Form	990-T	E	exempt Organization Bus	sine	ss Income Ta	x Retur	'n	OMB No. 1545-0687	
			0045						
		For cal	endar year 2015 or other tax year beginning $\overline{\mathtt{JUL}}$ 1,				<u> 16</u> .	2015	
Depar	tment of the Treasury		► Information about Form 990-T and its instru		_			Open to Public Inspection for	
_	al Revenue Service		Do not enter SSN numbers on this form as it may			on is a 501(c)(Open to Public Inspection for 501(c)(3) Organizations Only bloyer identification number	
A L	Check box if address changed		Name of organization ($oxed{X}$ Check box if name of	(Empliinstr	(Employees' trust, see instructions.)				
	xempt under section	1	BENDER JCC OF GREATER	HINGTON		53-0205921			
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			elated business activity codes instructions.)	
	408(e) 220(e)		6125 MONTROSE ROAD				4		
	」408A		City or town, state or province, country, and ZIP of ROCKVILLE, MD 20852	r foreigi	n postal code		541	L800	
C Bo	ok value of all assets end of year , 653,899.		exemption number (See instructions.)	>					
			corganization type 🕨 🔃 501(c) corporatio		501(c) trust	401(a) trus	t	Other trust	
			ary unrelated business activity. $ ightharpoons$ $\operatorname{ADVERTI}$					I == I	
		-	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	>	Y	es X No	
			tifying number of the parent corporation.				/ 2 0 1		
			DEBRA COOPER			e number			
			de or Business Income		(A) Income	(B) Expens	es	(C) Net	
	Gross receipts or sal		- Palara	ا ا					
	Less returns and allo		c Balance	1c					
2			A, line 7)	3					
3	Gross profit. Subtrac			\vdash					
			h Schedule D) art II, line 17) (attach Form 4797)	4a 4b					
				40 4c					
С 5			ips and S corporations (attach statement)	5					
6	Rent income (Schedi			6					
7	•	, ,	ne (Schedule E)	7					
8			and rents from controlled organizations (Sch. F)	8					
9		-	on 501(c)(7), (9), or (17) organization (Schedule G)	\vdash					
10			me (Schedule I)	10					
11			e J)	11	5,440.	3	134.	2,306.	
12			is; attach schedule)	12	3/1100	<u> </u>		2/3001	
13			gh 12	13	5,440.	3,	3,134. 2,30		
			ot Taken Elsewhere (See instructions for			,		, , , , , , , , , , , , , , , , , , , ,	
			utions, deductions must be directly connecte			ncome.)			
14	Compensation of of	fficers, di	rectors, and trustees (Schedule K)				14		
15									
16									
17									
18									
19	Taxes and licenses								
20			e instructions for limitation rules)				20		
21			562)						
22	Less depreciation c	laimed oi	n Schedule A and elsewhere on return		22a		22b		
23									
24			mpensation plans						
25	Employee benefit pr	rograms					25		
26	Excess exempt expe	enses (So	chedule I)					0 206	
27	Excess readership of	costs (Sc	hedule J)		Opp onser	ATDATO 1	27	2,306.	
28			nedule)				28	1,500.	
29	Total deductions	s. Add lin	es 14 through 28				29	3,806.	
30	Unrelated business	taxable ii	ncome before net operating loss deduction. Subtrac	ct line 29	From line 13	О штутш О		-1,500.	
31	Net operating loss of	reduction	(limited to the amount on line 30)		OLE STATE	исил. 7	31	1 500	
32			ncome before specific deduction. Subtract line 31 fr					-1,500. 1,000.	
33			y \$1,000, but see line 33 instructions for exceptions				33	1,000.	
34			income. Subtract line 33 from line 32. If line 33 is	•	•		34	-1,500.	
	IIII JZ						J 34	1,500.	

523701 01-06-16 LHA For Paperwork Reduction Act Notice, see instructions.

Part II	I Tax Computation										
35	Organizations Taxable as Corp	orations. See ins	tructions for tax o	omputation.							
	Controlled group members (sec	ctions 1561 and 1	563) check here	► See	instruction	s and:					
а	Enter your share of the \$50,000), \$25,000, and \$9	,925,000 taxable	income brack	ets (in that o	order):					
	(1) \$	(2) \$		(3)	\$	·					
b	Enter organization's share of: (1) Additional 5% t	ax (not more that	n \$11,750)	\$						
	(2) Additional 3% tax (not more										
	Income tax on the amount on li						>	35c			0.
36	Trusts Taxable at Trust Rates.	See instructions t	or tax computation	n. Income tax	on the amo	unt on line 34 fro	om:				
	Tax rate schedule or	Schedule D (F	orm 1041)				>	36			
37	Proxy tax. See instructions										
	Alternative minimum tax										
39	Total. Add lines 37 and 38 to lin	ne 35c or 36, whic	hever applies .					39			0.
Part I\	Tax and Payments	s									
40 a	Foreign tax credit (corporations	attach Form 111	3; trusts attach Fo	rm 1116)		40a					
b	Other credits (see instructions)					40b					
C	General business credit. Attach	Form 3800				40c					
d	Credit for prior year minimum to	ax (attach Form 8	301 or 8827)			40d					
е	Total credits. Add lines 40a thr	ough 40d						40e			
41	Subtract line 40e from line 39	<u>.</u>	<u>.</u>	<u></u>	<u></u>	<u></u>		41			0.
42	Other taxes. Check if from:	│ Form 4255 │	」Form 8611 ∟	Form 8697	7 L Forn	n 8866 📖 Otl	1er (attach schedule)	42			
	Total tax. Add lines 41 and 42							43			0.
	Payments: A 2014 overpaymer										
	2015 estimated tax payments										
	Tax deposited with Form 8868										
	Foreign organizations: Tax paid										
	Backup withholding (see instruc										
	Credit for small employer health					44f					
g	Other credits and payments:		Form 2439			.					
	Form 4136		Other			► 44g					
45	Total payments. Add lines 44a	through 44g						45			
	Estimated tax penalty (see instr										_
	Tax due. If line 45 is less than t							_			0.
	Overpayment. If line 45 is large				overpaid			48			<u> </u>
49 Part V	Enter the amount of line 48 you Statements Regar				r Inform	ation (see ins	Refunded >	49			
	ny time during the 2015 calenda	<u>-</u>						occupt (h	onk	Yes	No
	rrities, or other) in a foreign cou	-			-			,	Jaiik,	169	NU
	, ,	,	,			, ,	•				Х
2 Durin	ounts. If YES, enter the name of ig the tax year, did the organization re S, see instructions for other forms the	eceive a distribution fi	om, or was it the gra	antor of, or transf	eror to, a forei	gn trust?					X
	r the amount of tax-exempt inte										
	ule A - Cost of Goods				n N	/A					
	ntory at beginning of year					-		6			
	chases					d. Subtract line 6					
	of labor					here and in Part		7			
	tional section 263A costs (att. schedu			-		ction 263A (with	,			Yes	No
	er costs (attach schedule)	·-/ — — —		-1		d or acquired for	-		İ		
	II. Add lines 1 through 4b			- ' '	ganization?	•					
	11. 1 10. 6 1 1 1		ned this return, include							true,	
Sign	correct, and complete. Declaratio	n oτ preparer (other t	nan taxpayer) is base	ea on all informa	CHIEF	reparer has any kno FINANC	owiegge. IAL -	May the IPs	S discuss this	return	with
Here					OFFIC			•	s discuss this er shown belov		WILLI
	Signature of officer		Date		Title			instructions	s)? X Ye	s	No
	Print/Type preparer's na	me	Preparer's sig	nature		Date	Check	if PTII	N		
Paid			_ "				self- employe	d			
Prepa	rer FRANK H. SMI	ITH	Frank	_ H. Sn	with	01/18/1	7	P	00639	053	
Use O	Pirm's name RAF						Firm's EIN	► 5	2-151	127	5
230 0	18	899 L ST			E 850						
	Firm's address ► W	<u>ASHINGT</u> O	N, DC 20	036			Phone no.	(202) 822	<u> -50</u>	00
523711 01-	-06-16								Form 99	90-T	(2015)

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Schedule C - Rent Inco	ome (Fr	om Real I	Proper	ty and	l Personal	Proper	ty Leas	ed V	With Real Pr	ope	rty)(see instructions)
Description of property											
(1)											
(2)											
(3)											
(4)											
(+)	2	. Rent receive	d or accrue	d							
(a) From personal property (rent for personal property 10% but not more ti	y is more tha	tage of n	(b) F	f rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50%	centage or if	3	(a) Deductions directions 2(a)	etly con and 2(nnected with the income in (b) (attach schedule)
(1)											
(2)											
(3)											
(4)											
Total		0.	Total				0.	┧			
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A))	▶				0.	Ènte	Total deductions. r here and on page 1 I, line 6, column (B)		0.
Schedule E - Unrelated	d Debt-	Financed	Incom	1e (see i	nstructions)						
					2 0			3. [Deductions directly o		
1	f -l - l - t - t				2. Gross indo	e to debt-	(a)	Straio	ht line depreciation	anced p	(b) Other deductions
1. Description o	ed property			financed property				(attach schedule)		(attach schedule)	
(1)											
(2)											
(3)											
(4)											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		of or al debt-finan	e adjusted basis allocable to anced property th schedule) 6. Column 4 divid by column 5				7. Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						9,	6				
(2)						9,	6				
(3)						9,	6				
(4)						9,	6				
									ere and on page 1, ine 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							▶			0.	0.
Total dividends-received deduc	tions includ	ded in column	8								0.
Schedule F - Interest,	Annuiti	es, Royalt	ies, ar					niza	ations (see in	struc	tions)
				Exemp	t Controlled C	rganizatio	ons				1
 Name of controlled organizat 	tion	Employer ider		Net ur (loss) (s	3. irelated income see instructions)	Total payn	4. of specified nents made		 Part of column 4 included in the control organization's gross in the control organization in the column /li>	rolling	connected with income
(1)								+			1
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations	•									•
7. Taxable Income		unrelated income see instructions)	(loss)	9 . To	tal of specified pay made	ments	in the co	columi ntrolling gross i	n 9 that is included g organization's ncome		Deductions directly connected with income in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	e and o	s 5 and 10. n page 1, Part I, lumn (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.

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Schedule G - Investme (see inst	ent Inc		Section 5	501(c)(7), (9), or (17) O	rganizat	tion			
1 . Desc	cription of in	ncome			2. Amount of income	directly of	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(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 (B).
Totals				▶	0.					0.
Schedule I - Exploited (see instru		pt Activity	Income	, Other	Than Advertis	ing Inco	ome			
	Ι,		3. Exper	nses	4. Net income (loss)	.				7. Excess exempt
1. Description of exploited activity	unrelatinc	de Gross ted business ome from or business	directly con with produ of unrela business in	nected action ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income civity that nrelated s income		Expenses tributable to column 5	expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	pag	here and on e 1, Part I, 10, col. (A).	Enter here a page 1, P line 10, co	art I, I. (B).						Enter here and on page 1, Part II, line 26.
Totals		0.		0.						0.
Schedule J - Advertisi										
Part I Income From	Period	licals Repo	orted on	a Cons	solidated Basis	.				
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	6.1	Readership 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.		<u> </u>				0.
Part II Income From columns 2 through				а Ѕера	rate basis (For	each perio	odical listed	d in Pa	rt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	6.1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CENTER SCENE										
(2) PROGRAM GUIDE	ES	5,440). 3	,134.	2,306	. 14	,832.	8	3,210.	2,306.
(3)										
(4)										
Totals from Part I	▶	().	0.						0.
		Enter here and or page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶	5,440) . 3	,134.						2,306.
Schedule K - Compen	sation	of Officers	s, Direct	ors, an	d Trustees (see	instructio	ns)			
1. 1	Name				2. Title		3. Percer time devot busines	ed to		ensation attributable elated business
(1)								%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1, I	Part II, lin	e 14						>		0.
										Form 990-T (2015)

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FORM 990-T	FORM 990-T OTHER DEDUCTIONS								
DESCRIPTIO	N				AMOUNT				
TAX PREPAR	 RATION FEES				1,5	00.			
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28			1,5	00.			
FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT	2			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR				
06/30/13 06/30/14 06/30/15	1,500. 1,500. 1,500.		0. 0. 0.	1,500. 1,500. 1,500.	1,500 1,500 1,500				
NOL CARRYO	OVER AVAILABLE THIS	YEAR		4,500.	4,50	0.			