| ,      | 990-T   | l E                                     | AMENDED RETURN SECTION SECTION AMENDED RETURN SECTION BUS                              |           | 512(A)(7) RE<br>ss Income T |   | n l                     | OMB No 1545-0687  |  |
|--------|---|---|--|-----------|-----------------------------|---|-------------------------|---|--|
| rorm ' |   | _                                       | (and proxy tax und   |           |                             |   |                         |   |  |
|        |   | For cal                                 | ender year 2018 or other tex year beginning  |           | , and ending                | 181   | 12                      | 2018  |  |
|        | nent of the Treasury<br>Revenue Service                                   | <b>&gt;</b>                             | ► Go to www.irs.gov/Form990T for in<br>Do not enter SSN numbers on this form as it may |           |                             |   | 3).                     | Open to Public Inspection for<br>501(c)(3) Organizations Only     |  |
| Α 🗌    | Check box if address changed  |   | Name of organization ( Check box if name of  | hanged    | and see instructions.)      |   | _ (Em)                  | oloyer identification number<br>ployees' trust, see<br>ructions ) |  |
| B Exe  | empt under section  | Print                                   | EMUNAH OF AMERICA INC  |           |                             |   | _                       | <u> 13-2670365</u>  |  |
| X      | 501(c)(3)   | or                                      | Number, street, and room or suite no. If a P.O. bo                                     | •         |                             |   |                         | elated business activity code instructions )                      |  |
|        | 408(e) 220(e)   | Туре                                    | 315 WEST 36TH STREET,  | <u> </u>  | 2ND FL                      |   | _                       |   |  |
| 亘      | 408A530(a)<br>529(a)  |   | City or town, state or province, country, and ZIP o NEW YORK, NY 10018                 | r foreig  | n postal code               |   | 900                     | 0099  |  |
| C Book | value of all assets<br>d of year  |   | F Group exemption number (See instructions.)   | <u> </u>  |                             |   |                         |   |  |
|        |   |   | G Check organization type ► X 501(c) cor   | poration  | 501(c) trust                | 401   | (a) trust               | Other trust   |  |
|        |   | -                                       | tion's unrelated trades or businesses.   |           |                             | the only (or first)   |                         |   |  |
|        | rade or business here  If only one, complete Parts I-V. If more than one, |   |  |           |                             |   |                         |   |  |
|        |   | -                                       | ce at the end of the previous sentence, complete Pa                                    | ırts I an | d II, complete a Schedule   | M for each addition   | onal trade              | e or  |  |
|        | ness, then complete l   |   |  |           |                             |   |                         |   |  |
|        |   |   | oration a subsidiary in an affiliated group or a parei                                 | nt-subs   | idiary controlled group?    | •   | Y                       | es No   |  |
|        |   |   | ifying number of the parent corporation.   |           |                             |   | 010                     | F.C.4. 00.4F  |  |
|        |   |   | HE ORGANIZATION le or Business Income  |           |                             | T .   |                         | -564-9045   |  |
| M      | ***   |   | le or business income  | г -       | (A) Income                  | (B) Expens  | es<br>Santana           | (C) Net   |  |
|        | Bross receipts or sale  |   | - Pologo   |           |                             |   |                         |   |  |
|        | ess returns and allow   |   | c Balance  | 1c        |                             | 8.400 cm (20 mm)  |                         |   |  |
|        | Cost of goods sold (S   |   | · · · · · · · · · · · · · · · · · · ·  | 2         |                             |   |                         | ( 274-365 ** 54900 * 定數的國   |  |
|        | Gross profit, Subtract  |   | <i>t</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 3         | · <del></del>               |   |                         |   |  |
|        | Capital gain net incom  | •                                       |  | 4a        |                             |   |                         |   |  |
|        | apital loss deduction   |   | art II, line 17) (attach Form 4797)  | 4b        |                             | Berling of the State of State | in allows<br>The allows |   |  |
|        | •   |   |  | 4c<br>5   |                             |   | ary of the              |   |  |
|        | Rent income (Schedul  |   | hip or an S corporation (attach statement)   | 6         |                             | FRI TO WEET IN  | 7*** -< 510**E          | <u> </u>  |  |
|        | Inrelated debt-finance  | •                                       | ne (Schedule E)  | 7         |                             |   |                         | <del>                                     </del>                  |  |
|        |   |   | id rents from a controlled organization (Schedule F)                                   | 8         |                             |   |                         | <del></del>   |  |
|        |   |   | n 501(c)(7), (9), or (17) organization (Schedule G)                                    | 9         |                             |   |                         |   |  |
|        | xploited exempt activ   |   |  | 10        | •                           |   |                         |   |  |
|        | dvertising income (S  | •                                       | ,  | 11        |                             |   |                         |   |  |
|        |   | _ · · · · · · · · · · · · · · · · · · · |  |           |                             |   | Address Control         | -   |  |
|        | otal. Combine lines   |   | '  | 12        | 0.                          | a district of a second order of the property  |                         |   |  |
| Part   | ी। Deduction  | ns No                                   | t Taken Elsewhere (See instructions for tions, deductions must be directly connected   | r limita  | tions on deductions)        | income)   |                         |   |  |
| 14     | Compensation of offi  | cers. dır                               | ectors, and trustees (Schedule K)  |           |                             |   | 14                      | 1   |  |
|        | Salaries and wages  | ·                                       | . ,  |           |                             |   | 15                      |   |  |
| 16     | Repairs and maintena  | ance                                    | RECEIVED   | )         | Ī                           |   | 16                      |   |  |
| 17     | Bad debts   |   | REOLIVE  |           | اد                          |   | 17                      |   |  |
| 18     | Interest (attach sched  | dule) (se                               | e instructions)  | 19        | ₹ <b>\</b>                  |   | 18                      |   |  |
| 19     | Taxes and licenses  |   | e instructions)   O MAR 1 6 2021   | ) i'      |                             |   | 19                      |   |  |
| 20     | Charitable contributio  | ns (See                                 | instructions for limitation rules)   |           |                             |   | 20                      |   |  |
| 21     | Depreciation (attach f  | Form 45                                 | 62) CODENIL  | 7         | 21                          |   | 经维约                     |   |  |
| 22     | Less depreciation cla   | ımed on                                 | Schedule A and elsewhere on return   | *****     | 22a                         |   | 22b                     |   |  |
| 23     | Depletion   |   |  |           |                             |   | 23                      |   |  |
| 24     | Contributions to defe   | rred con                                | npensation plans - '   |           |                             |   | 24                      |   |  |
| 25     | Employee benefit pro  | grams                                   |  |           |                             |   | 25                      |   |  |
| 26     | Excess exempt expen   | ses (Scl                                | nedule I)  |           |                             |   | 26                      |   |  |
| 27     | Excess readership co  | sts (Sch                                | edule J)   |           |                             |   | 27                      | <u></u>   |  |
|        | Other deductions (att   |   | •  |           |                             |   | _28                     |   |  |
|        | Total deductions. Ad  |   | •  |           |                             |   | 29                      | 0.  |  |
|        |   |   | come before net operating loss deduction. Subtract                                     |           |                             |   | 30                      | 0.  |  |
|        |   |   | ess arising in tax years beginning on or after Januar                                  | y 1, 20   | 18 (see instructions)       |   | 31                      |   |  |
|        |   |   | come. Subtract line 31 from line 30  |           |                             |   | 32                      | 0.  |  |
| 823701 | 01-09-19 LHA For  | Paperv                                  | vork Reduction Act Notice, see instructions.   |           |                             |   |                         | Form <b>990-T</b> (2018)  |  |

823711 01-09-19

Form 990-T (2018)

## EMUNAH OF AMERICA INC

| FORM 990-T             | OTHER    | CREDITS   | AND  | PAYMENTS    | STATEMENT 1 |
|------------------------|----------|-----------|------|-------------|-------------|
| DESCRIPTION            |          |           |      |             | AMOUNT      |
| TAX PAID WITH ORIGINAL | RETURN   |           |      |             | 630.        |
| TOTAL INCLUDED ON FORM | 990-T, F | PAGE 2, E | PART | V, LINE 50G | 630.        |

13-2670365

EMUNAH OF AMERICA INC

FORM 990-T

STATEMENT 2

## DESCRIPTION

THE FOLLOWING LINES WERE AMENDED TO REFLECT THE RETROACTIVE REPEAL OF SECTION 512(A)(7):

LINE 34, 46, 48, 49, 50