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33	990-Ţ (2018) t III Total Unrelated Business Taxable Income		·····
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	Instructions)	33	-1
24	,	34	
34	Amounts paid for disallowed fringes		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 1 -	
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum]] [1
	of lines 33 and 34	36	-1
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
	enter the smaller of zero or line 36		-1
Pai	t IV Tax Computation	ŀ	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
	* **		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions) , , , , , , , , , , 45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
48	Total tax. Add lines 46 and 47 (see instructions)	48	
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ,	49	
50 a	Payments A 2017 overpayment credited to 2018		
þ	2018 estimated tax payments		
С	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)	i i	
	Backup withholding (see instructions)	}	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
		1	
g	Other credits, adjustments, and payments Form 2439		
- 4	Form 4136 Other Total ▶ [50g]		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
53	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		
53 54		54	
	Enter the amount of line 54 you want	55	
54	Enter the amount of line 54 you want	55	
54 55 Par	Enter the amount of line 54 you want	55 s)	authority Ye
54 55	Enter the amount of line 54 you want Credited to 2019 estimated tax 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	55 other a	
54 55 Par	Enter the amount of line 54 you want Credited to 2019 estimated tax 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	55 other a y have	to file
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54 55 Par 56	Enter the amount of line 54 you want. Credited to 2019 estimated tax 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here	other any have foreign	to file country
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54 55 Par 56 57	Enter the amount of line 54 you want. Credited to 2019 estimated tax 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I declars that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Destaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	other a say have foreign trust?	to file country knowledge and its discuss this
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54 55 Par 56 57 58 Sigr Here	Enter the amount of line 54 you want 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the beautiful true, correct, and complete Dectaration of preparer (other finan taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Print/Type preparer's name N. ARI BERLIN Preparer's sepiature O7/06/2020 Check self-er	other a sy have foreign gn trust?	knowledge and its discuss this reparer shown PTIN P006653
54 55 Par 56 57 58 Sigr	Enter the amount of line 54 you want 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. 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 beautiful true, correct, and complete Destaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name N. ARI BERLIN Print/Type preparer's name	other a sy have foreign gn trust?	knowledge and its shown is a show

JSA

Schedule A - Cost of G	oods Sc	id. Enter me	thad of inven	tory valuation	<u> </u>			Page 3	
1 Inventory at beginning of		Zur Zinter inte	<u> </u>			ar	6		
2 Purchases	· · —					old. Subtract line			
3 Cost of labor			· · - · · · · · · · · · · · · · · · · ·	1	-	nter here and in			
4a Additional section 263A c	· · · —			4				544,677.	
(attach schedule)						section 263A (v		Yes No	
b Other costs (attach schedu			44,677.	1		or acquired for	•		
5 Total. Add lines 1 through			44,677.					X	
Schedule C - Rent Incom					Leased V	Vith Real Prope	rty)		
	*4B AT					•			
Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Re	nt received or ac	crued				- -		
for personal property is more than 10% but not percenta				d personal property for personal property is based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income Add totals of chere and on page 1, Part I, line 6						Enter here and or Part I, line 6, colui	n page 1,		
Schedule E - Unrelated D	ebt-Finai	nced Income	(see instruc	tions)					
1 Description of de	bt-financed p	roperty		s income from or	debt-fin		connected with or allocable to anced property		
·	·			property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)			1						
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or of or allocable to allocable to debt-financed debt-financed property		6	Column 4 divided column 5	7 Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%			<u>-</u>		
(4)				%					
						e and on page 1, le 7, column (A)	Enter here and Part I, line 7, co		
Fotals	ons includ	ed in column 8				▶			

Form 990-T (2018)	uitica Pavaltica	and D	anta Fr	om Contro	llad Or	anizati	ons (oo)	Page 4	
Schedule F-Interest, Ann	ulues, Royalues			ontrolled Or			ons (see	e instructio	ns)		
Name of controlled organization	2 Employer identification number		Net unre	ated income 4 Total		of specified includ		rt of column 4 that is ded in the controlling zation's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)	·									·	
(4)							<u> </u>	·			
Nonexempt Controlled Organ					 	, 10 Pa	t of column	Q that is	11	Deductions directly	
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			connected with income in column 10		
(1)			 	*	•	<u> </u>					
(2)											
(3)		_								•	
(4)			L			Add	columns 5 a	and 10	Ad	d columns 6 and 11	
•	•	•		-		Enter	nere and on line 8, colu	page 1,	Ente	er here and on page 1, t I, line 8, column (B)	
Totals	<u> </u>	· · · · ·	<u></u>	<u> </u>	<u></u> ▶				4		
Schedule G-Investment I	ncome of a Sec	tion 50	1(c)(7),			nization	(see ins	tructions)			
1. Description of income	2 Amount of	ıncome	3 Deductions				schedule) and set-as		5 Total deductions and set-asides (col 3 plus col 4)		
(1)	-						1				
(2)									_		
(3)									<u>.</u>		
(4)	<u> </u>			T T T T			rare		11,	<u> </u>	
Totals ▶	Enter here and o Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Ex	empt Activity Inc	come, C	Other Ti	nan Adverti	ising In	come (s	ee instru	ictions)	1	······································	
Description of exploited activity	2 Gross unrelated business income from trade or business	, 3 Exp dire connec produc unre	penses ectly ted with ction of lated s income	4 Net inconfrom unrelation business 2 minus collif a gain, cocols 5 through	ne (loss) ed trade (column umn 3) ompute	5 Gros from ac	s income livity that nrelated s income	6 Experatributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 						 	
(2)				+				 		 	
(3)	· · · ·			· · · ·							
(4)			<u>-</u> -								
;	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals				in the life				नी, हिंदिकी होता. इ.स.च्या		<u> </u>	
Schedule J-Advertising I										<u> </u>	
Part I Income From Per	iodicals Report	ed on a	Conso	lidated Bas	sis			,		•	
¹ 1. Name of periodical ·	2 Gross advertising income	3 D advertisi	rect _ rng 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)	<u> </u>	-		La Shi W	TE 1 2 1				•	是在空中的研究	
(2)	;	-			15.到于						
(3)	, .										
(4)											
Totals (carry to Part II, line (5))										•	
										Form 990-T (2018)	

(4)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If a gain, compute cols 5 through 7 minus column 5, but 1 Name of periodical advertising advertising costs ıncome costs not more than column 4) (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11, col (B) Part II, line 27 line 11, col (A) THE Totals, Part II (lines 1-5) . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 1 Name 2 Title time devoted to business (1) % (2) % (3) % %

Form 990-T (2018)

▶

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

RENT
STATE REQUIRED DISTRIBUTION OF NET BINGO PROCEEDS
FOR CHARITABLE PURPOSES
OTHER DEDUCTIONS
73,973.
46,497.
28,069.

PART II - LINE 28 - OTHER DEDUCTIONS

148,539.

	ATTACHMENT 2	
FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS		
PRIZES EVENT GAMES	524,674. 20,003.	
TOTAL OTHER COSTS	544,677.	