Form	990-T	E			ation Busin		Income Tax ion 6033(e))	29 3 g Return	3 3	34	JM2N916526				
	,-	For cale	ndar vear 2018 or oth	er tax :	vear heginning 07/0	01 :	2018, and ending 06	5/30 20	19		2018	,			
Denadm	ent of the Treasury	0. 00.0					and the latest infor		VOV	(D)					
	Rêvenue Service	▶ Do r					public if your organiza		1 K	Ope 501	n to Public Inspect (c)(3) Organization	tion fo s Only			
: C	heck box if ddress changed	 	†		Check box if name cha						r identification nu				
	pt under section		(Employees' trust, see instructions)												
	Number, street, and room or suite no. If a P.O. box, see instructions										53-0179971				
☐ 40		Type	1120 20TH ST NW					ļ ī	E Unrelated business activity code						
☐ 40		Type	City or town, state or	provir	ice, country, and ZIP or	foreign	postal code		(Se	e instr	uctions)				
52		1	WASHINGTON, DO	200	36						541800				
	yalue of all assets of year	F Gr	oup exemption nu	mbe	r (See instructions.	.) ▶		•							
	,	G Ch	neck organization	type	▶ 🗹 501(c) corp	oratio	on 🔲 501(c) tru	ust 🔲	401(a) tru	st 🗌 Other	trus			
H En	ter the number	of the c	organization's unre	lated	trades or busines	ses 🕨	-	Describe	the c	only (or first) unrelat	ed			
	de or business						nly one, complete F								
		•			ous sentence, com	nplete	Parts I and II, com	iplete a Sc	hedu	ıle M	for each add	itiona			
			omplete Parts III-		· · · · · · · · · · · · · · · · · · ·										
	-						parent-subsidiary c	ontrolled gro	oup?		► ☐ Yes 🗹] No			
				nber	of the parent corp	oratio									
J Th	e books are in						•	ne number	<u>:r ▶</u>						
Part			e or Business I	ncor	ne		(A) Income	(B) Exp			(C) Net	1			
1a	Gross receipts			ļ					3			1			
b	Less returns and				c Balance ►	1c		100 Per 100	300	* 1. T. T. T.	TO CONTRACT SAN	2. 2V.			
2	•		Schedule A, line 7)			2		ANTONIO CON	_	3 mi de	SHANK WILLIE	200			
3			t line 2 from line 1			3		3500 CUAR		المنطقة المائة المنطقة المائة		-			
4a			me (attach Schedu	-		4a		TOUR DISCOVERS		1		╁			
b	•	•	4797, Part II, line 1			4b		CONTRACTOR		<u> </u>		├ ─			
C	Capital loss de		,			4c		THE POST	***	د رونگاری درونگاری		├			
5	, ,	•	tnership or an S corp			6		SEMMINERS.	8 K 3.	2.72		╁			
6 7	-		ile C) ced income (Sche			7		 				\vdash			
8			•		ganization (Schedule F)			<u> </u>				╁			
9		•	ction 501(c)(7), (9), or (1		• .	9		<u> </u>				-			
10			ivity income (Sche	. •	•	10		 				 			
11	•	-	Schedule J)			11	39,402	26	,924		12,478				
12	-		tructions, attach sc			12	30.611	建建筑建设		9930	30,611				
13	Total. Combin				· · · · · ·	13	70,013	+	,924		43,089	+			
Part							ations on deduction	ns) (Exce	pt fo	r cor	itributions.				
				•	d with the unrelate			, ,	,						
14	Compensation	n of offi	cers, directors, an	d trus	stees (Schedule K)	١			. "	14					
15	Salaries and v	vages							٠ [15					
16	Repairs and m	naintena	ance							16		<u> </u>			
17									_	17		<u> </u>			
18										18		ــــــــ			
19									.	19		<u> </u>			
20	<u> </u>		•						.	20		<u> </u>			
21										E.					
22	· ·				nd elsewhere on re					22b					
23	DepletionZ.									23	l	L			

Form **990-T** (2018

12,478

12,478

30,611

30,611

经验证的证据

24

25

26

27

28

29

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31

32

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Unrelațed business taxable income before net operating loss deduction

Unrelated business taxable income. Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 20

Other deductions (attach schedule)

24

25

26

27

28

29

30

31 32

Part I	II To	otal Unrelated Business Taxable Income		_					
33	Total of	unrelated business taxable income computed from all unrelated trade	es or b	ousinesses (se	е				
	instruct	ions)			1	33			
		ts paid for disallowed fringes			-	34		30,611	
		ion for net operating loss arising in tax years beginning before J			ا ۾	-			\vdash
	instruct	- 1	35						
			-33			├─-			
		unrelated business taxable income before specific deduction. Subtract 33 and 34				36			
					<u> </u>			1 000	├─
		c deduction (Generally \$1,000, but see line 37 instructions for exception ted business taxable income. Subtract line 37 from line 36. If line 37 is				37		1,000	├
		e smaller of zero or line 36.							
			38	•	29,611	L			
Part I		ax Computation zations Taxable as Corporations. Multiply line 38 by 21% (0.21)							
		-	39		6,218	<u> </u>			
		Taxable at Trust Rates. See instructions for tax computation on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 104	n						
		^ _	40						
41	Proxy t	•	41						
42	Alternat	tive minimum tax (trusts only)				42			
		Noncompliant Facility Income. See instructions			_	43			
44	Total. A	Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44		6,218	<u> </u>
Part \	V Ta	ax and Payments							
45a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a						
b	Other c	redits (see instructions)	45b						
		business credit. Attach Form 3800 (see instructions)	45c						
			45d						
		redits. Add lines 45a through 45d	-			45e			
		et line 45e from line 44			-	46			
		kes Check if from: Form 4255 Form 8611 Form 8697 Form 8866			-	47			
		ax. Add lines 46 and 47 (see instructions)					6219	5	
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column				49	<u> </u>		
		nts: A 2017 overpayment credited to 2018	50a		r				
	•	stimated tax payments	50b						
		posited with Form 8868	50c		一				
		organizations. Tax paid or withheld at source (see instructions)					l		
	_	withholding (see instructions)	\dashv				1		
		or small employer health insurance premiums (attach Form 8941)	50e 50f	- -	\dashv				
		redits, adjustments, and payments. Form 2439	301		-				
			50-		- 1				ĺ
			50g			 E4			ļ
51 50		ayments. Add lines 50a through 50g			_, Ի	51			
		red tax penalty (see instructions) Check if Form 2220 is attached .		- [┵┝	52 53		6,218	
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov		· · · · ·	-	54		0,210	
	-	nyment. If line 51 is larger than the total of lines 48, 49, and 52, enter are	I			55			
		e amount of line 54 you want Credited to 2019 estimated tax	n (222	Refunded I		55			<u> </u>
Part \		tatements Regarding Certain Activities and Other Information						Yes	No
		time during the 2018 calendar year, did the organization have an interest						163	110
		financial account (bank, securities, or other) in a foreign country? If "Ye		•	•			į	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," el	nter th	e name of the	tore	eign c	country	1	
	here >							ļ	V
	•	he tax year, did the organization receive a distribution from, or was it the granto	r of, or	transferor to, a	tore	gn tru	st? .	<u> </u>	
		" see instructions for other forms the organization may have to file.							
_58	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	ar ▶	\$	<u> </u>	-1 -	lamas de 1		leaf of
C:	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	s and sta ich prepa	tements, and to the rer has any knowled	oest iae 🕶	of my	knowledge	and be	liet, it is
Sign	N 0 0				- 1		e IRS disc		
Here		mid July TREASU	<u> 242</u>	<u> </u>			e preparer structions)?		
	Signati	ire of officer Date Title						==	
Paid		Print/Type preparer's name Preparer's signature		Date	Chec	ck 🗀	lit b	ΓIN	
Prepa	arer					employ			
Use C		Firm's name ▶			Fırm'	s EIN I	<u> </u>		
-3- C	-···y	Firm's address ▶	Phone no						

Schedule A—Cost of Good	ds Sold. En	ter method of	invent	ory va	luation 🕨						
1 Inventory at beginning of	of year	1		6	Inventory a	nt end of year	6		_		
2 Purchases		2		7		goods sold. Subtract					
3 Cost of labor	[]	3			line 6 from	line 5. Enter here and	احدا				
4a Additional section 263	BA costs				ın Part I, Iır	ne 2	7				
(attach schedule)	4	a		8	Do the rul	es of section 263A (wi	th respect to	Yes N	lo		
b Other costs (attach sch	edule) 4	b				roduced or acquired for			- 1		
5 Total. Add lines 1 throu		5				inization?			_		
Schedule C-Rent Income	(From Rea	I Property ar	nd Pers	onal	Property I	Leased With Real Pro	operty)				
(see instructions)						<u>-</u>					
L Description of property								 			
1)							 				
2)											
3)											
4)						····					
	2. Rent receive	ed or accrued									
(a) From personal property (if the perconal property is more than 3 more than 50%)		(b) From real percentage of rea 50% or if the re	nt for pers	onal pro	perty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
1)									_		
2)											
3)									_		
4)									_		
Γotal		Total				(b) Tabal daduations			_		
(c) Total income. Add totals of conere and on page 1, Part I, line 6, o						(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶					
Schedule E—Unrelated De	ebt-Finance	ed Income (se	e instru	ctions)						
1. Description of deb	ot-financed prope	erty			come from or debt-financed	Deductions directly connected with or allocable to debt-financed property					
		·		pro	perty	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
1)									_		
2)											
3)											
4)	F 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 h schedule)		4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	(column 6 x to	deductions otal of column and 3(b))	ıs		
1)					%						
2)					%						
3)					%						
4)					%						
						Enter here and on page 1, Part I, line 7, column (A).					
Totals	•								_		
Total dividends-received deduct	ions included i	n column 8 .	-					990-T (20	110		
							FORM	(2U	. 0)		

Schedule F-Interest, Ann	uities,	Royalties,					anizations (se	e instruc	tions)	
	1					Organizations				
Name of controlled organization		Employer cation number	JC:		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)									 	<u></u>
(2)							<u> </u>		 	
(3)					•					
(4)										
Nonexempt Controlled Organiz	zations					· · · · · · · · · · · · · · · · · · ·			•	
		Net unrelated inc iss) (see instructi	tions) navments made			10. Part of column included in the coorganization's ground in the coorganization of the coorganization of the column in the colu	ontrolling	connec	11. Deductions directly connected with income in column 10	
(1)				_					ļ	
(2)									1	
(3)				-					-	
(4)				<u> </u>					+	
							Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	olumns 6 and 11 ere and on page 1, line 8, column (B)
Schedule G-Investment	lncom/	o of a Soct	ion 50	1/0\/7\	/Q\	or (17) Organi	zation (see unst	ructions	<u>.l</u>	
1. Description of income		2. Amount of		1(0)(1),	3. direc	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	s	5. To and se	ital deductions et-asides (col. 3 blus col. 4)
(1)				+	,	2011 0011004			<u>r</u>	
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c	olumn (A	A) , -			***		Part I, III	re and on page 1, ne 9, column (B)	
Schedule I—Exploited Exe	empt A	Activity Inco	ome, C	ther Ti	han	Advertising In	come (see inst	ructions)	
1. Description of exploited activity		2. Gross unrelated business incor from trade o business	me co	3. Expense directly onnected woroduction unrelated siness inco	vith of	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	attribu	penses table to mn 5	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, p	er here an age 1, Par le 10, col	t I,	4 5		· · · ·	,	Enter here and on page 1, Part II, line 26
Schedule J—Advertising I	ncom:	a lego instrict	stions,			••	•	•	· ·	
Part I Income From P				a Con	Soli	dated Rasis				
Fait income From F	eriodi	cais nepoi	led on	a Con	3011	4. Advertising				7. Excess readership
1. Name of periodical		2. Gross advertising income			gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income 6. R		dership sts	costs (column 6 minus column 5, but not more than column 4)	
(1) B'naı B'rıth Magazıne	_	39,	402	26	,924		6,229		14,225	
(2)										
(3)										
(4)						11-, 2 1				** \ \
Totals (carry to Part II, line (5))	•					12,478				7,996 orm 990-T (2018)
									-	unn 330-1 (2018)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Period 2 through 7 on a line-b	-	l on a Separat	e Basis (For ea	ach periodical I	isted in Part II,	, fill in columns	
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	39,402	26,924	市。经验需要提	STATE OF THE	WALLES FOR	3 12,478	
Totals, Part II (lines 1–5)	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	
Schedule K—Compensation of	Officers, Direc	tors, and Trus	stees (see instri	uctions)	THE PART OF THE PARTY OF THE PA	L	
1. Name		[2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				9	6		
(0)					, 		

Form **990-T** (2018)

%

%