Foji = 990	)-T   E	xempt Organization E	Bus	siness Inco	ome	Tax Retu	ırn	OMB N	0 1545-0687	
(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30,							2019	"19		
Department of the 1		► Go to www.irs.gov/Form990T				1 /	ゔ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゚ヿ゚	<u>&amp;</u> (	9 <b>10</b>	
Internal Revenue Se	· .	not enter SSN numbers on this form as				101	(g/g/)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only	
A Check I		Name of organization ( Check box	k if nar	me changed and see i	nstruction	s)		oyer identific	ation number	
address	changed						(Emple	oyees' trust, see	instructions)	
B Exempt under		INTERNATIONAL BACCAL	AUR	EATE ORGANI	ZATIO	N	_]			
X 501( C )(		Number, street, and room or suite no If	a P O	box, see instructions			30-0	30-0388800		
408(e)	2 <sup>20(e)</sup> Type	l						Unrelated business activity code (See instructions )		
408A L	530(a)	7501 WISCONSIN AVENU					4 (323 ).	istractions ;		
529(a)		City or town, state or province, country,	and Z	ZIP or foreign postal co	ode		1			
C Book value of a at end of year	<b>—</b>	BETHESDA, MD 20814					5418	00		
		oup exemption number (See instruction					<del></del>	<del></del>	<u> </u>	
		eck organization type X 501(c			501(c		401(a)		Other trust	
	•	anization's unrelated trades or busines	ses				-	(or first) un		
	siness here ▶AD					complete Parts			describe the	
	•	e end of the previous sentence, com	piete	Parts I and II, com	piete a S	chedule M for ea	ach additio	nai		
	siness, then compl		40d a						Yes X No	
- /	•	corporation a subsidiary in an affilial identifying number of the parent corp	-	• •	osidiary (	controlled group	· · · · ·	•	) tes jan No	
		HAIMUR CHANGEZI	JUIAN		elenhor	e number ▶ +	65 6579	9 5460	/	
		or Business Income		(A) Income		(B) Expe		1 - 2	C) Net	
	cerpts or sales			(A) moonie		(2) 220		<del>// `</del>	,	
	s and allowances	c Balance ▶	1 c						t.	
•	_	Jule A, line 7)	2							
		2 from line 1c	3				/		<del></del>	
		attach Schedule D)	4a							
		Part II, line 17) (attach Form 4797)	4b							
c Capital Id	oss deduction for	trusts	4c							
5 Income (los	ss) from a partnership o	or an S corporation (attach statement)	5							
6 Rent inco	ome (Schedule C)		6							
7 Unrelate	d debt-financed in	ncome (Schedule E)	7					<u> </u>		
8 Interest, an	nuities, royalties, and re	ents from a controlled organization (Schedule F)	8							
9 Investment	income of a section 50	11(c)(7), (9), or (17) organization (Schedule G)	9					<u> </u>		
10 Exploited	d exempt activity i	ncome (Schedule I)	10							
1	= :	dule J)	11	83,	586.			<del>                                     </del>	83,586.	
	•		12	/	506				02.506	
13 Total Co	mbine lines 3 thr		13/		586.				83,586.	
		Taken Elsewhere (See instru					Except	or contrib	utions,	
		be directly connected with the					<u> </u>			
		directors, and trustees (Schedule K).						<del> </del>		
		· · · · · · · · · · · · / · · · · ·						<del> </del>		
								+	<del></del>	
		(see instructions)						<del> </del>		
								<del> </del>		
		See instructions for limitation rules) .						<del>                                     </del>		
	ition (attach Form		• • •	مصل	. i			<del>                                     </del>		
•	•	or Schedule A and elsewhere on rete	HPI)	-11/ED 22						
		RE	CI	11/50	1		23			
					31		· · —			
25 Employee	e benefit program:	ક	u . S	$S_{0}$ 2020 $D_{c}$	$\mathcal{S}(\cdot)$					
26 Excess e	exempt expenses (	Schedule I)	ا سال	والسيار	=		26	1	<del></del>	
27 Excess re	eadership costs (S	chedule J)	سبب	Serve LIT	. ]		27		83,586.	
28 Other de	ductions (attach s	compensation plans s Schedule I)	GL	<u>) [ [ [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [ ] . [</u>			28			
29 Total dec	ductions. Add line	es 14 through 28	سنت.	-			29		83,586.	
30 Uprelated	d business taxab	ole income before net operating l	oss (	deduction Subtra	ct line					
31 Deductio	n for net operatin	ig loss arising in tax years beginning	on o	r after January 1, 2	018 (see	instructions) .	. (. 31			
3.2 Unrelated	d business taxabl	e income Subtract line 31 from line 3								
For Paperwork	Reduction Act N	Notice, see instructions.					_1	Form	9 <b>90-T</b> (2018)	
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Form 990			
Part II			
	tal of unrelated business taxable income computed from all unrelated trades or businesses (s		
,	tructions)	<del> </del>	
	ounts paid for disallowed fringes	34	
	duction for net operating loss arising in tax years beginning belorg January 1, 2018 (s	see	
ıns	tructions),	35	
<b>36</b> To	al of unrelated business taxable income before specific deduction. Subtract line 35 from the st	um	
	ines 33 and 34	ا 36 این	
<b>37</b> Sp	ecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>%</b> 37	1,00
	related business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 3	<u> </u>	
<b>/</b> ent	er the smaller of zero or line 36	38	
	Tax Computation	1	
39 / Org	ganizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	. ▶ 39	
	ists Taxable at Trust Rates. See instructions for tax computation Income tax		
the	amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	1 1 1	
	pxy tax. See instructions		
	ernative minimum tax (trusts only).	· · · · · · · · · · · · · · · · · · ·	
	c on Noncompliant Facility Income. See instructions	+++	-
	al. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
Part V		• • • • • • •	
	eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	<del>- 1</del> -	
		— II	
	ner credits (see instructions)	<b>    </b>	
	neral business credit Attach Form 3800 (see instructions)	$- \mid I \mid$	
	edit for prior year minimum tax (attach Form 8801 or 8827)	— . <b>.</b>	
	al credits. Add lines 45a through 45d	<del></del>	
. <b>6</b> Sut	otract line 45e from line 44	46	
	er taxes. Check if from		
	al tax Add lines 46 and 47 (see instructions)		
<b>9</b> 201	8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
0 a Pay	ments A 2017 overpayment credited to 2018		
<b>b</b> 201	8 estimated tax payments · · · · · · · · · · · · · · · · · · ·		
c Tax	deposited with Form 8868		
<b>d</b> For	eign organizations Tax paid or withheld at source (see instructions)		
e Bac	kup withholding (see instructions)		
f Cre	dit for small employer health insurance premiums (attach Form 8941)		
g Oth	er credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶  50g		
1 Tot	al payments. Add lines 50a through 50g	51	
_	mated tax penalty (see instructions) Check if Form 2220 is attached	52	
3 Tax	due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. ▶ 53	
4 / Ove	rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	. > 54	
5 Ente	er the amount of line 54 you want   Credited to 2019 estimated tax  Refunded	▶ 55	
Part VI			
	any time during the 2018 calendar year, did the organization have an interest in or a signature		uthority Yes N
	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		·
	CEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•	
	≥ ▶AR, CA, NL, SN, SZ, UK		x
		oroign tri-to	— <del>                                    </del>
	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fi	oreign trust?.	
	es," see instructions for other forms the organization may have to file		
	er 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 t	the best of my 1	knowledge and helief
Sian	true, correct, and complete Decalation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Sign	16/07/2020 Chief Finance & Business Officer		discuss this retu
fere   l			eparer shown beli
	Signature of officer Date Title	(see instructions)	
aid		heck lif	PTIN
repare	30	elf-employed	P01770943
se Onl	Firm's name PERNST & TOONG U.S. LEP		4-6565596
	Firm's address ▶ 99 WOOD AVENUE, SOUTH ISELIN, NJ 08830	hone no 732	-516-4200
SA			Form 990-T (20

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PAGE 43

Total dividends-received deductions included in column 8.

(2) (3) (4) Nonexempt Controlled Organizations 7 Tasable Income (0x5) (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) Enter	Schedule F-Interest, Ann	uities, Royalties			on Contro ontrolled Or			ions (se	e instructio	ons)	
(2) (3) (4) Nonexempt Controlled Organizations 7 Tasable Income (0x5) (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) (4) Enter here and on page 1. Part I line 9, column (0x5) Enter								included	included in the controlling		connected with income
(9)  Nonexempt Controlled Organizations  7 Taxable Income  (8 Net unrolated income (50ts) (see instructions)  (9 Total of specified in the controlling included in the con	(1)										
(4)  Nonexempt Controlled Organizations  7 Taxable Income  (bit )  (constitution of the controlled organizations  8 Net unripited income (cons) (see instructions)  8 Net unripited income (cons) (see instructions)  (column 10)  (column 10)  Add columns 5 and 10 Enter here and on page 1. Part 1, line 8, column (8)  Fortals  Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income (cons) (column (2))  (column (3))  (d)  Enter here and on page 1. Part 1, line 8, column (8)  Fortals  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity Description of	(2)										
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Net unrelated income (loss) (see instructions) 9. Net unrelated income (loss) (see instructions) 19. Part of column 9 that is included in the controlling included in the controlling organization's grass income column 10 19. Part of column 9 that is included in the controlling organization's grass income included in the controlling organization included in the controlling organization's grass income included in the controllin	(3)										
7 Taxable Income   8 Net unrelated income (loss) (see instructions)   9 Total or specified in the controlled in the cont	(4)							<u> </u>			
7 Taxable income (included in the centrolling organization's gloss income (included in the centrolling organization's gloss income (column 10  2) 3) 4)  Fortials  Schedule G -Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3 Deductions dictions diversity incomes dictions of centrolling income (attach schedule)  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (B)  Fortials  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gress  3 Cress  4 Net income (see instructions)  5 Gross income  5 Gross income  6 Column 5  1 Reported  1 Description of exploited activity  2 Gress  3 Cress  4 Net income (see instructions)  5 Gross income  5 Gross income  6 Column 6  7 Excess every  1 Part I, line 9, column (B)  7 Excess every  2 Gress  3 Deductions  4 Net income (see instructions)  5 Gross income  6 Column 6  7 Excess every  2 Gress  3 Description of exploited activity  3 Description of exploited activity  4 Advertising income  (column 4)  7 Excess readership  Costis ordinaria  7 Excess readership  Costis ordinaria  8 Readership  Costis ordinaria  9 Part I, line 9, column (B)  7 Excess every  1 Name of penodical  2 Gress  3 Description of exploited activity  3 Description of exploited activity  4	Nonexempt Controlled Organi	zations									
(2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A)  Part 1, line 8, column (A)  Schedule G—Investment Income of a Section 501(c) (7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  2 Amount of income  2 Amount of income  3 Enter here and on page 1, Part 1, line 8, column (A)  (3) (4)  Enter here and on page 1, Part 1, line 8, column (A)  Fent 1, line 8, column (B)  Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Graph University of the Column (B)  3 Enter here and on page 1, Part 1, line 8, column (B)  4 Net moorne (see)  5 Gress income (see instructions)  5 Gress income  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 To gate a column (B)  5 Gress income (see instructions)  5 Gress income (see instructions)  6 Expenses altinitiatible to column (B)  7 Excess readering on the column (B)  7 Excess readering on the column (B)  8 Circulation income  1 Name of penodical advertising Income (see instructions)  2 Gress income (see instructions)  2 Gress income (see instructions)  3 Direct advertising Income (see instructions)  4 Avertising and the column (B)  5 Circulation income  6 Readership  7 Excess readering on the column (B)  8 Circulation in	7 Taxable Income						included in the cor		introlling con		nected with income in
Add columns 5 and 10 Enter hore and on page 1, Part I, line 8, column (8)  Totals  Schedule G—Investment income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Deductions (attach schedule)  4 Set-aside (attach schedule)  5 Tettl description and set asides (col) 3 plus col 4)  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (a)  Fener here and on page 1, Part I, line 9, column (b)  Fener here and on page 1, Part I, line 9, column (b)  For income (see instructions)  5 Tettl description and set asides (col) 3 plus col 4)  Enter here and on page 1, Part I, line 9, column (b)  Fener here and on page 1, Part I, line 9, column (b)  For income (see instructions)  4 Net income (see instructions)  6 Gross scome (see instructions)  7 Excess example regions of exploited activity  (1) (2) (3) (4)  Enter here and on page 1, part I, line 9, column (b)  (1) (2) (3) (4)  Enter here and on page 1, part I, line 10, col (h) page 1, part II, line 10, col (h) page 1, part I, line 10, col (	(1)										
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Add columns 5 and 10 Enter here and on page 1. Part I, line 8. column (A)  Totals  Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see unstructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1. Part I, line 9, column (A)  Finiter here and on page 1. Part I, line 9, column (B)  Totals  1 Description of exploited activity  2 Gross organized brown trade or business income  1 Description of exploited activity  2 Gross organized brown trade or business income  1 Description of exploited activity  2 Gross organized brown trade or business income  1 Description of exploited activity  2 Gross organized brown trade or business income  3 Enter here and on page 1. Part I, line 9, column (A)  4 Net income (loss)  4 Net income (loss)  5 Gross income  2 Forcis income  5 Cross income  6 Readership  7 Excess readership  (a)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column 5 but income  advertising codes  1 Name of periodicals Reported on a Consolidated Basis  1 Name of periodical activity  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  2 Gross and Reported Consolidated Basis  3 Direct advertising ocals advertising o	(3)										
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(3) (4)  Enter here and on page 1. Part I, line 9, column (A)  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity 2 Grass activities of the incompatibility of expenses attributable to column 5 of expenses attributable											
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(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J- Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2 Gross advertising income  2 Gross advertising costs  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising costs  4 Advertising gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)	1 Description of exploited activity	unrelated business income from trade or	direc connecte product unrela	tly ed with ion of ited	from unrelation business 2 minus col	ted trade (column lumn 3) ompute	from ac	tivity that inrelated	attributa	ble to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J- Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2 Gross advertising income  2 Gross advertising costs  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising costs  4 Advertising gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)	(1)								<u> </u>		
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals									<del> </del>		
Enter here and on page 1, Part I, line 10, col (A)  Totals					+	····	-		<del> </del>		
Enter here and on page 1, Part I, line 10, col (A)  Schedule J- Advertising Income (see instructions)  Part I Iname of periodical  1 Name of periodical  2 Gross advertising income  2 Gross advertising income  2 Gross advertising costs  1 Name of periodical  (1)  (2)  (3)  (4)	<del></del>				_	_			<del>                                     </del>		
Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs Income  3 Direct advertising costs Income  3 Direct advertising costs Income  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)		page 1, Part I,	page 1,	Part I,							on page 1,
Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)		ncome (see instr	uctions)		<u> </u>		<del></del>				<del></del>
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1 Name of periodical advertising advertising costs advertising costs advertising costs advertising costs advertising costs again, compute cols 5 through 7	modification ref		on a v	301130	4 Adver	tising			,	_	1
(2) (3) (4)	1 Name of periodical	advertising			2 minus co a gain, co	ol 3) If mpute					minus column 5, but not more than
(2) (3) (4)	(1)				T						
(3)	(2)										7 ;
(4)	(3)				1						7 '
	(4)	<u> </u>	<del></del>		1						<b></b>
	Totals (carry to Part II, line (5))		· <del></del>								

Form **990-T** (2018)

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) ADVERTISING SALES - IB WORLD	83,586		83,586		175,946	83,586
(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) ▶	83,586.					83,586.

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

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