Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

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31

Form 990-1	(2018) BET TZEDEK				23-73	04205	.	Page 2
Part I	II Total Unrelated Business T	axable Income						
33	Total of unrelated business taxable income co	omputed from all unrelated trades or busing	nesses (see ii	structions)		3	3	0.
34	mounts paid for disallowed fringes						4	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)						5	
36	Total of unrelated business taxable income be							
00	lines 33 and 34						6	•
37	Specific deduction (Generally \$1,000, but see	line 37 instructions for excentions)			2	$\mathcal{L}_{\mathfrak{Z}_3}$	<i>i</i> 7	1,000.
38	Unrelated business taxable income Subtract		r than line 36		•			
30	enter the smaller of zero or line 36	, , , , , , , , , , , , , , , , , , , ,	(11411 11110 00	l			8	0.
Part I							<u> </u>	
39	Organizations Taxable as Corporations. Mu	Ituniy line 38 by 21% (0.21)				a	9	0.
40	Trusts Taxable at Trust Rates. See instruction		e amount on	lina 38 from:	•			<u></u>
40	Tax rate schedule or Schedule		e annount on	iiiie 00 ii 0iii.		_ ~_	-	
44		U (1 01111 1041)					1	
41	Proxy tax. See instructions				•		2	
42	Alternative minimum tax (trusts only)							<u></u>
43	Tax on Noncompliant Facility Income. See II						3	, 0.
44	Total. Add lines 41, 42, and 43 to line 39 or 4	u, wnichever applies				4	4	, 0.
Part \			Т	[
	Foreign tax credit (corporations attach Form	1118; trusts attach Form 1116)		15a		\dashv .		
b	Other credits (see instructions)			15b	~ -	┨╶	ļ	
C	General business credit. Attach Form 3800			15c				
	Credit for prior year minimum tax (attach Fori	m 8801 or 8827)	<u>_</u>	15d			_	
е	Total credits. Add lines 45a through 45d						5e	
46	Subtract line 45e from line 44		_				6	0.
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 instruction					4		0.
49	2018 net 965 tax liability paid from Form 965	-A or Form 965-B, Part II, column (k), line	2			4	9	0.
50 a	Payments: A 2017 overpayment credited to 2	2018	C1 1	iga				
b	2018 estimated tax payments		SOR	<u>фь</u>	9,24	<u>0.</u>		
C	Tax deposited with Form 8868		<u>_</u>	Dc		_		
d	Foreign organizations: Tax paid or withheld at	source (see instructions)	<u>L</u> !	50d		_		
е	Backup withholding (see instructions)	•	L!	ide		_		
f	Credit for small employer health insurance pro	emiums (attach Form 8941)		50f				
g	Other credits, adjustments, and payments:	Form 2439	_]]				
	Form 4136	Other	Γotal ▶ .	iog				
51	Total payments. Add lines 50a through 50g					5	ī1	9,240.
52	Estimated tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨 🔲				5	2	
53	Tax due. If line 51 is less than the total of line	es 48, 49, and 52, enter amount owed			•	▶ 5	න	
54	Overpayment. If line 51 is larger than the total	al of lines 48, 49, and 52, enter amount ov	erpaid/		•	A 25	4	9,240.
55	Enter the amount of line 54 you want: Credite		•	Re	efunded 🍃	7 / 5	5	9,240.
Part V	I Statements Regarding Cert	ain Activities and Other Info	rmation	(see instru	ictions)	-		
56	At any time during the 2018 calendar year, did	d the organization have an interest in or a	signature or	other authori	ty			Yes No
	over a financial account (bank, securities, or o	_						
	FinCEN Form 114, Report of Foreign Bank and							1. 1 1
	here >	· · · · · · · · · · · · · · · · · · ·		,				
57	During the tax year, did the organization recei	ve a distribution from, or was it the grant	or of, or trans	feror to, a fo	reian trust?			-
07	If "Yes," see instructions for other forms the o		or on, or traine	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. orgin a doc			
58	Enter the amount of tax-exempt interest recen	•						
	Under penalties of perjury, I declare that I have exa		ules and statem	ents, and to the	e best of my know	vledge a	ind belief, it is	true,
Sign	correct and complete Declaration of preparer (oth	er than taxpayer) is based on all information of wh	uch preparer ha	s any knowledg	je			
Here							e IRS discuss parer shown b	this return with
								Yes No
			Date	1	Check		PTIN .	
	Prifft/Type preparer's name	Preparer's signature	Date	Ì			1 1 1111	
Paid	KATY BROWN	KATY BROWN	02/18	1/20	self- employe	,u	P006502	74
Prepa	irer	MATT BROWN	P2/10	,, 20	Firm's CIN		94-621	
Use C	Use Only Firm's name ► ARMANINO LLP Firm's EIN ► 12657 ALCOSTA BLVD, STE. 500						74.021	
	i	•			Phone no.	925	790-2600	1
		CA 94583-4600	·		Triione no.	723-		990-T (2018)
823711 01-	09-19						Form	330-1 (2018)

BET TZEDEK

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

DISALLOWED FRINGE BENEFITS PER IRC SECTION 512(A)(7) - REPEALED

TO FORM 990-T, PAGE 1