Form 990-T	Exempt Organization Business Income Tax Return							OMB No 1545-0687	
-	(and proxy tax under section 6033(e))							2018	
	For ca	endar year 2018 or other tax ye Go to www	-	2010					
Department of the Treasury Internal Revenue Service	L▶	Do not enter SSN numbe					.	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (BERKELEY SO			d and see instructions.) PRESERVATIO	N OF	(Emp!	oyer identification number loyees' trust, see ictions)	
B Exempt under section	Print							94-2887073	
X 501(€())3)	Type	Number, street, and roon		k, see i	nstructions.		E Unrelated business activity code (See instructions)		
408(e) 220(e) 408A 530(a)	"	2020 ADDISON STREET City or town, state or province, country, and ZIP or foreign postal code							
529(a)	ļ	BERKELEY, C	900	099					
C Book value of all assets at end of year		F Group exemption num							
II Fatanaha anashan ataha		G Check organization typ		oratio		401(a)		Other trust	
H Enter the number of the	-	TION'S UNRELATED TRACES OF T SALLOWED FRI		-		the only (or first) un		than and	
·		ce at the end of the previou				complete Parts I-V. M for each addition			
business, then complete			20 00monoo, 00mpioto / 0		ia ii, compiete a conceate	, iii io. Gaoii accilion	u	, 01	
		oration a subsidiary in an	affiliated group or a parer	nt-subs	idiary controlled group?	▶ [Ye	s No	
		ifying number of the paren	t corporation. 🕨						
J The books are in care of						-	510		
Part I Unrelated		ie or Business ind	ome	1	(A) Income	(B) Expenses	<u>. </u>	(C) Net	
1a Gross receipts or sale b Less returns and alloy			c Balance	1c		,			
2 Cost of goods sold (S		A line 7)	Coalance	2					
3 Gross profit. Subtract		•		3					
4a Capital gain net incon				4a					
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b	,				
c Capital loss deduction				4c		•			
		hip or an S corporation (at	tach statement)	5		•			
6 Rent income (Schedu		oo (Cobodulo E)		7					
_	7 Unrelated debt-financed income (Schedule E)					,			
,	, , , , , , , , , , , , , , , , , , ,								
10 Exploited exempt activity income (Schedule I)							\neg	-	
11 Advertising income (S									
12 Other income (See ins				12		-			
13 Total. Combine lines				13	0.				
		t Taken Elsewher itions, deductions must				s income)			
·	icers, dı	ectors, and trustees (Sche	dule K)				14		
15 Salaries and wages							15		
•							16 17		
	11110								
19 Tayes and licenses		1					18 19		
20 Charitable contribution	ons (See	instructions for limitation	lules)OV 1 9 201	, j	၀		20		
Z i Deprecianoj manacii	21 Depreciation (attach Form 4562)								
22 Less depregation cla									
23 Depletion	23 Depletion								
_									
25 Employee benefit programs 26 Excess exempt expenses (Schedule I)									
26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J)							26 27		
28 Other deductions (attach schedule)							28		
9 Total deductions Add lines 14 through 28							29	0.	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							30	0.	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31		
32 Unrelated business taxable income. Subtract line 31 from line 30							32	0.	

TRADITIONAL MUSIC

		<u> </u>	77073	
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		_33	0.
34	Amounts paid for disallowed fringes		34	6,340.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	_	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	6,340.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.	
38	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	5,340.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	$\overline{}$	39	1,121.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions		41	 .
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	1,121.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b		1	
	General business credit. Attach Form 3800 45c		1	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)		1	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	1,121.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	dule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	,	48	1,121.
49	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		1	
	Tax deposited with Form 8868 50c		1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	Backup withholding (see instructions) 50e		1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
	Other credits, adjustments, and payments: Form 2439		1	
	☐ 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	46.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	1,167.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax Refunded		55	
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			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 country			
	here >			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	7		
	If "Yes," see instructions for other forms the organization may have to file.			. 10
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaretion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ny knov	wledge and	belief, it is true,
Sign	contect, and complete because of the man taxpayer) is based of all minimation of which preparer has any knowledge	M:	av the IRS	discuss this return with
Here	EXECUTIVE DIRECTOR		-	shown below (see
	Signature of officer Date Title	ins	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	If	f PTIN	
Paid	Junda D. Leery self-emp	oyed		
Prepa	LINDA D. GEERY LINDA D. GEERY 0 11/07/19			0364484
Use C	Only Firm's name ► GILBERT CPAS Firm's E	N 🕨	68	-0037990
	2880 GATEWAY OAKS DR, STE 100			
	Firm's address ► SACRAMENTO, CA 95833 Phone n	o. 9		46-6464
823711 01	-09-19			Form 990-T (2018)