City or town, state or province, country, and ZIP or foreign postal code

910 17TH STREET NW.

WASHINGTON, DC 20006

Group exemption number (See instructions)

or

Type

220(e)

530(a)

408(e)

408A

529(a)

C Book value of all assets at end of year

D Employer identification number (Employees' trust, see instructions.)

E Unrelated business activity code

20-5116150

(See instructions)

1030

OMB No 1545-0687

	G Check organization type ► X 501(c)	corporation	501(c) trust	401(a) trus	t L	Other trust
ΗΙ	Enter the number of the organization's unrelated trades or businesses	s >	Descr	ibe the only (or	first) unre	lated
t	rade or business here >	If on	ly one, complete Part	s I-V. If more tha	ın one, de	scribe the
f	irst in the blank space at the end of the previous sentence, comple	ete Parts I and II, comp	lete a Schedule M for	each additional		
t	rade or business, then complete Parts III-V					
1	During the tax year, was the corporation a subsidiary in an affiliated	d group or a parent-sub	sidiary controlled group	p?		Yes No
	f "Yes," enter the name and identifying number of the parent corpor	ation ►				
<u> </u>	The books are in care of ▶ORNELLA NAPOLITANO	To	elephone number 🕨 2	202-251-52	10	
Pa	rt I Unrelated Trade or Business Income	(A) Income	(B) Exp	enses	(C) Net
1 a	Gross receipts or sales			,		
t	Less returns and allowances c Balance ▶ 10	С		<u>_</u> †		
2	Cost of goods sold (Schedule A, line 7)	2	1	I .		_
3	Gross profit Subtract line 2 from line 1c	1		1		
4 a		a	1	1		
t	Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	b	_ : 1	1		
c	Capital loss deduction for trusts	MEIVED	1 1			
5	Income (loss) from a partnership or an S corporation (attach statement)		ا ماساند ما			
6	Rent income (Schedule C)	1 3 2020 B				
7	Unrelated debt-financed income (Schedule E)	2020 3				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedula)	DEN				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)	SEN, UT				
10	Exploited exempt activity income (Schedule I) 10	0				
11	Advertising income (Schedule J)	1				
12	Other income (See instructions, attach schedule)	2				

deductions must be directly connected with the unrelated business income.) 15 15 16 16 17 18 19 20 22b 23 24 25

13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions.

26 27 Other deductions (attach schedule) 28 29 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . 31

Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see Instructions. 8X2740 1 000 JSA

Total Combine lines 3 through 12. .

Form 990-T (2018)

Form	990-T (20		<u></u>	Page 2
Par	t III	Total Unrelated Business Taxable Income		<u>-</u>
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instruct	aons)	33	
34	Amoun	ts paid for disallowed fringes	34	
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see		
33		tions),	35	
20		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	33	
36		33 and 34	126	
			 ••	
37	•	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38		ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	1	
		ne smaller of zero or line 36	38	0.
Par		Tax Computation	1 1	
39	Organia	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on	4	
	the amo	ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶	40	
41		ax. See instructions		
42	Alterna	tive minimum tax (trusts only)	42	
43	Tax on	Noncompliant Facility Income. See instructions	43	
44	Total A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V	Tax and Payments		
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
		redits (see instructions)	1	
		I business credit Attach Form 3800 (see instructions)	1	
		or prior year minimum tax (attach Form 8801 or 8827)	1	
		redits. Add lines 45a through 45d	45e	
46		at line 45e from line 44	46	
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).		
48		ux. Add lines 46 and 47 (see instructions)		0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
		nts A 2017 overpayment credited to 2018		
			-	
D	2018 6	stimated tax payments	1 1	
			1	
		organizations Tax paid or withheld at source (see instructions)	-	
_		withholding (see instructions)	┥	
f		or small employer health insurance premiums (attach Form 8941)	-{	
9		redits, adjustments, and payments Form 2439		
		orm 4136 Other Total ▶ 50g	1 1 1	3,000.
_	•	ayments. Add lines 50a through 50g	 1 	3,000.
52		ted tax penalty (see instructions) Check If Form 2220 is attached	52	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	3.000
54	•	yment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	3,000.
Q <u>55</u>		e amount of line 54 you want Credited to 2019 estimated tax ▶300 . Refunde		2,700.
Par		Statements Regarding Certain Activities and Other Information (see instruction		
56	•	time during the 2018 calendar year, did the organization have an interest in or a signature of		· — — ;
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	' -	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign countr	-
	here 🕨			_ X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	· X
	if "Yes,"	see instructions for other forms the organization may have to file		
58	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$	<u> </u>	
	U	nder perallies of beriary. I declare that I have examined this return, including accompanying schedules and statements, and to the least the perallips of the perallips of the property of the perallips of the property of the perallips of the property of t	best of my knowled	ge and belief, it is
Sign	۱ 🔊 🛚 ا		ay the IRS disci	uss this return
Her	e 🏲 🕻		th the preparer	
_	s	ignature of officer Dete Title (s	ee instructions)? X	Yes No
		Print/Type preparer's name Preparer's signature Date Chec	k If PTIN	_
Paid				1240455
•	arer		s EIN ▶ 13-5	381590
USB	Only	100	eno 703-893	
ISA				990-T (2018)

JSA

Form 990-T (2018)			•					Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	d of inventory v	aluation	>			
1 Inventory at beginning of y	ear . 1		6	Inventory	at end of yea	ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor	3			6 from I	line 5 En	iter here and in	ال	
4a Additional section 263A co	osts			Part I, line	2		. 7	
(attach schedule)	4a					section 263A (v	with respect to	Yes No
b Other costs (attach schedu				property	produced	or acquired fo	r resale) apply	
5 Total. Add lines 1 through	4b . 5			to the orga	anization?	<u> </u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Personal F	roperty	Leased V	Vith Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accru	ed					
' (a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	rom real and perso age of rent for pers if the rent is based	onal property	exceeds		firectly connected with (a) and 2(b) (attach sc	
(1)								_
(2)							<u> </u>	
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,						(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated De			e instructions)			1	(5)	
333		1001110 (00	1		3 [Deductions directly co		ble to
1 Description of deb	t-financed property		2. Gross incom allocable to deb				ced property	
			propert	у		nt line depreclation ch schedule)	(b) Other ded (attach sche	
(1)	·				· · ·	,	····	
(2)						-		
(3)								
(4)						-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach ache	ble to property	6 Colum 4 divide by colum	d		income reportable n 2 x column 8)	8 Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals					Part I, lin	e and on page 1, le 7, column (A)	Enter here and o Part I, line 7, co	
Total dividends-received deducti	ons included in co	olumn 8				<u> , ▶ </u>		

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4

15

Schedule E-Interest, Anni	uities, Royalties				ntrolled Or			zatio	ons (see	nstructi	ons)	<u>.</u>
Name of controlled organization	2 Employer identification numb		3 Net	unrel	ated income	4. Total			ıncluded	of column 4 to in the contrition's gross in	olling	6 Deductions directly connected with income in column 5
(4)									Organizat		icome	III Column 5
(1)								\dashv				
(2)						<u> </u>		-	-			
(4)				-	· .							-
Nonexempt Controlled Organiz	zations					·		1				<u> </u>
7 Taxable Income	8. Net unrelated in (loss) (see Instruc				Total of specific ayments made		ind	clude	of column d in the co tion's gros	ntrolling		Deductions directly nnected with income in column 10
(1)	<u> </u>	· · · ·	_		<u> </u>			d11120	TION & BIOS	3 Incomo	 	Coldinii 10
(2)			_									- ,
(3)												
(4)												
Totals		tion s	 501(c))(7),	 (9), or (17	▶) Orga	Er Pa	nter he art I,	olumns 5 a ere and on line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2. Amount of	Income			3 Deduction of the directly core (attach school)	necled				t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)	Enter have and		1							····	-	Fatankan and an area
Totals ▶	Enter here and Part I, line 9, c	olumn (A	()	1) " } { k	Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come,	, Othe	r Th	an Advert	sing In	com	B (Se	ee instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	conn pro	Expense directly nected w duction nrelated ness incomes	vilh of	4 Net incomfrom unrelation business 2 minus collif a gain, collif 5 three	ed tredé (column umn 3) ompute	from is r	acti ot un	income vity that related income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				:								
(2)		•										
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col (A)	pag	here and e 1, Part 10, col (H,	,				.	4	<u> </u>	Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	ncome (see instr	uctions	s)		·							
Part I Income From Per	iodicals Report	ed on	a Co	nsoli	dated Bas	sis						<u> </u>
1 Name of periodical	2 Gross advertising income		. Direct	osts	4 Adverti gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	5.	Circu	ilation me	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1 .							
(2)]• ;•							
(3)]							
(4)					11							
Totals (carry to Part II, line (5))		<u> </u>						·	····			Form 990-T (2018

Form 990-T (2018) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶				;	16. 14	
Totals, Part II (lines 1-5) ▶	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
			<u>10. i</u>	111.1	1 1 1	<u> </u>
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	r ustees (see instru	uctions)		

1 Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)	_	%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

FEDERAL FOOTNOTES

INTERNAL REVENUE CODE SECTION 512(A)(7) HAS BEEN REPEALED AND THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR THE TAX PERIOD.

FORM 990-T PART III: LINES 34, 36, 37 & 38 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PART IV: LINES 39, 44, 46, 48 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PART V: LINE 54, UPDATED TO 3,000, LINE 55 UPDATED TO PAYMENT MADE WITH FORM 8868 AS REPORTED PER THE ORIGINAL FILED RETURN.