990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No 1545-0687
* 44 9 *	For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018	8 201/
•	Go to www.irs gov/Form990T for instructions and the latest information	
Department of the Treasury Internal Revénue 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
A Check box if	Name of organization (Check box if name changed and see instructions.)	Employer identification number (Employees' trust, see
address changed	COUNCIL OF SPANISH SPEAKING	instructions)
B Exempt under section	Print ORGANIZATIONS INC	23-7155203
X 501(c 0 3)	" I Number, Street, and room of Suite no. If a P.O. box, see instructions.	Unrelated business activity codes (See instructions)
408(e) 220(e)	Type 141 EAST HUNTING PARK AVENUE	,
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code	
- 529(a)	PHILADELPHIA, PA 19124	531120
C Book value of all assets at end of year	F Group exemption number (See instructions.).	
	07. G Check organization type ► X 501(c) corporation 501(c) trust 401(a)	trust Other trust
H Describe the organization	o's primary unrelated business activity. ▶ REAL PROPERTY RENTAL	
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
If "Yes," enter the name a	nd identifying number of the parent corporation.	
J The books are in care of		
Part I Unrelated	d Trade or Business Income (A) Income (B) Expenses	(C) Net -
1a Gross receipts or sale	s ' ' *********	
b Less returns and allow	vances c Balance c Balance	
2 Cost of goods sold (S		
3 Gross profit. Subtract	Market and the second s	00%
	ne (attach Schedule D)	200 A Control of the
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	
c "Capital loss deduction	3,	() () () () () () () () () ()
	artnerships and S corporations (attach statement)	4
6 Rent income (Schedu		10 100
•	ed income (Schedule E) 7 169,232: 150,04	19,190.
)	valties, and rents from controlled organizations (Sch. F)	
	a section 501(c)(7), (9), or (17) organization (Schedule G)	
	vity income (Schedule I)	
11 Advertising income (S	suchbula Microsoft and American State of the Committee of	P-CEASON COLOR
`	structions; attach schedule) - 12 · 150 · 030	10 100
713 Total. Combine lines		19,190.
	ns Not Taken Elsewhere (See i <u>nstructions for limitations on dedu</u> ctions) contributions, deductions must be directly conព្រះជាក្នុងខ្មែរ ហ្គារ៉ា ក្រុខបញ្ជាទៀតដែល ម៉ូបsiness income)	
Z	Then the first of the state of	44
	icers, directors, and trustees (Schedule K)	14
Salaries and wages	ance . MAY 1 8 2019 SO	15
716 Repairs and mainten	ance α	17
17 Bad debts	dule) OGDEN, UT	18
18 Interest (attach sche	dule)	19
19 Taxes and licenses	ons (See instructions for limitation rules)	20
	Form 4562) - 21	20
•	aimed on Schedule A and elsewhere on return 22a	22b
· ·	Allieu on Schedule A and eisewhere on return	23
	erred compensation plans	24
		25
		26
	•	27
27 Excess readership c28 Other deductions (at	•	28
· ·	dd lines 14 through 28	29 0.
	ad lines 14 through 28 laxable income before net operating loss deduction. Subtract line 29 from line 13	30 19,190.
	eduction (limited to the amount on line 30) SEE STATEMENT 1	$\frac{30}{31}$ $\frac{19,190}{12,051}$.
	caxable income before specific deduction. Subtract line 31 from line 30	$\frac{31}{32}$ $\frac{12,031}{7,139}$.
	Generally \$1,000, but see line 33 instructions for exceptions)	$\frac{32}{33}$ $\frac{7,133}{1,000}$.
	taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	J. 1,000.
34 Unrelated business line 32	taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, efficiently smaller of zero of	- 6,139.
1111t 3Z		S4 - 0,135.

Form 990-1		<u>23-715</u>	5203		Page 2
Part I	Tax Computation		<u></u>		
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
•	(2) Additional 3% tax (not more than \$100,000)				
c	Income tax on the amount on line 34 SEE STATEMENT 2	•	35c	1,1	03.
36	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:		000		<u> </u>
30	Tax rate schedule or Schedule D (Form 1041)		36		
0.7	·		37		
37	Proxy tax. See instructions		38.		
38	Alternative minimum tax				
39	Tax on Non-Compliant Facility Income. See Instructions	44	39	1,1	0.2
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies V Tax and Payments	- ' '	1 40 1.	<u> </u>	<u>U.S.</u>
Part I			11		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		-		
b	Other credits (see instructions)		-		
С	General business credit. Attach Form 3800		-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1,1		
е	Total credits. Add lines 41a through 41d	46	41e		
42	Subtract line 41e from line 40	1-	42	1,1	03.
43		ach schedule).	43		
44	Total tax Add lines 42 and 43	78	44	1,1	03.
	Payments: A 2016 overpayment credited to 2017		┧ `		
	2017 estimated tax payments		4		
	Tax deposited with Form 8868		4		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		1		
е	Backup withholding (see instructions) 45e		1		
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f]		
g	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶ 45g]		
46	Total payments. Add lines 45a through 45g	ہنے	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	75 6	47		40.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	53▶	48	1,1	43.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49		
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax Refu		50		
Part \	Statements Regarding Certain Activities and Other Information (see instruct	ions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	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				1
	here	_		_	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?			X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my kno	wledge and belie	f, it is true,	
Sign	Collect, and complete Declaration of prepared (office that has any knowledge)		lay the IRS discu	ss this return	with
Here	MULTIPERSURER		ne preparer show		******
	Signature of officer Date Title	ın	structions)?	Yes _	No
	Print/Type preparer's name Preparer's signature Date C	heck	if PTIN		
Paid		elf- employed			
Prepa	$\langle \alpha p \rangle = \langle \alpha p \rangle = \langle \alpha p \rangle = \langle \alpha p \rangle$			75336	
Use (TO THE ONLY ADDONALLENG LLD	Firm's EIN 🕨	41-0	74674	.9
U3 C (610 W. GERMANTOWN PIKE, STE. 400				
	1	Phone no. 2	215-643	<u>-3900</u>	<u> </u>
_					

Form 990-T (2017) ORGANIZATIONS INC

Schedule A - Cost of Goods	Sold Enter	method of invento	ory valuation N/2	Δ				
1 Inventory at beginning of year-	1	modiod of invento	6 Inventory at end of ye			6		
2 Purchases	2		7 Cost of goods sold. S		line 6	۳		
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs			line 2	c and mi	arti,	7	1	
(attach schedule)	4a		8 Do the rules of section	n 2634 /	with respect to		Yes	s No
b Other costs (attach schedule)	4b		property produced or	•	·			1
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5		the organization?	acquire	1 for resale, apply to			1
Schedule C - Rent Income		Property and		Leas	ed With Real Pro	perl	(v)	l
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)				•••••				
(4)								
	2 Rent receiv	red or accrued		-				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for per	d personal property (if the percer sonal property exceeds 50% or is based on profit or income)	ntage if	3(a) Deductions directl columns 2(a) a		ected with the incom (attach schedule)	ie in
(1)		***************************************	4 444,444,14444,	•••••				
(2)			-					
(3)	-						•	
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see in	nstructions)		1. 2. () ()			
			2. Gross income from		Deductions directly co to debt-finan			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other deducti	
,			manda property	ے ا	(attach schedule)	Cn	attach schedul	
(1) ROOM RENTAL			221,943	5	<u>TATEMENT 3</u> 37,291		<u>TATEMENT</u> 159,	
			441,343	•	31,271	+		400.
(2)	-			+		┰		
(3)				+		+		
(4)	<u> </u>			+		+	0	····
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule) MENT 6	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
STATEMENT 5		,965,328.	76.25%	+	169,232	,	150,	042
(1) 2,261,099.		, 303, 340.		+	109,434	' 	±30,	<u> </u>
(2)				-				
(3)				+		+		
(4)		I	%	+	 	+		
					Enter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	nn (B)
Totals			•	<u> </u>	169,232	-	150,	042.
Total dividende-reseived deductions in	cluded in colum	n A						n

Form 990-T (2017)

Form 990-T (2017) ORGANIZATIONS INC

Schedule F - Interest, A	Annuitie	s, Royal	ties, a	nd Rents	From C	ontroll	ed Organiz	zatio	ns (see ins	truction	s)
				Exempt 0	Controlled O	rganızatı	ions				
Name of controlled organizat	ion ,	2. Emp Identific numl	ation	3. Net unre (loss) (see	elated income instructions)		tal of specified ments made	Includ	rt of column 4 ded in the conti zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)		-		^				1			<u> </u>
(2)								 			
								 			
(3)						-	•	1		-	
(4)				1				L			
Nonexempt Controlled Organi						-	1				
7. Taxable Income		inrelated incom see instructions		9. Total	of specified pay made ,	ments -	10. Part of colu in the controll gros	mn 9 tha ing orga s income	nızatıon's		ductions directly connected income in column 10
(1)					.		-				· -
(1)											***************************************
(2)											
(3)				 							
(4)											
			·				Add colur Enter here and line 8,		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						>	-		0.		0.
Schedule G - Investme	nt Inco	me of a	Section	n 501(c)(7), (9), or	(17) O	rganizatior	1			
(see insti					-,, (-,,	,					
· · · · · · · · · · · · · · · · · · ·	ription of inco	ome			2. Amount of	income	3. Deduction directly connocated (attach scheen)	ected	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)	•										· · · · · · · · · · · · · · · · · · ·
(4)		_									
Totals	•				Enter here and Part I line 9, co						E I Zimor more dine on page 1,
Schedule I - Exploited	Evemni	- Δctivity	Incom	ne Other	r Than Δα			D	Committee of the	i i i i i i i i i i i i i i i i i i i	
(see instru	-	CAUCITIC		.0, 00.			9				
1 Description of exploited activity	2. (unrelated incom	Gross If business the from business	directly with pi of un	openses connected roduction irelated ss income	4. Net incor from unrelate business (c minus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)							 				1
					 		 				,
(4)	page 1	ere and on 1, Part I, , col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.		0.	地方方规则与代码	"我就不要我	歌"湖湖东流湖"。			和 _第 次表示。	0.
Schedule J - Advertisi											
'Rart I Income From I	Periodio 	cals Rep	orted o	on a Con	solidated	l Basis	i				
1. Name of periodical		2. Gross advertising income	adv	3 Direct vertising costs	or (loss) (col 3) If a g	tising gain of 2 minus jain, compu hrough 7	5 Circula		6 Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-							
(2)									-		
(3)			1						<u> </u>		
									 		
(4)					"国际"的 (1)	PAPPOR OFFICE	166°				ant things a destrict things and the state of the state o
Totals (carry to Part II, line (5))	•		0.	0							0 . Form 990-T (2017)
											rorm 330-1 (2017)

Form 990-T (2017) ORGANIZATIONS INC 23-71552
Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 th	rougn 7 on a	i line-by-line basis)				
1. Name of period	dical	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)			,	1			
(3)			-	,			
(4)				,			
Totals from Part I	•	0.	0.				0.
Totals, Part II (lines 1-5)	•	Enter here and on page 1, Part I, Inne 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, 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)

FORM 990-T	NET	OPERATING LOSS	STATEMENT	1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/14 06/30/15 06/30/16	1,506. 6,436. 8,528.	1,506. 2,913. 0.	0. 3,523. 8,528.	3,523 8,528	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	12,051.	12,051	<u> </u>

FORM	990-T LINE 35C TAX COMPUTAT:	ION	· ST	ATEMENT	2
1.	TAXABLE INCOME		6,139		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		6,139		
3.	LINE 1 LESS LINE 2		0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	г	0		
5.	LINE 3 LESS LINE 4		0		
6.	INCOME SUBJECT TO 34% TAX RATE		0		
7.	INCOME SUBJECT TO 35% TAX RATE		0		
8.	15 PERCENT OF LINE 2		921		
9.	25 PERCENT OF LINE 4		0		
10.	34 PERCENT OF LINE 6		0		
11.	35 PERCENT OF LINE 7		0		
12.	ADDITIONAL 5% SURTAX		0		
13.	ADDITIONAL 3% SURTAX		0		
14.	TOTAL INCOME TAX			,	921
			-		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17 =====	1,289		
	1	DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	464 639		
18.	TOTAL TAX PRORATED	365		1,	103

FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	1	37,291.	37,29	91.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		37,29	91.
FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	·. TOTAL	
SALARIES PAYROLL TAXES PAYROLL BENEFITS INSURANCE INTEREST EXPENSE MISCELLANEOUS EXPENSE POSTAGE REPAIRS AND MAINTENANCE SUPPLIES TELEPHONE TAXES UTILITIES MANAGEMENT AND GENERAL EXPENSES - SUBTOTAL -		28,769. 3,725. 3,832. 5,940. 32,324. 9,882. 45. 11,758. 4,369. 571. 10,883. 19,058. 28,330.	159,48	
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
BEGINNING \$2,283,251; ENDING \$2,238,947 - SUBTOTAL -	1	2,261,099.	2,261,0	99.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		2,261,0	99.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	STATEMENT	6		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
BEGINNING \$3,001,663; ENDING \$2,928,992 - SUBTOTAL -	1	2,965,328.	2,965,32	28.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		2,965,32	28.