50m 990-PF

# Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶Do not enter social security numbers on this form as it may be made public.
 ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning 12/01/18, and ending 12/31/18

Nar	ne of four	ndation			A Empir	oyer identification number	
BUILDING ENCLOSURE INSTITUTE					0.2	-2890488	
		street (or P.O. box number if mail is not delivered to street address)		Room/suite	_	hone number (see instructions	)
		SW 8TH AVE FL 1ST		Troomsource		5-600-0516	
		state or province, country, and ZIP or foreign postal code					obsolvboro D
H	ALL	ANDALE BEACH FL 33009			C If exe	mption application is pending,	check here
G	heck a	II that apply: X Initial return Initial retu	rn of a former public	charity	D 1. Fo	oreign organizations, check he	re ▶ ∐
		Final return Amended	return		2. Fo	oreign organizations meeting th	ne
		Address change Name cha	inge		85	5% test, check here and attach	computation
H (	heck ty	ype of organization: X Section 501(c)(3) exempt private	foundation		E If priv	ate foundation status was tern	ninated under
			le private foundation		sectio	on 507(b)(1)(A), check here	▶ ∐
		ket value of all assets at J Accounting method:		Accrual	F If the	foundation is in a 60-month ter	rmination
		ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere L
	ne 16)	156 050	be on cash basis.)				
50000000	art I		(a) Revenue and	(h) Not	invoctment	(a) Adjusted not	(d) Disbursements for charitable
0000000	100000000000	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment come	(c) Adjusted net income	purposes
		the amounts in column (a) (see instructions).)		07			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	177,2	07			
	2	Check ▶ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
Revenue	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)			0		
œ	7					C	)
	8	Net short-term capital gain Income modifications					
	10a	Income modifications  Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	177,2	07	0	(	)
	13	Compensation of officers, directors, trustees, etc.		0			
es	14	Other employee salaries and wages					
Sus	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)					
_	b	Accounting fees (attach schedule)					
Уe	С	Other professional fees (attach schedule)					
Operating and Administrative	17	Interest					
ist	18	Taxes (attach schedule) (see instructions) STMT 1		70			70
ij	19	Depreciation (attach schedule) and depletion					
h	20	Occupancy					251
Þ	21	Travel, conferences, and meetings	8	64			864
an	22	Printing and publications					
9	23	Other expenses (att. sch.)					
afir	24	Total operating and administrative expenses.		24		,	934
ers		Add lines 13 through 23	ļ9	34	C	0	934
o	25	Contributions, gifts, grants paid	<b>—</b>	0	C		8
_	26	Total expenses and disbursements. Add lines 24 and 25	9	34	C	,	934
	27	Subtract line 26 from line 12:	176,2	73			
	a	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	1/0,2	7.3	C		
	l b	Net investment income (ii negative, enter -u-)		******		(	

	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
****		should be for end-of-year amounts only. (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		176,273	176,273
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
-		Less: allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		ě	
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts ▶ 0			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)		×	
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	0	176,273	176,273
$\top$	17	Accounts payable and accrued expenses			
	18	Grants payable			
ဖွ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a	21	Mortgages and other notes payable (attach schedule)			
=	22	Other liabilities (describe ▶ )			
-	23	Total liabilities (add lines 17 through 22)	0	0	
$\top$		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26, and lines 30 and 31.			
8	24	Unrestricted		176,273	
ā	25	Temporarily restricted			
Ba	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds			
şţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
‡	30	Total net assets or fund balances (see instructions)	0	176,273	
윈	31	Total liabilities and net assets/fund balances (see			
	•	instructions)	0	176,273	
	Part	000007	•		
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	agree with		
		of-year figure reported on prior year's return)		1_	0
2		r amount from Part I, line 27a			176,273
		r increases not included in line 2 (itemize) ▶		3	
4		lines 1, 2, and 3			176,273
5		eases not included in line 2 (itemize) ▶			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b),			176,273
_					5 990-PF (2018)

Part IV Capital Gains ar	nd Losses for Tax on Investme	ent Income			
(a) List and describe	the kind(s) of property sold (for example, real estate, rehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A			D = Donation		
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale		in or (loss) (f) minus (g))
a					
b					
C					
d e					
	gain in column (h) and owned by the fou	ndation on 12/31/69.		(I) Coins (C	ol. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i) l. (j), if any	col. (k), but n	of, (n) gain minus ot less than -0-) or (from col. (h))
a					
b					
С					
d					
e					
Capital gain net income or (net cap     Net short-term capital gain or (loss	pital loss)  If gain, also enter in  If (loss), enter -0- in  s) as defined in sections 1222(5) and (6):	Part I, line 7		2	
Part I, line 8	column (c). See instructions. If (loss), ent	<b>_</b>		3	
	ider Section 4940(e) for Reduc			me	
(For optional use by domestic private f	foundations subject to the section 4940(a	a) tax on net investme	ent income.)		
If section 4940(d)(2) applies, leave this	a part blank.				N/A
	on 4942 tax on the distributable amount of under section 4940(e). Do not complete		e period?		Yes No
	ach column for each year; see the instruc		any entries.		
(a)	(b)	Charle Solore maning	(c)		(d)
Base period years Calendar year (or tax year beginning in)	A directed asselled as distributions	Net valu	ue of noncharitable-use ass		vistribution ratio b) divided by col. (c))
2017					
2016					
2015					
2014					
2013					
2 Total of line 1, column (d)	i-year base period – divide the total on lin	o 2 by 5 0 or by		2	
	n has been in existence if less than 5 year			3	
4 Enter the net value of noncharitab	ele-use assets for 2018 from Part X, line 5	5		4	· · · · · · · · · · · · · · · · · · ·
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from	Part XII, line 4		40/1	8 See the	
If line 8 is equal to or greater than Part VI instructions.	line 7, check the box in Part VI, line 1b,	and complete that pa	π using a 1% tax rate	e. See the	

P	9	n	0	

1a E b C	Comestic foundations that meet the section 4940(e) requirements in Part V, che here ▶ ☐ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organization	and enter "N/A" on line 1 ter if necessary—see instru ck	ctions)				
b	Date of ruling or determination letter: (attach copy of let Domestic foundations that meet the section 4940(e) requirements in Part V, che nere   and enter 1% of Part I, line 27b  Ill other domestic foundations enter 2% of line 27b. Exempt foreign organization	ter if necessary—see instru ck	ctions)				
b E	Comestic foundations that meet the section 4940(e) requirements in Part V, che here ▶ ☐ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organization	ck	1				
h	nere ▶ □ and enter 1% of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organization		9000000				0000000
h	All other domestic foundations enter 2% of line 27b. Exempt foreign organization	a enter 49/ of	[333333]				
		s, enter 4% or	_				
	Part I, line 12, col. (b).						0
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only; others, enter -0-)					
	Add lines 1 and 2						0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		4				
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, e	nter -0-					
	Credits/Payments:	اما					
	2018 estimated tax payments and 2017 overpayment credited to 2018						
	Exempt foreign organizations – tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)	Control of the Control of					
	Backup withholding erroneously withheld					**********	3000000000
7	Total credits and payments. Add lines 6a through 6d	00007	7				
	Enter any penalty for underpayment of estimated tax. Check here if Form						
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount						
	***************************************	Re	funded ▶ 1				
	t VII-A Statements Regarding Activities	a la cal la cialation an did it				Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or				1a	163	X
F	participate or intervene in any political campaign?	in a large season of the seaso			Ia		
	Did it spend more than \$100 during the year (either directly or indirectly) for polit				1b		x
j	nstructions for the definition	- Iles ef en mederiele			10		
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	nd copies of any materials					
	published or distributed by the foundation in connection with the activities.				1c	00000000	Х
	Did the foundation file Form 1120-POL for this year?	Lateration of the constant			10		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during the year:					
	(1) On the foundation. • \$ (2) On foundation	managers. > \$					
	Enter the reimbursement (if any) paid by the foundation during the year for politi	cai experiditure tax imposed					
	on foundation managers. ► \$	stad to the IDO0			2		X
		rted to the inor					
	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its	governing instrument articles	of				
	Has the foundation made any changes, not previously reponed to the IRS, in its incorporation, or bylaws, or other similar instruments? If "Yes," attach a conform		01		3	0000000000	Х
			o		4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more du			N/A	4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		x
	was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.						
	nr yes, attach the statement required by General Instruction 1.  Are the requirements of section 508(e) (relating to sections 4941 through 4945)	satisfied either:					
	<ul> <li>By language in the governing instrument, or</li> </ul>	Canonica citilon					
	<ul> <li>By state legislation that effectively amends the governing instrument so that n</li> </ul>	o mandatory directions that					
	conflict with the state law remain in the governing instrument?	o managery an obtain that			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If	"Yes." complete Part II. col. (c	c), and Part XV		7	X	
	Enter the states to which the foundation reports or with which it is registered. Se		,,				
8a	NONE						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990						
	(or designate) of each state as required by General Instruction G? If "No," attact				8b	X	
	Is the foundation claiming status as a private operating foundation within the me						
9	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See in	structions for Part XIV If "Yes	n				************
	complete Part XIV				9	x	
	Did any persons become substantial contributors during the tax year? If "Yes,"						
	names and addresses		STMT 2		10	х	
	marines and addresses				Form 9	90-P	F (2018)

Pa	int VII-A Statements Regarding Activities (continued)			
		,	res	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ WWW.B-E-I.ORG			
14	The books are in care of ▶ KAROL KAZMIERCZAK  Telephone no. ▶ 305-6	500-0	51	6
	713 SW 8TH AVE FL 1ST	_		
	Located at ► HALLANDALE BCH FL ZIP+4 ► 33009	9		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fleu of Form 1041 — cneck nere		)	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			********
Pe	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	NO
1a	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(1) = 13 = 3 = 1 = 1 = 1			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X No  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes  X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		******	
	all years listed, answer "No" and attach statement – see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
,	at any time during the year?  If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
b				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	37 / 3	3b	**********	0000000000
40	foundation had excess business holdings in 2018.)  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
	Chairman parpose that had not been removed from populary beined and not day of the tark year segmaning in 2010.	Form 99	0-PF	

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Pa	art VII-B Statements Regarding	Activities for Which Form 4	720 May Be Re	equired (con	tinue	<u>d)</u>		***************************************		
5a	During the year did the foundation pay or incur	any amount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt	t to influence legislation (section 49	45(e))?		Yes	X	No			
	(2) Influence the outcome of any specific publ					-				
	directly or indirectly, any voter registration	drive?			Yes	X	No			
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?			Yes	X	No			
	(4) Provide a grant to an organization other th									
					Yes	$\mathbf{x}$	No			
	(5) Provide for any purpose other than religiou									
	purposes, or for the prevention of cruelty to	children or animals?			Yes	X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of									
	Regulations section 53.4945 or in a current no					N	I/A	5b		
	Organizations relying on a current notice regar					. •				
С	If the answer is "Yes" to question 5a(4), does t						_			
	because it maintained expenditure responsibili			N/A	Yes		No			
	If "Yes," attach the statement required by Regi									
6a	Did the foundation, during the year, receive an		premiums							
	on a personal benefit contract?				Yes	X	No			
b	Did the foundation, during the year, pay premi	ıms, directly or indirectly, on a perse	onal benefit contract	?		4		6b		X
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, was the found	ation a party to a prohibited tax shel	er transaction?		Yes	X	No			
b	If "Yes," did the foundation receive any procee	ds or have any net income attributa	ole to the transaction			1	I/A	7b		
8	Is the foundation subject to the section 4960 to									
	remuneration or excess parachute payment(s)				Yes	X	No			
Pa	art VIII Information About Office	rs, Directors, Trustees, Fo	undation Mana	gers, Highly	Paid	d Em	ploye	es,		
500050005	and Contractors									
1 1	List all officers, directors, trustees, and four	dation managers and their comp	ensation. See instr	ructions.						
			(b) Title, and average	(c) Compensation		) Contrib				
	(a) Name and addres	S	(b) Title, and average hours per week	(c) Compensation (If not paid,	1	employee	benefit		pense a	
	(a) Name and addres	s			1		benefit deferred			
K#		WALLANDALE DOW	hours per week	(If not paid,	1	employee lans and	benefit deferred			
		WALLANDALE DOW	hours per week devoted to position	(If not paid,	1	employee lans and	benefit deferred			inces
71	AROL KAZMIERCZAK	HALLANDALE BCH FL 33009	hours per week devoted to position  PRESIDENT/TR	(If not paid,	1	employee lans and	benefit deferred			inces
	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST	HALLANDALE BCH FL 33009	hours per week devoted to position  PRESIDENT/TR 2.00	(If not paid,	1	employee lans and	benefit deferred	othe		o
71 JE	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS	HALLANDALE BCH FL 33009 GDANSK	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI	(If not paid,	1	employee lans and	benefit deferred sation	othe		o
71 JE K	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M	HALLANDALE BCH FL 33009 GDANSK PL	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00	(If not paid,	1	employee lans and	benefit deferred sation	othe		0
JE KZ JZ	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA	HALLANDALE BCH FL 33009 GDANSK PL RUMIA	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR	(If not paid,	1	employee lans and	benefit deferred sation	othe		0
71 JE KZ JZ ZV	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00	(If not paid,	1	employee lans and	benefit deferred sation	othe		0
71 JE KZ JZ ZV	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA WIROWA 8 OGUMIL OSWIECIMSKI	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL GDYNIA PL	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00	(If not paid, enter -0-)	O O O	employee lans and compens	benefit deferred sation	othe		0
JI JI KI JI ZV BC	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA VIROWA 8 DGUMIL OSWIECIMSKI ENIOWSKIEGO 10/1	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL GDYNIA PL	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00	(If not paid, enter -0-)	O O O	employee lans and compens	benefit deferred sation	othe		0
JI JI KI JI ZV BC	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA WIROWA 8 DGUMIL OSWIECIMSKI ENIOWSKIEGO 10/1 Compensation of five highest-paid employ	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL GDYNIA PL	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00	(If not paid, enter -0-)	o o o e, ent	employee lans and compens	benefit deferred sation	othe	er allowa	0 0 0
JI JI KI JI ZV BC	AROL KAZMIERCZAK L3 SW 8TH AVE FL 1ST ERZY LIS AMIENSKIEGO 3F/56M AROSLAW REDA WIROWA 8 DGUMIL OSWIECIMSKI ENIOWSKIEGO 10/1 Compensation of five highest-paid employ	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 – see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E		0 0 0
JI JI KI JI ZV BC	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens	benefit deferred sation	(e) E	er allowa	0 0 0
TI JE KZ	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 – see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 – see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 – see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
TI JE KZ	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
JI SI	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
TI JE KZ	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH  FL 33009  GDANSK  PL  RUMIA  PL  GDYNIA  PL  ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	benefit deferred sation	(e) E	er allowa	0 0 0
TIJ JE KAR JAM ZVV BCC BF 2	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ "NONE."  (a) Name and address of each employee paid me	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL GDYNIA PL ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	utions to benefit deferred sation	(e) E) oth	er allowa	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TIJ JE KAR JAM ZVV BCC BF 2	AROL KAZMIERCZAK  L3 SW 8TH AVE FL 1ST  ERZY LIS  AMIENSKIEGO 3F/56M  AROSLAW REDA  WIROWA 8  DGUMIL OSWIECIMSKI  ENIOWSKIEGO 10/1  Compensation of five highest-paid employ  "NONE."	HALLANDALE BCH FL 33009 GDANSK PL RUMIA PL GDYNIA PL ees (other than those included o	hours per week devoted to position  PRESIDENT/TR 2.00  SECRETARY/DI 2.00  DIRECTOR 1.00  DIRECTOR 1.00  n line 1 - see instru  (b) Title, and average hours per week	(If not paid, enter -0-)	0 0 0 0 e, ent	employee lans and compens compens	utions to benefit deferred sation	(e) E) oth	er allowa	O O O O O O O O O O O O O O O O O O O

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services. See instructions	s. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
Total number of others receiving over \$50,000 for professional services		. ▶
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of	Expenses
1 ESTABLISHMENT AND STARTUP OF THE FOUNDATION		
		934
RESEARCH AND ASSOCIATED STUDIES IN PAPER TIT SOUTH FLORIDA WALL" ABOUT AD-HOC TESTING OF MATERIAL'S PERMEABILITY.		
3		
\$10010100100100		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
p		
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

Pa	mt X Minimum Investment Return (All domestic foundation	ons must complete this p	art. Foreign foundations,	
200000000	see instructions.)			
1	Fair market value of assets not used (or held for use) directly in carrying out ch	naritable, etc.,		
	purposes:			
а	Average monthly fair market value of securities		1a	0
b	Average of monthly cash balances		1b	0
С	Fair market value of all other assets (see instructions)		1c	0
d	Total (add lines 1a, b, and c)		1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e	0	
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d			0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater am	ount, see		_
	instructions)		4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter her	re and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5		6	0
P	irt XI Distributable Amount (see instructions) (Section 494			
	and certain foreign organizations, check here ► X a	and do not complete this	part.)	
1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2018 from Part VI, line 5	2a		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see Instructions)		6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and	on Part XIII,		
	line 1		7	
p	nt XII Qualifying Distributions (see instructions)			
*********				
1	Amounts paid (including administrative expenses) to accomplish charitable, et		4-	934
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26		1 44 1 1	334
b			1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out of			
	purposes			
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	024
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V,		4	934
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on n	et investment income.	_	0
				934
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	334
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent	years when calculating whether	er the foundation	
	qualifies for the section 4940(e) reduction of tax in those years.			

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Pa	rt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
•	line 7				
2	Undistributed income, if any, as of the end of 2018:				
a	Enter amount for 2017 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII,				
	line 4: ▶ \$934				
а	Applied to 2017, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Floation required and instructions)				
_	Treated as distributions out of corpus (Election				
C	1 1 1 1 0 1				
	required – see instructions)				
	Applied to 2018 distributable amount	934			
е	Remaining amount distributed out of corpus	934			
5	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	934			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions				
е	Undistributed income for 2017. Subtract line				
•	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
	" . "				
7	Amounts treated as distributions out of corpus				
7					
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

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	rt XIV Private Operating Fou				)	
1a	If the foundation has received a ruling or de			g	_	0 /01 /10
	foundation, and the ruling is effective for 20					2/01/18
b	Check box to indicate whether the foundation	ion is a private operating	g foundation describe	d in section X 4	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	
	investment return from Part X for					
	each year listed	0				0
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	934				934
d	Amounts included in line 2c not used directly					
-	for active conduct of exempt activities					
е	Qualifying distributions made directly					
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	934				934
2	Complete 3a, b, or c for the					
3	alternative test relied upon:					
	SERVICE DE CONTROL DE					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					٠,
	Part X, line 6 for each year listed					
C	"Support" alternative test – enter:	2				
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					8
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	-				
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	ad \$5,000 or more	in assets at
-09000000	any time during the ye	ear – see instructi	ions.)			
1	Information Regarding Foundation Ma					
a	List any managers of the foundation who h		han 2% of the total co	ontributions received by	the foundation	
u	before the close of any tax year (but only i					
	N/A	, and the community		, ,, ,,		
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	n (or an equally large p	ortion of the	
D	ownership of a partnership or other entity)					
	N/A	Of Willow the realisation				
2	Information Regarding Contribution, G	rant Gift Loan Scho	larshin etc. Progra	ims:		
2		makes contributions to			es not accept	
	unsolicited requests for funds. If the found					
			is, etc., to individuals	or organizations ander	outer conditions,	
	complete items 2a, b, c, and d. See instru		as naraan ta whom a	anlications should be as	idraggad:	
а	The name, address, and telephone number	er or email address of th	ie person to wnom a	ppiidalions snould be at	iui coocu.	
	SEE STATEMENT 3					
				rahauld in dud		
b	The form in which applications should be	submitted and informati	on and materials they	snould include:		
	N/A					,
C	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fie	lds, kinds of institutions	, or other	
	factors:					
	N/A					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Pocinient I recipient is an individual, Foundation Purpose of grapt or					
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount	
a Paid during the year	or substantial contributor				
N/A					
		к			
	0			6 8	
		,		e e	
			,		
		-			
Total			> 3a		
b Approved for future payment N/A					
N/A					
Total			▶ 3b		

F	art XVI-A Analysis of Income-Producing Activ	rities				
	er gross amounts unless otherwise indicated.		ed business income	Exclude	d by section 512, 513, or 514	163
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
4	Program service revenue:					
	a					
	b					
	C					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
	a Debt-financed property			-		
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income			-		
	Gain or (loss) from sales of assets other than inventory			-		
9	Net income or (loss) from special events			-		
	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	c			-		
	d			-		
	e					
12				000000000000000000000000000000000000000		
13	Total. Add line 12, columns (b), (d), and (e)				13 _	0
2000000	e worksheet in line 13 instructions to verify calculations.)					
	Part XVI-B Relationship of Activities to the Acc					
	Line No. Explain below how each activity for which income is					
_	accomplishment of the foundation's exempt purpose	es (other than t	by providing tunds for s	uch purp	oses). (See instructions	5.)
_	N/A					
_						
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_	,					
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_	1 4					
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_						

Part X	(VII	Information Regardance Organizations	arding Tra	ansfers To and	l Transactio	ns and Relationship	s With	Nonchar	itable Exe	mpt	
1 Did	the orga		rectly engage	in any of the follow	ving with any oth	er organization described				Yes	No
in s	-	01(c) (other than section				-					
		om the reporting found:	ation to a non	charitable exempt	organization of						
	Cash								1a(1)		Х
											Х
<b>b</b> Oth	er trans	actions:									
(1)	Sales o	f assets to a noncharita	able exempt o	organization					1b(1)		X
(2)	Purcha	ses of assets from a no	ncharitable e	xempt organization					1b(2)		X
(3)	Rental	of facilities, equipment,	or other asse	ets					1b(3)		Х
(4)	Reimbu	ırsement arrangements							1b(4)		Х
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perforn	nance of services or me	mbership or	fundraising solicitat	tions				1b(6)		X
c Sha	aring of t	acilities, equipment, ma	alling lists, oth	ler assets, or paid o	employees	(b) about delivere about			1c		X
						n (b) should always show to e foundation received less					
			_			e goods, other assets, or s					
(a) Lin		(b) Amount involved	T -	ne of noncharitable exemp		(d) Description of tr			haring arrangemen	nts	
N/A				•							
-											
							2				
			-								
des	cribed in	lation directly or indirect n section 501(c) (other t mplete the following sch	han section 5			xempt organizations			\[	es X	] No
		(a) Name of organization		(b) Type of o	rganization		(c) Descriptio	n of relationshi	р		
N/I	<del>7</del>								7		
						-					
											-
	Under pe	nalties of periury. I declare that	at I have examin	ed this return, including a	accompanying sched	lules and statements, and to the b	best of my kn	owledge and I	pelief, it is true.		
						hich preparer has any knowledge			IRS discuss this re	aturn	
Sign								with the	preparer shown be	elow?	_
Here			1/11			. 1		See Ins	tructions.	Yes	No
	1	11/1	es		(1)	13/2019.	PRESI	DENT/	TREASUF	ER	
	Sign	nature of officer or trustee			Date	Title	е				
	Print/T	ype preparer's name			Preparer's signatu	re			Date	Check	n i
Paid										self-em	ployed
Paid Preparer	BRIA	N GOLDENBERG									
Use Only		name ▶ GERST		SEN & GOL		, P.A.		PTIN	P00930		
222 3y	Firm's			RD ST STE				Firm's EIN ▶	65-067		
		AVEN'	rura, f	L 33180-	2320			Phone no.	305-93	7-0	<b>TT6</b>

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20839 BUILDING ENCLOSURE INSTITUTE 83-2890488

# Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	70	70
Adjusted Net	φ' ·	o"
Adji	sy.	w
Net Investment		0
vul	so-	w
Total	70	70
	w.	φ.
Description	CORPORATION FILING FEE	TOTAL

Statement 2 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Address

Name

City, State, Zip

20839 BUILDING ENCLOSURE INSTITUTE

83-2890488

# **Federal Statements**

FYE: 12/31/2018

# Statement 3 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

KAROL KAZMIERCZAK 305-600-0516 713 SW 8 AVE 1ST FL HALLANDALE BEACH FL 33009 INFO@B-E-C.INFO

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Employer identification number** Name of the organization BUILDING ENCLOSURE INSTITUTE 83-2890488 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions **\$** totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

BUILDING ENCLOSURE INSTITUTE

Employer identification number 83-2890488

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s 177,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trainer additions, drive and 1.7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*,		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

20839 BUILDING ENCLOSURE INSTITUTE
83-2890488 Federal Statements

FYE: 12/31/2018

Direct	Public	Sup	port
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Contributor	Cash Contribution	Noncash Contribution
	207	
TOTAL	207	0