line 34		▶ 35c	75	55
36	Trusts: Taxable at Trust Rates. See instructions for tax computation the amount on line 34 from: Tax rate schedule or Schedule D (Form 104)	on. Income tax			
37	Proxy tax. See instructions		→ 37		_
38	Alternative minimum tax			. ?	
39					+
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			-75	55
Part			. , ,,		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .	41a			1
b	Other credits (see instructions)	41b			
С	General business credit. Attach Form 3800 (see instructions)	41c		I	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	1,45		
е	Total credits. Add lines 41a through 41d		41e	I	
42	Subtract line 41e from line 40		42	-75	5
43	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 (Other (attach schedule) .	43		
44	Totalstax. Add lines 42 and 43		44	٠ -75	5
	Payments: A 2016 overpayment credited to 2017	45a		- ,	
b	2017 estimated tax payments	45b		:	
C	Tax.deposited with Form 8868	45c	─ ,	-	
d	Föreign organizations: Tax paid or withheld at source (see instructions) .		1 		
е	Backup withholding (see instructions)	─		-	
f	Credit for small employer health insurance premiums (Attach Form 8941) .		,	Ì	
g	Other credits and payments:				
	☐ Form 4136	45g -755	- 10 m		ı
46	Total payments. Add lines 45a through 45g		46	-75	5
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		□ 47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48			
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount	overpaid	▶ 49	-75	5
	Enter the amount of line 49 you want	Refunded	▶ 50	75	5
	ង្ហារីទីStatements Regarding Certain Activities and Other Information				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
51	At any time during the 2017 calendar year, did the organization have an interes	t in or a signature o	or other au	uthority Yes	
	over a financial account (bank, securities, or other) in a foreign country? If YE				. q
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, en	ter the name of the	e toreign o	ountry	
	here ►				
	During the tax year, did the organization receive a distribution from, or was it the granton	of, or transferor to, a	i foreign tru	st? .	\ <u>'</u>
	If YES, see instructions for other forms the organization may have to file.			٠ - ال	: [' : [
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax yea Under penalties of penjury, I declare that I have examined this return, including accompanying schedules		a bast of my	4	` ' •
Sign	true configt, and camplete Declaration of preparer (other than taxpayer) is based on all information of which			knowledge and b	eller, it is
_	I Was the state of	12100-1-0		ne IRS discuss thing preparer shows	
Here	Signature of officer Date Title	Director		structions)?. ☐ Ye	
		Date	_	DTIN	
Paid		Date	Check L] _{if} PTIN	
Prepa	rer 5	<u> </u>	self-employ		
Ųšė C	njy-		Firm's EIN	<u> </u>	
	Firm's address ►		Phone no.	•	

101111930-1 (2017)					· raye •		
Schedule A—Cost of Good	ds Sold. Enter met	hod of inventory	valuation 🕨				
1 Inventory at beginning of	of year 1	6	Inventory a	it end of year	6		
2 Purchases	2	7		goods sold. Subtract	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3 Cost of labor	3			line 5. Enter here and			
4a Additional section 263			ın Part I, lır	ne 2	7		
(attach schedule)	· · 4a	8	Do the rul	es of section 263A (wit	th respect to Yes No		
b Other costs (attach sch	edule) 4b			roduced or acquired for			
5 Total. Add lines 1 throu			to the orga	nization?	· · · · V		
Schedule C-Rent Income	(From Real Prop	erty and Person	al Property I	Leased With Real Pro	perty)		
(see instructions)					•		
1. Description of property							
(1)					,		
(2)							
(3)							
(4)					•		
ar **	2. Rent received or accru	ied					
(a) From personal property (if the perconal property is more than a more than 50%)	10% but not percent	From real and personal page of rent for personal rif the rent is based on	property exceeds		connected with the income d 2(b) (attach schedule)		
(1) -							
(2)							
(3)		· · · · · · · · · · · · · · · · · · · 					
(4)			·	·			
Total	Total						
(c) Total income. Add totals of co				(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
Schedule E-Unrelated De	bt-Financed Inco	me (see instruction	ns)	T are i, into o, column (b)			
✓ 1. Description of deb		2. Gross	income from or	debt-financ	nected with or allocable to sed property : 'a a		
8 -			roperty	(a) Straight line depreciation (attach schedule)	n (b) Other deductions (attach schedule)		
(1)							
(2)							
(3)							
(4)					ı		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	allocable to debt-financed debt-financed property		Column divided column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)			%				
(2)			%				
(3) es especiales			%		•		
A) # 1 1/2 2			%				
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Totals 🎻			▶		; 1		
Total dividends-received deducti	ons included in column	8		<u></u> ▶	•		

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Schedule F-Interest, Ann	uities, Royalties,				janizations (se	e instruc	tions)	
•		Exempt	Controlled	d Organizations				
1. Name of controlled organization	2. Employer Identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gr	controlling	conn	eductions directly ected with income in column 5
(1)								` ` ;
(2)					<u> </u>	· ·	1	
(3)								
(4)								
Nonexempt Controlled Organiz	zations	•	-	•				
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	10. Part of colun included in the corganization's great	controlling	conne	Deductions directly icted with income in column 10
(1)	<u> </u>							, `
(2)							<u> </u>	
(3)								
(4)			· · · · · · · · · · · · · · · · · · ·				ļ	Ħ
Totals					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter	columns 6 and 11. here and on page 1, , line 8, column (B).
Schedule G-Investment I	ncome of a Sect	tion 5016	c)(7), (9)	or (17) Organi	zation (see inst	tructions	<u> </u>	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)					. , , .			·
(2)								
(3)					, , ,			
(4)								,
Totals Schedule:	Enter here and Part I, line 9, o	column (A).		Advertising In	icome (see inst		Part I, I	re and on page 1, ne 9, column (B).
1. Description of exploited activi	2. Gross unrelated	3. E conn prod prod ur	expenses directly ected with duction of orelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colum	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)	Enter here and page 1, Part line 10, col. (a	I, page	here and on a 1, Part I, 0, col. (B)	C 11 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		: * .	· ·	Enter here and on page 1, Part II, line 26
Totals	. ▶						:	
Schedule J-Advertising I								•
Part Lie lincome From P			Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income		Direct	4. Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Read		7. Excess readership costs (column 6 minusicolumn 5, but not more than column 4)
(1)				, , , , , ,				7 4 1 1
(2)								
(3)				[: ' 기기				15.4
(4)				, , ,				ľ. · · · · · · · · · · · · · · · · · · ·
Totals (carry to Part II, line (5))	. ▶							

Part II Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ch periodical li	sted in Part II.	fill in columns
2 through 7 on a line-b		on a ocparac	6 Baolo (1 01 00	ion ponocioci ii		र १
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)						4.4
(2)						
(3)				·		
(4)						ſ
Totals from Part I				1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	· · · · · · · · · · · · · · · · · · ·	
,	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col (B).	# 1 m			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1 − 5)	24:	<u> </u>	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Strange to the second	و يا وي المراجعة المراجعة المراجعة	l
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instru			
1. Name		2	2. Title	3. Percent of time devoted to business		ion attributable to d business
(1)				%	j	• • • • • • • • • • • • • • • • • • • •
(2)				%		
(3)				%		
(4)				%	5	
Total. Enter here and on page 1, Part II, lin	e 14			>	•	
						

Form **990-T** (2017)

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

TRANSITIBENEFIT

PART I - LINE 12 - OTHER INCOME

4,974.

- 1 3

11-1666839 ATTACHMENT 2

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
3 September 1997	
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE 1, PART II, LINE 34).	3,974.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	1
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	596.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	· 835.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 122	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	72,712.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 243	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	202,905.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	· .
IN THE CORPORATION'S TAX YEAR	199.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	556.
	., .
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	755.