	Form	990-T	E	Exempt Orgai				Tax R	eturn	L	OMB N	lo 1545-0687
/			For cal	(af Jendar year 2018 or other tax yea	nd proxy tax un		· · · · ·	90V 2000 MU	19		2	018
	D				irs gov/Form990T for					-	_	0 10
		tment of the Treasury al Revenue Service	▶	Do not enter SSN number	•				501(c)(3)		Open to P 501(c)(3) C	ublic Inspection for organizations Only
	A [Check box if address changed		Name of organization (_	id see instructions.)		_	Empt	oyer identi oyees' tru ctions)	fication number st, see
	B Ex	kempt under section	Print	CHARITIES, INC.							35-104	14585
	X] 501(c)(3 63	_ or	Number, street, and room	or suite no. If a P.O. b	oox, see inst	ructions				ted busin	ess activity code
Ę		408(e) 220(e)	Туре	501 ST. JUDE PLAC	E] (000.1		-,
4 2020] 408A530(a)] 529(a)		City or town, state or prov MEMPHIS, TN 3810		or foreign p	ostal code			45300	0	
Ť	C Boo	ok vatue of all assets and of year		F Group exemption numb	er (See instructions.)					1		
		5,461,105,	812.	G Check organization type	e ▶ · X 501(c) c	orporation	501(c) trus	st _	401(a)	trust		Other trust
JUL			-	tion's unrelated trades or b		2	Descri	be the only (or first) un	related		
		<u>-</u>		OF MERCHANDISE A				ne, complete				e,
JOJ MARK UATE	des	cribe the first in the bl	ank spa	ce at the end of the previou	s sentence, complete	Parts I and I	l, complete a Sched	ule M for eac	h additiona	al trade	OL	
ے ح		iness, then complete F										
Ę				oration a subsidiary in an a		rent-subsidia	ry controlled group	?	► L	Ye	s X	☐ No
				ifying number of the parent	t corporation.							
3	Par	books are in care of		le or Business Inc	ome .	 		phone numb			578-21	
_					oine	-	(A) Income	(8)	Expenses	i .		(C) Net
		Gross receipts or sale:		3,818,719.	- Delemes	.	2 010 710					
		Less returns and allow		A line 7)	c Balance	1c	3,818,719 1,957,688					
		Cost of goods sold (So Gross profit, Subtract		•		2	1,861,031					1,861,031.
		Capital gain net incom				3	1,001,033	-				1,001,031.
		-		art II, line 17) (attach Form	4707)	4a 4b	·	-				
		Capital loss deduction	-	. , ,	4/9/)	40 4c						
		· ·		hip or an S corporation (att	tach etatement\	5						
		Rent income (Schedul		mp or an o corporation (at	iacii siatement)	6		1				
		Unrelated debt-finance	•	ne (Schedule F)		7		+				
				nd rents from a controlled o	rganization (Schedule F							
	-			n 501(c)(7), (9), or (17) or	•			1				
-		Exploited exempt activ			9	10						
707		Advertising income (S	-			11	·	1				
		Other income (See ins				12						
	13	Total. Combine lines	3 throug	gh 12		13	1,861,031					1,861,031.
Received in SFP 45 mg	Par	t II Deduction (Except for c	ns No ontribu	t Taken Elsewhere	(See instructions be directly connected	for limitation	ons on deductions unrelated busine	s) ss income)				
7	14	Compensation of office	cers, dır	ectors, and trustees (Sched	dule K)					14		
)다	15	Salaries and wages		,	,					15		598,491.
٠٠٠	16	Repairs and maintena	ance							16		1,018.
	17	Bad debts								17		
E -	18	Interest (attach sched	dule) (se	e instructions)						18		
3 6	19	Taxes and licenses								19		34,499.
18	20	Charitable contribution	ns (See	instructions for limitation i	rules)		SEE STATEM	ENT 2		20		0.
& 5	21	Depreciation (attach F	Form 45	62)			21	3	30,651.			
83	22	Less depreciation cla	ımed on	Schedule A and elsewhere	on return		22a			22b		30,651.
	23	Depletion								23		
	24	Contributions to defe	rred con	npensation plans						24		29,271.
	25	Employee benefit pro	grams							25		64,178.
	26	Excess exempt expen	ises (Scl	hedule I)						26		
	27	Excess readership co	sts (Sch	nedule J)						27		
	28	Other deductions (att		•			SEE STATEM	ENT 1	ΔÀ	28		1,407,174.
	29	Total deductions Ad	ld lines	14 through 28					\mathcal{F} 0	29		2,165,282.
	30			come before net operating						30		-304,251.
	31	· ·		oss arising in tax years beg	-	uary 1, 2018	(see instructions)		21	31		
	32	Unrelated business ta	xable in	come Subtract line 31 fron	n line 30	1.			21	32		-304,251.

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

Form **990-T** (2018)

Phone no. (615) 259-1800

Firm's address NASHVILLE, TN 37203

Form 990-T (2018) CHARITIES, INC.

Schedule A - Cost of Good	s Sold. Enter	method of invento	ory v	aluation N/A		_				
1 Inventory at beginning of year	_1	1,641,151.		Inventory at end of year	r	-	6	2,	390,	985.
2 Purchases	2	2,707,522.	7	Cost of goods sold. Su	btract l	line 6	Г			
3 Cost of labor	3			from line 5. Enter here a	and in I	Part I,	_	_		
4a Additional section 263A costs				line 2			7	1,	957,	688.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to				
5 Total. Add lines 1 through 4b	5	4,348,673.		the organization?						Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property Lo	ease	d With Real Prop	ert	y)		
1 Description of property										
(1)				· ,						-
(2)				-					_	
(3)										
(4)		-								
	2. Rent receiv	ed or accrued								_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	rsonai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	y conn ind 2(b	ected with the in) (attach schedul	e)	
(1)										
(2)										
(3)										
(4)										
Total	0.	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 Det	ot-Financed	Income (see ii	nstru	ctions)		_				
			2	Gross income from or allocable to debt-		3. Deductions directly cor to debt-finan		operty		
1 Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sch		S
(1)										
(2)										
(3)										
(4)									_	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	edjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable (column 6 x tot 3(a) and	al of col	
(1)		_		%						
(2)				%			\perp			
(3)				%			\perp			
(4)				%			\perp			
						Inter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals				>		(0.			0.
Total dividends-received deductions u	ncluded in columi	n 8		,						0.

Form **990-T** (2018)

Schedule F - Interest, A	-minime	o, noyali			Controlled O			HOUS	(see ins	struction	S)
1 11						<u> </u>		F -		<u> T</u>	6.5.
Name of controlled organizat	юп	2. Emp Identific num	cation	3. Net unr (loss) (see	elated income a instructions)	4 Tot payr	tal of specified ments made	includ	t of column 4 ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)									-		
(4)		-		_							-
Nonexempt Controlled Organi	zations							•		•	·
7. Taxable Income		nrelated incom		9. Total	of specified payr made	nents	10. Part of column the controlle gross	mn 9 that ing organ s income	is included ization's		ductions directly connected income in column 10
(1)											
<u>(1)</u> <u>(2)</u>											
	 						· .				
(3)	 		+		-						
(4)	1										
							Add colun Enter here and line 8, c		1, Part I,		d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme		ne of a S	ection 5	01(c)(7	'), (9), or ([·]	17) Org	ganization				
1. Desc	ription of inco	пе			2. Amount of	income	3. Deduction directly connected (attach schedu	cted	4 Set-	esides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							,	,			()
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited		Activity	Income,	Other	Than Adv	0. ertisin	g Income				0.
(see instru	ictions)	Т			1						· · · · · · · · · · · · · · · · · · ·
Description of exploited activity	2 G unrelated income trade or t	business e from	3. Expe directly cor with prod of unrel business i	nnected luction lated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>										
(2)	<u> </u>										<u> </u>
(3)											1
(4)	<u> </u>							_			
	Enter her page 1, line 10,	Part I, col (A)	Enter here page 1, f line 10, co	Parti, ol (B)							Enter here and on page 1, Part II, line 26
Totals Advertisis	a laca-	0.		· 0.	<u> </u>						0.
Schedule J - Advertisir						D '-					
Part I Income From I	Periodic	ais Repo	ortea on	a Cons	solidated	Basis					
1 Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade cost		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	<u>.]</u>						0.

Form 990-T (2018) CHARITIES, INC.

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	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)	Ī						
(3)	l				-		
4)			<u> </u>				
otals from Part I	▶	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
otals, Part II (lines 1-5)	▶	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)		٠ _%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

990-T

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Nam	e(s) shown on return			Bus	iness or ac	tivity to wl	hich this form relates	•	Identifying number
AME	ERICAN LEBANESE SYRIAN ASSOCIAT	red							
CHA	ARITIES, INC.			FOR	м 990-	T PAG	E 1		35-1044585
Pi	art Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any	listed pr	operty,	complete Part	V before y	ou complete Part I
1	Maximum amount (see instructions)							1	1,000,000.
2	Total cost of section 179 property place	d in service (see	instructions)					2	
	Threshold cost of section 179 property i							3	2,500,000.
4	Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, ente	er -0-				4	
5	Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter -	0- If married filin	g separately, see	e instructio	ns		5	
6	(a) Description of pro	perty		(b) Cost (bus	siness use	only)	(c) Elected	cost	
]
							•		
7	Listed property Enter the amount from I	ine 29				7			
8	Total elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 and	d 7			8	
9	Tentative deduction Enter the smaller	of line 5 or line 8						9	-
10	Carryover of disallowed deduction from	line 13 of your 20	017 Form 45	62				10	
11	Business income limitation Enter the sm	naller of business	income (not	less than ze	ero) or lu	ne 5		11	
12	Section 179 expense deduction Add lin	es 9 and 10, but	don't enter r	nore than lin	ne 11			12	
13	Carryover of disallowed deduction to 20	19 Add lines 9 a	nd 10, less li	ne 12		13			
	te: Don't use Part II or Part III below for II	sted property In	stead, use P	art V					
Pa	art II Special Depreciation Allowan	ce and Other D	epreciation ((Don't inclu	ide liste	prope	rty)		
14	Special depreciation allowance for qualif	fied property (oth	er than listed	d property) p	laced in	service	during	İ	
	the tax year							14	
15	Property subject to section 168(f)(1) elec	tion						15	
	Other depreciation (including ACRS)							16	
Pa	MACRS Depreciation (Don't	nclude listed pro	perty See in	structions)					
				ection A					T
17	MACRS deductions for assets placed in	service in tax ye	ars beginnini	g before 201	8			17	30,651.
<u> 18</u>	If you are electing to group any assets placed in service	e during the tax year in	to one or more g	eneral asset acc	ounts, che	k here			
	Section B - Assets I				Using 1	he Gen	neral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
c	7-year property	}							
<u>d</u>	10-year property								
е	15-year property	}						,	
f	20-year property				↓				
_9	25-year property				2	5 yrs		S/L	
h	Residential rental property	/			27	5 yrs	ММ	S/L	
		/			27	5 yrs	MM	S/L	
i	Nonresidential real property				3	9 yrs	MM	S/L	
		L/					MM	S/L	
	Section C - Assets Pl	aced in Service	During 2018	3 Tax Year L	Jsing th	e Alteri	native Depreci	ation Sys	tem
<u>20 a</u>	Class life						_	S/L	
b		ļ				2 yrs		S/L	
<u> </u>					-	0 yrs	MM	S/L	
D		/			4	0 yrs	MM	S/L	<u> </u>
_	art IV Summary (See instructions)								<u> </u>
	Listed property Enter amount from line :							21	
	Total. Add amounts from line 12, lines 1 Enter here and on the appropriate lines of						r	22	30,651.
	For assets shown above and placed in s	•	current year	r, enter the					
	portion of the basis attributable to section	n 263A costs				23			<u></u>

Fo	rm 4562 (2018)	CHAR	ITIES, INC									35	-104458	15	Page 2
P	art V Listed Propert entertainment,	ty (Include at	utomobiles, c	rtain oth	ner vehicl	es, cer	tain aircr	aft, an	d property	used for	•				
	Note: For any				standard	milea	ge rate o	dedu	cting lease	expens	e, comp	olete o	nly 24a,		
_	24b, columns (a) through (c) of Section A	<u>, all of S</u>	<u>ection B,</u>	and Se	ection C	f appli	cable						_
_			n and Other			$\overline{}$		=					<u></u> =	<u> </u>	
24:	a Do you have evidence to s			nt use cla	aimed.	<u> Ч</u> Ү	es L	_ No	24b if "Y	T :		$\overline{}$		Yes	No
	(a) Type of property	(b) Date	(c) Business/	İ	(d)	Ba	(e) sis for depre	ciation	(f) Recovery		g) bod/	1	(h) eciation		(i) cted
	(list vehicles first)	placed in	investmen		Cost or ther basis		use only	stment	period		hod/ ention		luction	section	n 179
	Constal description alle	service	use percenta	<u> </u>						<u> </u>	1			00	ost
25	Special depreciation allo			property	piaced in	servic	e auring	tne ta	x year and	1	25				
26	used more than 50% in a Property used more than										23			<u> </u>	
20	Toporty about more than	1 00/0 4 4.		%		Т				Γ		Ι		1	
_				%			_	_							
_				%		\neg									
27	Property used 50% or le	ss in a qualif													
				%			-			S/L·					
				%						S/L·			-	1	
				%						S/L·					
<u></u> 28	Add amounts in column	(h), lines 25	through 27 E	nter here	and on I	ne 21,	page 1				28				
29	Add amounts in column	(ı), lıne 26 E	nter here and	on line 7	7, page 1								29		
			,	Section	B - Inforn	nation	on Use	of Veh	icles						
Со	mplete this section for ve	hicles used t	y a sole prop	netor, pa	artner, or	other "	more tha	ın 5% (owner," or	related p	person	if you p	rovided v	/ehicles	
to y	your employees, first ansv	wer the ques	tions in Section	on C to s	ee if you	meet a	ın except	ion to	completin	g this se	ction fo	r those	vehicles		
				т			_			т					
				(a)	((b)	1	(c)	(0	I)		(e)	(f)
30	Total business/investment i	miles driven di	uring the	Vel	hicle	Ve	hicle	v	ehicle	Veh	icle	Ve	hicle	Veh	cle
	year (don't include commut	ting miles)									-			ļ	
	Total commuting miles of	_	•	ļ						-		ļ		_	
32	Total other personal (no	ncommuting)	miles												
	driven			-	+			<u> </u>		 					
33	Total miles driven during	•													
24	Add lines 30 through 32 Was the vehicle available		al ugo	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
У	during off-duty hours?	e ioi personi	ai us c	163	140	163	110	163	110	163	140	163	140_	162	140
35	Was the vehicle used pr	imarily by a i	more	-	T		<u> </u>	<u> </u>					-		
•	than 5% owner or relate	• •		ľ	1		1	Ì		1 1		1		i	
36	Is another vehicle availa	•	nal												
	use?														
	<u> </u>	Section C	- Questions 1	or Empl	loyers Wh	o Pro	vide Veh	icles f	or Use by	Their E	mploye	es			
An	swer these questions to c	letermine if y	ou meet an e	ception	to compl	eting S	Section B	for ve	hicles use	d by em	oloyees	who a	ren't		
mo	re than 5% owners or rela	ated persons													
37	Do you maintain a writte	n policy stat	ement that pr	ohibits a	II persona	l use d	of vehicle	s, ınclı	uding com	imuting, l	by your			Yes	No
	employees?														ļ
38	Do you maintain a writte	n policy stat	ement that pr	ohibits p	ersonal u	se of v	ehicles, e	except	commuti	ng, by yo	ur				
	employees? See the ins	tructions for	vehicles used	by corp	orate offic	ers, d	rectors,	or 1%	or more o	wners				-	<u> </u>
	Do you treat all use of ve	•												<u> </u>	
40	Do you provide more that		•	• •		format	ion from	your e	mployees	about					
	the use of the vehicles,														<u> </u>
41	Do you meet the require		• .												<u>. </u>
Б	Note: If your answer to 3	37, 38, 39, 40	U, or 41 is "Ye	s," don"	t complete	e Sect	ion B for	tne co	vered veh	icles					
	art VI Amortization (a)			(b)	<u> </u>	(c)		\top	(d)	Т	(e)			(f)	
	Description of	costs	Date	amortization	} .	A <i>mortiza</i> amoun		1	Code section		Amortiza		Ar fo	nortization or this year	
42	Amortization of costs the	at begins div	ring vour 201	begins Stax vea	ır	Unioun	-	1	30011011		enod or per	centage		, 641	
72		oogiiis dui		tun yea	<u> </u>			7		Т		$\neg \neg$			
_			—— 		 			\top				$\neg \neg$			•
<u></u>	Amortization of costs the	at began hef	ore your 2018	tax vea	r							43			
	Total Add amounts in a	_	•	•		anor						44			

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

Attach to the corporation's tax return.

Go to www.irs gov/Form8827 for the latest information

Name American Lebanese Syrian Associated	Employer ide	entification number
CHARITIES, INC.	35-	1044585
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	510,959.
2 Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2	357,873.
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	868,832.
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Enter the refundable minimum tax credit (see instructions)	6	434,416.
7 Add lines 5 and 6	7	434,416.
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	434,416.
b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this		
amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	434,416.
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this		
amount to carry forward and use in future years	9	434,416.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TRAVEL		9,738.
UTILITIES & TELEPHONE	•	4,304.
PRINTING		79,157.
POSTAGE & SHIPPING		580,864.
PROFESSIONAL FEES		, 221.
BANKING FEES		18,820.
SUPPLIES		14,947.
OTHER EXPENSES		111,069.
WAREHOUSING		560,228.
INSURANCE		12,999.
990-T TAX PREPARATION FEES		14,827.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	1,407,174.

FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	2
QUALIFIED (CONTRIBUTIONS SUBJECT TO 100%	LIMIT			
CARRYOVER OF FOR TAX Y		TIONS			
FOR TAX Y FOR TAX Y	YEAR 2015 YEAR 2016	4,873 7,785 9,044			
TOTAL CARRY	OVER ENT YEAR 10% CONTRIBUTIONS		21,702		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	 _	21,702		
EXCESS 1009	CONTRIBUTIONS CONTRIBUTIONS SS CONTRIBUTIONS		21,702 0 21,702	_	
ALLOWABLE (CONTRIBUTIONS DEDUCTION			_	0
TOTAL CONTR	RIBUTION DEDUCTION				0

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

AUSTRALIA

BERMUDA

BRITISH VIRGIN IS

CANADA

CAYMAN ISLANDS

CHINA

DENMARK

FRANCE

GERMANY

GUERNSEY

HONG KONG

INDIA

IRELAND

JAPAN

MEXICO

NETHERLANDS

SPAIN

SWEDEN

SWITZERLAND

TAIWAN

UNITED KINGDOM

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 4
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		434,416.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	434,416.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	1,698,792.	1,509,939.	188,853.	188,853.
06/30/13	221,753.	0.	221,753.	221,753.
06/30/15	433,695.	0.	433,695.	433,695.
06/30/16	1,017,939.	0.	1,017,939.	1,017,939.
06/30/17	982,491.	0.	982,491.	982,491.
06/30/18	977,413.	0.	977,413.	977,413.
NOL CARRYO	ER AVAILABLE THIS	YEAR	3,822,144.	3,822,144.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

■ Go to www.irs.gov/Form990T for instructions and the latest information.
■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

501(c)(3) Organizations Only

ENTITY

Department of the Treasury
Internal Revenue Service (99)

Name of the organization

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC.

Employer identification number 35-1044585

Unrelated business activity code (see instructions)

525990

	pescribe the unrelated trade or business INVESTM	CNIS IN FA	RINERSHIPS		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Bala	ance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	1,410,163.		1,410,163.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47	97) 4b			
С	Capital loss deduction for trusts	4c	"]		
5	Income (loss) from a partnership or an S corporation (attac statement) STATEMENT 6	h 5	-7,498,162.		-7,498,162.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-6,087,999.		-6,087,999.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	-
16	Repairs and maintenance		16	
17	Bad debts		17	-
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 7	STMT 8	20	0.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	_
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)	STATEMENT 9	28	69,275.
29	Total deductions. Add lines 14 through 28		29	69,275.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	29 from line 13	30	-6,157,274.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2	018 (see		
	instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-6,157,274.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

AMERICAN LEBANESE SYRIAN ASSOCIATED CHAR

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 7	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
PRIVATE EQUITY CONTRIBUTIONS FROM K-1'S	N/A	8,148.	
TOTAL TO SCHEDULE M, PART II,	8,148.		

FORM 990-T (M)	CONTRIBUTION LIMITATIONS					STATEMENT 8	
		BUTIONS THE 10%	SUBJECT LIMIT		FIED DISASTER CONTRIBUTIONS	TOTAL CONTRIBUTIONS	
TOTAL CONTRIBUTION		8	3,148.		0.	8,148.	
10% TAXABLE INCOME CURRENT YEAR AMOUN			0. 0.		6,157,274.	0.	

FORM 990-T (M)	OTHER DEDUCTIONS		STATEMENT 9
DESCRIPTION	•		AMOUNT
FOREIGN TAX EXPENSE 990-T TAX PREPARATION FEES			20,772. 48,503.
TOTAL TO SCHEDULE M, PART I	I, LINE 28	•	69,275.

EIN: 35-1044585 FYE: 06/30/2019

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

American Lebanese Syrian Associated Charities, Inc. on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

AMERICAN	LEBANESE	SYRTAN	ASSOCIATED	CHAR
1777 C1774		DINTUM	VODOCIVIED	CILAR

35-1044585

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5

-7,498,162.

AMERICAN LEBANESE SYRIAN ASSOCIATED CHAR	35-1044585
DENHAM COMMODITY PARTNERS FUND V, L.P ORDINARY BUSINESS INCOME (LOSS)	-112,666.
DENHAM COMMODITY PARTNERS FUND VI, L.P ORDINARY BUSINESS INCOME (LOSS)	-248,274.
DENHAM OIL & GAS FUND, L.P ORDINARY BUSINESS INCOME (LOSS)	-2,145,091.
DCPF VI OIL AND GAS COINVESTMENT FUND, L.P ORDINARY BUSINESS INCOME (LOSS	160,281.
ENCAP FLATROCK MIDSTREAM FUND II, L.P ORDINARY BUSINESS INCOME (LOSS)	-426,239.
ENCAP FLATROCK MIDSTREAM FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)	-1,482,775.
ENCAP FLATROCK MIDSTREAM FUND IV, L.P ORDINARY BUSINESS INCOME (LOSS)	-1,711,467.
ESL PARTNERS, L.P ORDINARY BUSINESS INCOME (LOSS) H.I.G. BAYSIDE II AIV, L.P. (SERIES A) - ORDINARY BUSINESS	-1,219.
INCOME (LOSS) H.I.G. EUROPE CAPITAL PARTNERS II, L.P ORDINARY	2,175.
BUSINESS INCOME (LOSS) H.I.G. MIDDLE MARKET LBO FUND II, L.P ORDINARY BUSINESS	-1,054.
INCOME (LOSS) HIGHFIELDS CAPITAL IV, L.P ORDINARY BUSINESS INCOME	-24,435.
(LOSS) HONY CAPITAL FUND V, L.P ORDINARY BUSINESS INCOME	-9,159.
(LOSS) LUBERT-ADLER REAL ESTATE FUND V, L.P ORDINARY BUSINESS	-119,888.
INCOME (LOSS) LUBERT-ADLER REAL ESTATE FUND VI, L.P ORDINARY BUSINESS	-129,138.
INCOME (LOSS) LUBERT-ADLER REAL ESTATE FUND VI-A, L.P ORDINARY	-17,284.
BUSINESS INCOME (LOSS) ORBIMED ROYALTY OPPORTUNITIES II, L.P ORDINARY BUSINESS	-3,477.
INCOME (LOSS) PAUL CAPITAL PARTNERS VIII-A, L.P ORDINARY BUSINESS	221,921.
INCOME (LOSS) RIVA CAPITAL PARTNERS IV, L.P ORDINARY BUSINESS INCOME	64.
(LOSS) ROUND HILL MUSIC ROYALTY FUND, L.P ORDINARY BUSINESS	17,233.
INCOME (LOSS) SHOREVIEW PARALLEL PARTNERS III, L.P ORDINARY BUSINESS	-464,186.
INCOME (LOSS) SRE OPPORTUNITY FUND III, L.P ORDINARY BUSINESS INCOME	-223,253.
(LOSS) SSC V, L.P ORDINARY BUSINESS INCOME (LOSS)	-22,442. -218,226.
STATE STREET MSCI EAFE INDEX NON-LENDING COMMON TRUST FUND - ORDINARY BUSINE	101.
SUMMIT VENTURES VI-A, L.P ORDINARY BUSINESS INCOME (LOSS)	-646,
THACKERAY PARTNERS REALTY IV, L.P ORDINARY BUSINESS INCOME (LOSS)	9,946.
THE LYME FOREST FUND TE, L.P ORDINARY BUSINESS INCOME (LOSS)	-965.
THOMA BRAVO DISCOVER FUND AIV, L.P ORDINARY BUSINESS INCOME (LOSS)	-78,762.
THOMA BRAVO FUND XII AIV, L.P ORDINARY BUSINESS INCOME (LOSS)	-257,001.
TRG FORESTRY FUND 8-B, L.P ORDINARY BUSINESS INCOME (LOSS)	-5,909.

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
ABRAMS CAPITAL PARTNERS II, L.P ORDINARY BUSINESS INCOME (LOSS)	-159,710.
ABRY HERITAGE PARTNERS, L.P ORDINARY BUSINESS INCOME	,
(LOSS)	-75,251.
ABRY PARTNERS VI, L.P ORDINARY BUSINESS INCOME (LOSS)	-27,875.
ABRY PARTNERS VII, L.P ORDINARY BUSINESS INCOME (LOSS) ABRY PARTNERS VIII, L.P ORDINARY BUSINESS INCOME (LOSS)	-73,481. -219,598.
ABRY SENIOR EQUITY II, L.P ORDINARY BUSINESS INCOME	
(LOSS) ABRY SENIOR EQUITY III, L.P ORDINARY BUSINESS INCOME	-6,900.
(LOSS)	44,632.
ABRY SENIOR EQUITY IV, L.P ORDINARY BUSINESS INCOME (LOSS)	24,887.
BATTERY VENTURES XI-A SIDE FUND, L.P ORDINARY BUSINESS	·
INCOME (LOSS) BATTERY VENTURES XI-A, L.P ORDINARY BUSINESS INCOME	-20,631.
(LOSS) BAUPOST VALUE PARTNERS, L.PIV - ORDINARY BUSINESS INCOME	171.
(LOSS)	-215,184.
BERKSHIRE FUND VIII, L.P ORDINARY BUSINESS INCOME	
(LOSS) BESSEMER VENTURE PARTNERS IX INSTITUTIONAL, L.P	-12,547.
ORDINARY BUSINESS INCOME	-800.
BLACKSTONE RGIS CAPITAL PARTNERS V, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-118.
CAXTON GLOBAL INVESTMENTS (USA), L.L.C ORDINARY	
BUSINESS INCOME (LOSS)	702,532.
CB OP AGGREGATOR I, L.P ORDINARY BUSINESS INCOME (LOSS) CERBERUS INSTITUTIONAL PARTNERS, L.P. (SERIES IV) -	-10,862.
ORDINARY BUSINESS INCOME	32,446.
CHARLES RIVER INSTITUTIONAL FUND III, L.P ORDINARY BUSINESS INCOME (LOSS)	-93.
CHARLESBANK EQUITY FUND VII, L.P ORDINARY BUSINESS	25.
INCOME (LOSS)	199,652.
CHARLESBANK EQUITY FUND VIII, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-62,153.
CHARLESBANK EQUITY FUND IX, L.P ORDINARY BUSINESS INCOME (LOSS)	-436,636.
CROW HOLDINGS REALTY PARTNERS IV, L.P ORDINARY BUSINESS	-430,030.
INCOME (LOSS)	-39,440.
CROW HOLDINGS REALTY PARTNERS V-A, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-17,840.
CROW HOLDINGS REALTY PARTNERS VI-A, L.P ORDINARY	CD 550
BUSINESS INCOME (LOSS) CROW HOLDINGS REALTY PARTNERS VII-A, L.P ORDINARY	-67,550.
BUSINESS INCOME (LOSS)	288,915.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, L.P ORDINARY	, , , , , , , , , , , , , , , , , , ,
BUSINESS INCOME (LO	-5,354.
DEERFIELD PRIVATE DESIGN FUND IV, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-40,556.
DEERFIELD RE HOLDINGS IV, L.P ORDINARY BUSINESS INCOME (LOSS)	-6,983.
/ HODD /	0,903.

Form 8949 (2018)				Attachn	<u>nent Seguer</u>	nce No IZA	Page 4
Name(s) shown on return Name an AMERICAN LEBANESE SY	• •		o not required if	shown on page 1			ity number or ntification no.
CHARITIES, INC.							044585
Before you check Box D, E, or F be statement will have the same inform broker and may even tell you which	box to check						
Part II Long-Term. Transact	tions involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ns) For short-term to	ransactions,
Note: You may aggregate a codes are required. Enter the	ne totals directly on \$	Schedule D. line 8a	. vou aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ctions)
You must check Box D, E, or F below. If you have more long-term transactions than we	Check only one bo	X. If more than one be or more of the boxes,	ox applies for your long complete as many for	term transactions, compl ns with the same box chec	ete a separate l ked as you nee	Form 8949, page 2, for e	each applicable box
(D) Long-term transactions re							
(E) Long-term transactions re			•	eported to the IRS			
(a) (F) Long-term transactions no	(b)	on Form 1099-B	(d)	(e)	Adjustment	t, if any, to gain or	(h)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the Note below and	in column (column (f)	u enter an amount (g), enter a code in See instructions	Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
INVESTMENTS FROM K-1'S						adjustment	168,760.
	-			 			
				1			
				+			
						-	
				 			
						 	
	<u> </u>			-			
	- 				 		
	<u> </u>						
	<u> </u>						
	<u> </u>	<u> </u>			-		
	1						
2 Totals. Add the amounts in colunegative amounts) Enter each t Schedule D, line 8b (if Box D at above is checked), or line 10 (if	otal here and incl pove is checked),	ude on your line 9 (if Box E					168,760.
apove is cirected). Of line 10 (ii	DUAL ADDVE IS C	IICUNGUI -			. 1		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

AMERICAN LEBANESE SYRIAN ASSOCIATED

Social security number or taxpayer identification no.

CHARITIES, INC.						35-1	044585
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	atıon as Form 10	you received any 99-B Either will	Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker A su s reported to the IF	bstitute SS by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	nerally short term (see	instruction	s) For long term	
transactions, see page 2 Note You may aggregate a codes are required Enter th							
You must check Box A, B, or C below. If you have more short-term transactions than we							each applicable box
(A) Short-term transactions re			-		-		
(B) Short-term transactions re	•		-	•		,	
X (C) Short-term transactions no	•	•	_				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss If y	ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f) See instructions	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in	(f)	(g)	combine the result
	1			the instructions	Code(s)	Amount of adjustment	with column (g)
INVESTMENTS FROM K-1'S			_	1			35,826.
							
							,
						_	
	<u> </u>						
			<u> </u>		L		
	<u> </u>						
				<u> </u>			
2 Totals. Add the amounts in column	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to	otal here and inclu	ıde on your					
Schedule D, line 1b (if Box A abo	ove is checked), I	line 2 (if Box B					
above is checked), or line 3 (if E	lox C above is ch	ecked)]]		35,826.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Mame

AMERICAN LEBANESE SYRIAN ASSOCIATED

CHARITIES, INC.

•

35-1044585

Employer identification number

Short-Term Capital Gains and Losses (See instructions) Part I See instructions for how to figure the amounts (h) Gain or (loss) Subtract olumn (e) from column (d) and mbine the result with column (g) (d) Procee (e) Cost (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (sales price) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 35,826. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 35,826, 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) to enter on the lines below Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 168,760. Form(s) 8949 with Box F checked 1,205,577. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 1,374,337. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 35,826. 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 1,374,337. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 1,410,163. 18 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital losses in the instructions.

JWA