Form <b>990-</b>	T   E	Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e))					OMB No 1545-0687		
7 min 7	i	For calendar year 2018 or other tax year beginning , 2018, and ending ,					a 9⋒ <b>1</b> ₽		
Dapartment of the Treasu		► Go to www.irs.gov/Form990T for instructions and the latest information.					ک	<b>W 10</b>	
Internal Revenue 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 address cha		Name of organization (   Check box if name changed and see instructions )   D   Employer identification							
B Exempt under section	on	JEWISH FEDERATION C	F TH	HE BLUEGRASS INC	:				
X 501( C ) 03	l	Number, street, and room or suite no				31-0906786			
	or or	or					E Unrelated business activity code		
408A5	30(a)	Type 1050 CHINOE RD 112 (See instructions )							
529(a)		City or town, state or province, country, and ZIP or foreign postal code							
C Book value of all as: at end of year		LEXINGTON, KY 40502				5418	00		
•	<b>}</b>	up exemption number (See instruct	•			1,04,-1			
299,17		eck organization type   X   501		· · · · · · · · · · · · · · · · · · ·	trust Describ	401(a)		Other trust	
trade or busines	_	inization's unrelated trades or busine でこれ、1	sses		complete Parts	•	r (or first) ui e than one		
	· · · · · · · · · · · · · · · · · · ·	e end of the previous sentence, cor	nnlete		•			describe the	
trade or busines		•		. and raise in, complete a c					
		corporation a subsidiary in an affili	ated gr	roup or a parent-subsidiary	controlled group?			Yes X No	
		identifying number of the parent co	poratio	on <b>&gt;</b>	_				
		KECUTIVE DIRECTOR		Telephor	ne number > 85	9-268	-0672		
		or Business Income		(A) Income	(B) Exper	ises	<u> </u>	(C) Net	
1a Gross receipt	s or sales								
b Less returns and		c Balance ▶	-				ļ	<del></del>	
		ule A, line 7)	3				-		
		2 from line 1c	4a	<del></del>				<del></del>	
		Part II, line 17) (attach Form 4797)	4b				<del> </del>		
	•	rusts	4c						
		r an S corporation (attach statement)	5						
6 Rent income	(Schedule C)		6						
7 Unrelated de	bt-financed in	come (Schedule E)	7						
8 Interest, annuitie	s royalties and re	ints from a controlled organization (Schedule F)	8			<del></del>	ļ		
		1(c)(7) (9), or (17) organization (Schedule G)					<del> </del>	<del></del>	
		ncome (Schedule I)	10	4,475.			1	4,475.	
		fule J)	11	71.	ATCH 2		····	71.	
	(			4,546.	AICH 2		<del>                                     </del>	4,546.	
Total. Combine lines 3 through 12									
		be directly connected with t						,	
						14			
15 Salaries and	wages	directors, and trustees (Schedule K)		RECEIVE	<i>ဖြ</i> ွှဲ	15			
				2019	. <b> },</b>	. 16	ļ		
17 Bad debts			· /2	NOV 25 2019	·7贰/ · · · ·		ļ		
18 Interest (atta	ch schedule)	(see instructions)	· /5	5	· · · <b>\</b> · · · · ·				
19 Taxes and lice	enses		· · · //·	OGDEN, U		19	<del> </del>		
<ul><li>20 Charitable co</li><li>21 Depreciation</li></ul>	nitibutions (3	4562)	· · · /	21			<del> </del>		
22 Less deprecia	ation claimed	on Schedule A and elsewhere on re	: turn	22a	72	l l			
		compensation plans				1			
		3							
		Schedule I)							
27 Excess reade	rship costs (S	chedule J)				27		4,475.	
		chedule)						4 455	
		s 14 through 28						4,475.	
The state state and the state							71.		
	•	g loss arising in tax years beginning income. Subtract line 31 from line	-					71.	
32 Unrelated but	duction Act N	lotice, see instructions.	<u> </u>	<i>^</i>	<del> </del>	32	For	m 990-T (2018)	

For Paperwork Reduction Act Notice, see instructions.

8X2740 1 0066ME JS2 270 11/7/2019 12:05:36 PM V 18-7.5F 7

Form **990-T** (2018) PAGE 51

Form 990-T (2018) Page 2 Part III **Total Unrelated Business Taxable Income** of unrelated business taxable income computed from all unrelated trades or businesses 71. 33 34 Amounts paid for disallowed fringes 35 Deduction for net operating loss arising in tax years before January beginning 35 36 Total of unrelated business taxable income before specific deduction 71 of lines 33 and 34. . . . . . . . . 36 1,000. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) . . 37 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, 0. 38 Part IV Tax Computation 39 40 Taxable at Trust Rates. See instructions for tax computation 40 Tax rate schedule or Schedule D (Form 1041). . . the amount on line 38 from 41 41 Proxy tax. See instructions . . . . . . 42 42 Alternative minimum tax (trusts only). . . . . . 43 Tax on Noncompliant Facility Income. See instructions 43 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies . . . . . . Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). . . . . General business credit Attach Form 3800 (see instructions) . . . d Credit for prior year minimum tax (attach Form 8801 or 8827). . . 45e e Total credits. Add lines 45a through 45d . . . . . . 46 Subtract line 45e from line 44 . . . . . 46 Form 8611 47 Other taxes Check if from Form 4255 Form 8697 Form 8866 47 0. 48 48 Total tax Add lines 46 and 47 (see instructions) . . . . . . . . . . 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. . 50 a Payments A 2017 overpayment credited to 2018 . . . . . . . . . 50c Tax deposited with Form 8868. . . . . . d Foreign organizations Tax paid or withheld at source (see instructions) . . . . . . . . 50d f Credit for small employer health insurance premiums (attach Form 8941) . . . . . . Other credits, adjustments, and payments Form 2439 Form 4136 Other 51 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 . . . . . . Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . . . . . . . . . 54 54 Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes Νo 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 Х Х 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. . . . 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 > \$ Under penalties of penury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete Declaration of penalties (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return EXECUTIVE DIRECTOR TAMARA OHAYON 11/15/2019 Here with the preparer shown below Signature of officer Title (see instructions)? X Yes Print/Type preparer's name PTIN er's signature Date Check Paid JENNIFER L BARTON 11/07/2019 CPA P00365499 self-employed Preparer ► MILLER MAYER SULN S' WEVENS Firm's EIN ▶ 61-0866166 Firm's name Use Only Phone no 859-223-3095 Firm's address ▶ 2365 HARRODSBURG RD, STE A-100, LEXINGTON, KY 40504-3399

8X2741 1 000

JSA

Form 990-T (2018)

allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1) (2) % (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

Form 990-T (2018)

Total dividends-received deductions included in column 8

		Exem	pt Controlled Or	ganızatı	ons					
Name of controlled     organization	2. Employer identification num	uei	et unrelated income s) (see instructions)	1 '		5. Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)					-					
(2)	<del></del>			<u> </u>						
(3)	••			1		ļ				
(4)		<u> </u>		1.						
Nonexempt Controlled Organi					40.5		0.11.1			
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		•	5 Total of specified inclu					Deductions directly inected with income in column 10	
(1)										
(2)										
(3)										
(4)						columns 5 a			Id columns 6 and 11	
Totals	ncome of a Sec	 ction 501(c	)(7), (9), or (17	<b>►</b> ′) Orga	Part	here and on I, line 8, colu	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of income		directly cor	3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)	Enter here and	1			ļ		-		Enter here and on page 1	
Totals ► Schedule I – Exploited Exe		come, Oth	4 Net incor	ne (loss)	come (	see instru	ctions)			
1. Description of exploited activity	unrelated business income from trade or business	directly connected production unrelated	or business 2 minus col	lumn 3) ompute	from ac	s income tivity that inrelated is income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than	
	business income from trade or	connected production	or business 2 minus col	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not	
(1)	business income from trade or	connected production unrelated	or business 2 minus col	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2)	business income from trade or	connected production unrelated	or business 2 minus col	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2) (3)	business income from trade or	connected production unrelated	or business 2 minus col	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity  (1) (2) (3) (4)	business income from trade or business	connected production unrelated business inc	with or business 2 minus col if a gain, come cols 5 thro	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than column 4)	
(1) (2) (3) (4)	business income from trade or	connected production unrelated	with or business 2 minus col if a gain, co cols 5 thro	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than	
(1) (2) (3) (4)	Enter here and on page 1, Part I, line 10 col (A)	Enter here an page 1, Par line 10, col	with or business 2 minus col if a gain, co cols 5 thro	(column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1	
(1) (2) (3)	Enter here and on page 1, Part I, line 10 col (A)	connected production unrelated business inc	with or business 2 minus col if a gain, co cols 5 thro	(column lumn 3) compute bugh 7	from ac	tivity that inrelated	attributa	ble to	expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1	
(1) (2) (3) (4) Totals ▶ Schedule J – Advertising In	Enter here and on page 1, Part I, line 10 col (A)	connected production unrelated business inc	with of business 2 minus col if a gain, cols 5 through the cols 5 thro	(column umn 3) ompute ough 7	from ac is not is busines	tivity that inrelated	attributa	ble to n 5	expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1	
(1) (2) (3) (4)  Totals	Enter here and on page 1, Part I, line 10 col (A)  COME (See Instriction (A)  2 Gross advertising	Enter here an page 1, Par line 10, col	d on til. (B)  nsolidated Bas  4 Advertigan or (los 2 minus col a gain or col a gain or col a gain or col a gain col a ga	(column umn 3) ompute ough 7	from ac is not is busines	culation	attributal column	ble to n 5	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1 Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more than	
(1) (2) (3) (4)  Fotals	Enter here and on page 1, Part I, line 10 col (A)  COME (See Instriction (A)  2 Gross advertising	Enter here an page 1, Par line 10, col	d on til. (B)  nsolidated Bas  4 Advertigan or (los 2 minus col a gain or col a gain or col a gain or col a gain col a ga	(column umn 3) ompute ough 7	from ac is not is busines	culation	attributal column	ble to n 5	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1 Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more than	
(1) (2) (3) (4)  Totals	Enter here and on page 1, Part I, line 10 col (A)  COME (See Instriction (A)  2 Gross advertising	Enter here an page 1, Par line 10, col	d on til. (B)  nsolidated Bas  4 Advertigan or (los 2 minus col a gain or col a gain or col a gain or col a gain col a ga	(column umn 3) ompute ough 7	from ac is not is busines	culation	attributal column	ble to n 5	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1 Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more than	
1) 1) 2) 3) 4)  Fotals	Enter here and on page 1, Part I, line 10 col (A)  COME (See Instriction (A)  2 Gross advertising	Enter here an page 1, Par line 10, col	d on til. (B)  nsolidated Bas  4 Advertigan or (los 2 minus col a gain or col a gain or col a gain or col a gain col a ga	(column umn 3) ompute ough 7	from ac is not is busines	culation	attributal column	ble to n 5	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1 Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more than	
(1) (2) (3) (4)  Totals	Enter here and on page 1, Part I, line 10 col (A)  COME (See Instriction (A)  2 Gross advertising	Enter here an page 1, Par line 10, col	d on til. (B)  nsolidated Bas  4 Advertigan or (los 2 minus col a gain or col a gain or col a gain or col a gain col a ga	(column umn 3) ompute ough 7	from ac is not is busines	culation	attributal column	ble to n 5	expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1 Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more than	

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) SHALOM NEWSLETTER	4,475.		4,475		7,885	4,475
(2)						
(3)						
(4)						
Totals from Part I ▶						
	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) ▶	4,475.				,	4,475

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

	ATTACHMENT 2
PART I - LINE 12 - OTHER INCOME	
COPIER USAGE INCOME	71.
PART I - LINE 12 - OTHER INCOME	71