990-T	Exempt Org	ganization Bus	sine	ss Income T	ax Return	L	OMB No 1545-0687
> '		(and proxy tax und	er se	ction 6033(e))			2018
	For calendar year 2018 or other t			, and ending		-	20 10
Department of the Treasury Internal Revenue Service		www irs gov/Form990T for ir mbers on this form as it may					pen to Public Inspection for 10 (c)(3) Organizations Only
A Check box if address changed	 	(Check box if name c					er identification number yees' trust, see ions)
B Exempt under section	Print THE BILGE	R FOUNDATION				22	-6524956
X 501(d)(3)	 	oom or suite no. If a P.O. bo	y see in	structions		Unrelat	ed business activity code
408(e) 220(e)	Type 480 BEL A		A, 300 III	su ocuona.		(See ins	tructions)
408A 530(a)		province, country, and ZIP o	r foreiar	postal code			
529(a)	LOS ANGEL					5511	.12
C Book value of all assets at end of year		number (See instructions.)					
128,8	80. G Check organization		poration	X 501(c) trust	401(a)	trust	Other trust
	organization's unrelated trades		1		the only (or first) unr		
	SEE STATEME				complete Parts I-V. I		•
	lank space at the end of the pr	evious sentence, complete Pa	arts I and	I II, complete a Schedule	M for each additiona	I trade	or
business, then complete						T v	TVIII.
• • •	the corporation a subsidiary in		nt-subsi	diary controlled group?	▶ ∟	Yes	X No
	ind identifying number of the p ■ WISHNOW, R		.7 V	COMD A NIV Tolonho	one number 🕨 /	2121	981-2240
	d Trade or Business		.1 00	(A) Income	(B) Expenses	310/	(C) Net
		T		(X) INCOMO	(5) EXPONOGO		(0)
1a Gross receipts or sale b Less returns and alloy		c Balance	1c				
2 Cost of goods sold (S		G Dallarice	2	<u>.</u>			-
3 Gross profit. Subtract	• •		3				
4 a Capital gain net incom			4a			 -	-
• •	4797, Part II, line 17) (attach i	Form 4797)	4b				
c Capital loss deduction		J	4c				
•	partnership or an S corporatio	n (attach statement)	5				
6 Rent income (Schedu		,	6				
7 Unrelated debt-financ	ed income (Schedule E)		7				~
8 Interest, annuities, roy	valties, and rents from a contro	lled organization (Schedule F)	8				
9 Investment income of	a section 501(c)(7), (9), or (1	7) organization (Schedule G)	9				
10 Exploited exempt activ	vity income (Schedule I)		10				
11 Advertising income (S	Schedule J)		11				
12 Other income (See ins	structions; attach schedule)		12				
13 Total. Combine lines			13	0.			
Part II Deductio	ns Not Taken Elsew contributions, deductions r	here (See instructions for	or limita	tions on deductions)	, 1000mo \		
		· · · · · · · · · · · · · · · · · · ·	u with t	rie urireiateu busiries:	s income)		
	icers, directors, and trustees (Screaule K)			-	14	
15 Salaries and wages16 Repairs and mainten	1000					16	
16 Repairs and mainten17 Bad debts	dilce				ŀ	17	
	dule) (see instructions)				ļ	18	
19 Taxes and licenses	adio) (see man density					19	
	ons (See instructions for limita	tion rules)			The state of the s	20	· · ·
21 Depreciation (attach	•	,,		21	ľ		
, ,	aimed on Schedule A and elsev	vhere on return		22a		22b	
23 Depletion -						23	
24 Contributions; to defe	erred compensation plans	RECEIVE	יטי			24	_
25 Employee benefit pro	ograms	ص ا		SC		25	
26 Excess exempt expe		NOV 2 5 20)19	0-8		26	
27 Excess readership co		0		RS		27	
28 Other deductions (at	tach schedule)	OGDEN,	117	'-		28	-
	dd lines 14 through 28					29	0
	axable income before net oper				ļ	30	O .
()	erating loss arising in tax years		ıry 1, 20	18 (see instructions)	Ļ	31	
22 Unrelated Business t	avable income Subtract line 2	1 from line 20				22 l	

Form **990-T** (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T	(2018) THE BILGER FOUNDATION	22-65	2495	6		Page 2
Part II	Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructi	ons)	33			0.
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 7	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines 33 and 34		36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,0	00.
	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		38			0.
Part I	/ Tax Computation		1			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39			
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:				
	X Tax rate schedule or Schedule D (Form 1041)		▶ 40			0.
	Proxy tax. See instructions		→ 41			
	Alternative minimum tax (trusts only)	•	42	_		
	Tax on Noncompliant Facility Income. See instructions		43			
						0.
Part V	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments		44			<u> </u>
			т	*****		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		⊣ 1			
	Other credits (see instructions) 45b		⊣			
	General business credit. Attach Form 3800		⊣ ∣			
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 45a through 45d		45e			
	Subtract line 45e from line 44		46			0.
	——————————————————————————————————————)ther (attach scheduli	· -			
	Total tax. Add lines 46 and 47 (see instructions)		48			0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018		⊣ ∣			
	2018 estimated tax payments . 50b		_			
C	Tax deposited with Form 8868		⊣ ∣			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		_			
	Backup withholding (see instructions)		_			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		_			
g	Other credits, adjustments, and payments: Form 2439		i I			
	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			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	► 53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54			
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	► 55			
Part.V	Statements Regarding Certain Activities and Other Information (see in	nstructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other at	ithority			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 co	untry				İ
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?	,			Х
	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 perjury if declare that I have examined this return, including accompanying schedules and statements, a correct, and complate. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kind.	nd to the best of my k	nowledge ar	nd bellef, it is	true,	
Sign	Correct, and compare, because of the pare man taxpayer) is based on an information of which prepare has any kind.	lowiooge	May the IDS	discuss the	e raturn i	with
Here	PRESIDENT			r shown belo		*****
	Engnature of officer Date / Title		instructions)7 X Y	2S	No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	V		
Paid		self- employe	ed			
Prepar	MICHAEL WARSAVSKY MICHAEL WARSAVSKY		P(01303	673	
Use O	I Charles and A WIT CHNICK DACC WARRANCEV C AC	Firm's EIN	▶ 9!	5-304	872	0
Jac U	16130 VENTURA BLVD., SUITE 320					
	Firm's address ► ENCINO, CA 91436	Phone no.	(818) 981	-22	40
823711 01-				Form 9		

Schedule A - Cost of Good	s Sold. Enter	method of inven	ntory va	luation N/A					
1 Inventory at beginning of year	1 1			Inventory at end of year	r		6		
2 Purchases	2		⊣	Cost of goods sold Su		ine 6			
3 Cost of labor	3		⊣	from line 5. Enter here and in Part 1,					
4a Additional section 263A costs				line 2		·	7	1	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		⊣	the organization?		, ,		1	
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Leas	ed With Real Pro	per	ty)	
Description of property									
(1)									
(2)									
(3)									
(4)									
<u> </u>		ed or accrued				3(a) Deductions directly	v conne	ected with the income	ın
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ige			(attach schedule)	
(1)									
(2)									
(3)						<u> </u>			
(4)									
Total		Total		 	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter ▶	_		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instruc	tions)					
			,	Gross income from		 Deductions directly cor to debt-finan- 			
1. Description of debt-fit	nanced property					(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
								···	
(1)									
(2)							Ш_		
(3)									
(4)				· · · · · · · · · · · · · · · · · · ·					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%				<u>.</u>	
(3)				%					
(4)				%			丄		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				▶Ì		0			0.
Total dividends-received deductions in	cluded in columi	18		<u></u>			•		0.
								Form 990-T	(2018)

Schedule F - Interest,	<u> </u>	, 110ya	icico, a		Controlled O				(355 115	a de tiol	
1. Name of controlled organiz	ation	2 Em Identifi num	cation		related income e instructions)	4 Tota payn	al of specified nents made	ınclud	Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5
(1)				1							
(2)					_						
(3)											
(4)		1					•				
Nonexempt Controlled Organ	nizations	· · · · · · · · · · · · · · · · · · ·									
7. Taxable Income	8 Net u	unrelated inconsee instructions		9. Total	of specified pays made	ments	10. Part of coluin the controllingross	nn 9 tha ng orga income	nization's		ductions directly connected in income in column 10
(1)	1			T							
(2)											
(3)	1				-				Î		
(4)	1			<u> </u>		İ					
							Add colun Enter here and line 8, c		9 1, Part I, A)		dd columns 6 and 11 nere and on page 1, Parl I, line 8, column (B)
Totals						<u>▶</u>			0.		0 .
Schedule G - Investm		me of a	Sectio	n 501(c)((7), (9), or	(17) Or	ganizatior)			
·	structions)	ome			2. Amount of	ıncome	3. Deductio	cted	4. Set-a		5 Total deductions and set-asides
(1)							(attach sched	ute)	((col 3 plus col 4)
(2)					1						
									<u> </u>		
(3)					 				 		
(4)					Enter here and	00 0000 1			L		Enter here and on page 1
					Part I, line 9, co						Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited	Exemp	t Activity	Incon	ne, Othe	r Than Ac		ng Income	;			<u> </u>
1. Description of exploited activity	2. c	Gross I business ne from business	directly with p of ui	xpenses connected production nrelated ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	†				<u> </u>						
(3)	1				 	l l					
(4)	+										
Totals	page '	re and on I, Part I, , col (A)	page	ere and on 1, Part I, 0, col (B)		1			ŷ		Enter here and on page 1, Part II, line 26
Schedule J - Advertis	ing Inco		nstructio		1						
Part I Income From					solidated	Basis	_				
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (co	ain, comput	5. Circulat	ion	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	-				
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•	-	0.	0							0
					•						Form 990-T (2018

Part II Income From Periodicals Reported on a Separate Basis (For each penodical 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)							
(2)					-		
(3)							
(4)							
Totals from Part I	•	0.	0.	, - ,	•		0.
		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)	•	0.	0.				0.

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 or	0.			

Form 990-T (2018)

FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	6	
BUSINESS ACTIVITY								

UNRELATED BUSINESS INCOME (LOSS) PASSED THROUGH FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	169.	0.	169.	169.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	169.	169.