	939310700022
)	

	Form 990-1	•	(and proxy tax und	ler secti	ion 6033(e))	· ux riotuii	•	
	2	For co	lendar year 2018 or other tax year beginning OCT 1,			EP 30 201	9	2018
		707 Ca	► Go to www irs.gov/Form990T for a				<u>-</u>	2010
	Department of the Treasury Internal Revenue Service		• Do not enter SSN numbers on this form as it ma				ुद्ध	pen to Public Inspection for 1(c)(3) Organizations Only
			Name of organization (Check box if name			12411011 13 4 00 1(0)(<u>0)</u>	D Employe	er identification number
	A Check box if address changed		Name of organization ([] Check box if hame (changed an	a see ilistractions)		(Employ	ees' trust, see ons)
			WACHINGTON DO ECONOMIC	יים אם יי	MEDCUTD		1	-1795776
	B Exempt under section	Print	WASHINGTON DC ECONOMIC				+	d business activity code
	X 501(c)(3 0)	Туре	Number, street, and room or suite no If a P.O bo	ox, see instr	uctions			ructions)
	408(e) 220(e)	''	1495 F ST NW				-	
	408A · L530(a)		City or town, state or province, country, and ZIP of	or toreign pi	ostal code		5418	00
	529(a)		WASHINGTON, DC 20004			<u> </u>	<u> 19416</u>	
	C Book value of all assets at end of year	40	F Group exemption number (See instructions)	<u> </u>			<u> </u>	
	1,093,2		G Check organization type ► X 501(c) cor	_	501(c) trust			Other trust
		•	tion's unrelated trades or businesses.	1		e the only (or first) u		
	trade or business here					e, complete Parts I-V.		•
			ce at the end of the previous sentence, complete P	arts I and II	, complete a Schedu	le M for each addition	ial trade oi	ſ
	business, then complete	-	·					
	• • •		poration a subsidiary in an affiliated group or a pare	nt-subsidia	ry controlled group?	'	Yes	X No
			tifying number of the parent corporation				0001	661 0600
	The books are in care of						202)	661-8670
			de or Business Income		(A) Income	(B) Expense	S	(C) Net
	1a Gross receipts or sale						٠	·/i
	b Less returns and allow		c Balance	1c				
	2 Cost of goods sold (S		· ·	2		ļ		
-	3 Gross profit Subtract	`		3				
	4a Capital gain net incom			4a				
	b Net gain (loss) (Form	4797, R	art II, line 17) (attach Form 4797)	4b			/	
	 Capital loss deduction 			4c			_/	
	5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5		ļ/		
	6 Rent income (Schedu	le C)		6				
	7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				
	8 Interest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8				
	9 Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
	10 Exploited exempt activ	vity inco	me (Schedule I)	10	5,000	1 8	11.	4,189.
	11 Advertising income (S	Schedule	: 1)	11				
	12 Other income (See ins	struction	is, attach schedule)	12				
	13 Total. Combine lines			13	5,000.		11.	4,189.
			t Taken Elsewhere (See instructions for					
			itions, deductions must be directly connected	X		s income)	, ,	
	14 Compensation of off	icers, di	rectors, and trustees (Schedule K) REC	EIVEI	D I		14	
	15 Salaries and wages						15	
	16 Repairs and mainten	ance	[2]		181/		16	
	17 Bad debts		AUG 1	9 2020	RS-OSC		17	
	18 Interest (attach sche	dule) (s	ee instructions)			_	18	
-	19 Taxes and licenses		OGDI	EN II			19	250.
707 T. 0 TOC	20 Charitable contribution	ons (See	e instructions for limitation rules	<u>-11, O</u>	-' ! ,		20	
4	21 Depreciation (attach				21			
7	22 Less depreciation cla	umed or	n Schedule A and elsewhere on return		22a		22b	
•	23 Depletion						23	
כ	24 Contributions to defe	rred co	npensation plans			\	24	
	25 Employee benefit pro	_				`	25	
	26 Excess exempt exper	nses (So	Hedule I)				26	4,189.
j	27 Excess readership co	ısts (Sci	nedule J)				27	
5	28 Other deductions (at	tach sch	edule)		SEE STA	TEMENT 2	28	1,510.
5	29 Total deductions Ad	dd lines	14 through 28				29	5,949.
	30 Unrelated business to	axable ır	ncome before net operating loss deduction. Subtrac	t line 29 fro	om line 13		30	-1,760.
T	31 Deduction for net op	erating l	oss arising in tax years beginning on or after Janua	ry 1, 2018 ((see instructions)		31	. \
	32 Unrelated business to	axable ır	come Subtract line 31 from line 30				32	-1,760.
•	823701 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions			0	(A	Form 990-T (2018)
	•					4	4	~ 2
							\cup	
							_	

F	orm 990-T	r (20 / 18)	WASHINGTON DC ECON	OMIC PARTNERSHIP		<u>31-17</u>	795776	Page 2
	Part II	V.	Total Unrelated Business Taxal	ble Income			Ţ	
. –	33/	Total	of unrelated business taxable income comput	ed from all unrelated trades or businesses	s (see instructions)		33	-1,760.
\	34		unts paid for disallowed fringes		,	,	84	
1	35		iction for net operating loss arising in tax years	s beginning before January 1, 2018 (see ii	nstructions) S	TMT 3	85	0.
	36		of unrelated business taxable income before s		•			
	00		33 and 34	poomo doddonom odonach mie de mam i			36	-1,760.
	37		ific deduction (Generally \$1,000, but see line 3	27 instructions for excentions)				1,000.
			lated business taxable income. Subtract line		line 26	Z) " 	1,000.
	38		the smaller of zero or line 36	37 Hom line 30 Hilline 37 is greater than	iiie 30,	1 1	\	
Г	Part I		Tax Computation				1 0 1	
L	$\overline{}$			00 h.: 040/ (0.04)				0.
	39	_	nizations Taxable as Corporations Multiply I				- 39 -	<u></u>
./	/40	Trust	s Taxable at Trust Rates See instructions for	·	ount on line 38 from:			
			Tax rate schedule or Schedule D (For	rm 1041)			40	
		-	y tax See instructions			,	► 4¶	
			native minimum tax (trusts only)				42	
			on Noncompliant Facility Income See instruc				43	
			Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies			44	0.
Ļ	Part V	<u>/ </u>	Tax and Payments		-т. т			
1	45 a	Forei	gn tax credit (corporations attach Form 1118,	trusts attach Form 1116)	45a		_	
	b	Other	r credits (see instructions)		45b			
	C	Gene	ral business credit. Attach Form 3800		45c	, ,		
	đ	Credi	t for prior year minimum tax (attach Form 880	01 or 8827)	45 ^d d		_	
	e	Total	credits Add lines 45a through 45d		ı		45e	
	46	Subtr	ract line 45e from line 44				46	0.
	47	Other	taxes Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule	e) 4 7	
	48	Total	tax Add lines 46 and 47 (see instructions)				48	0.
	49	2018	net 965 tax liability paid from Form 965-A or I	Form 965-B, Part II, column (k), line 2			49	0.
			nents. A 2017 overpayment credited to 2018	, , , , , , , , , , , , , , , , , , , ,	50a			
		-	estimated tax payments		50b			
			leposited with Form 8868		50c		$\neg \sqcap \sqcap \sqcap$	
			gn organizations: Tax paid or withheld at source	ce (see instructions)	50d			
			up withholding (see instructions)	(330 11131 231 211 211 211 211 211 211 211 2	50e			
			t for small employer health insurance premiun	ns (attach Form 8941)	50f		- 	
				orm 2439	T T		_	
	a			ther Total	▶ 50g			
	51		payments. Add lines 50a through 50g		i i		─	
			nated tax penalty (see instructions) Check if Fo	orm 2220 is attached	1		52	
			lue If line 51 is less than the total of lines 48,		•		► 53	
					4		54	
			payment If line 51 is larger than the total of li the amount of line 54 you want Credited to 2		1	of made of	55	
П	55 Part V		Statements Regarding Certain			efunded	1 33	
Ľ					· · · · · · · · · · · · · · · · · · ·	/	1	Van Na
			y time during the 2018 calendar year, did the c			-		Yes No
			a financial account (bank, securities, or other)					
			N Form 114, Report of Foreign Bank and Final	ncial Accounts in Yes, enter the name of	the loreign country			
		here						$- \frac{x}{x}$
			g the tax year, did the organization receive a d		or transteror to, a to	reign trust?		├ ─ ├ ^
			s," see instructions for other forms the organiz					
_	58		the amount of tax-exempt interest received or			- 5 6 1		
0	ign	co	nder penalties of perjury, I declare that I have examined rrect, and complete, Declaration of preparer (other than	taxpayer) is based on all information of which pre	o siatements, and to the parer has any knowledg	le a nest oi wà kuọi	wiedge and belief	, it is true,
	lere		1/5/10/11/	1 2 / 2 > =====			May the IRS dis	cuss this return with
•	icie			PRESI	DENT & CE	<u>:0 </u>	the preparer sho	
_			Signature of oneer	Date / Fitte	 		instructions)?	X Yes No
			Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
ı	Paid		_	9 9 1,	040/0000	self- employe		
ı	Prepa	rer	SARA SMITH	Sava Smith	8/10/2020	·		332734
	Use O		Firm's name ► RSM US LLP			Firm's EIN	<u>▶ 42-</u>	0714325
		•	1	EET NW #400				
_			Firm's address WASHINGTON	, DC 20036		Phone no	202-29	
82	3711 01-	-09-19					Fo	orm 990-T (2018)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory va	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold Si	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here and in Part I,			l		
4a Additional section 263A costs			٦	line 2	2				
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prop	erty)	· · · · · · · · · · · · · · · · · · ·	
1. Description of property									
(1)							-		
(2)						<u> </u>			
(3)				<u></u>					
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	nal property (if the percental property exceeds 50% or if id on profit or income)	ge	3(a) Deductions directlicolumns 2(a) a	y connec ind 2(b) (ted with the income in attach schedule)	
(1)									
(2)									
(3)									
(4)									
lotal	0.	lotal			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	.			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	Instruc	ctions)					
			1 2	. Gross income from		3 Deductions directly cor to debt-finan			
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								· - · - · · · · · · · · · · · · · · · ·	
(2)									
(3)	-							-	
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deductio column 6 x total of colu 3(a) and 3(b))	
(1)		-	1	%					
(2)				%					
(3)				%					
(4)				%					
			<u> </u>			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals						0			0.
Total dividends-received deductions in	icluded in columi	n 8				<u> </u>	-	_	0.
						<u></u>	_		

Schedule F - Interest, A	Annuities	s, Royal	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	s)
				Exempt	Controlled O	rganızatı	ons				
Name of controlled organizate	2 Em Identifi num	cation	3 Net unr (loss) (see	elated income e instructions)	4. Tot payn	yments made includ		5. Part of column 4 that is included in the controlling rganization's gross income		6 Deductions directly connected with income in column 5	
(1)						· - <u> -</u> · · <u>-</u> ·					
(2)											
(3)							···				
(4)			-		-		•				
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net un	nrelated incom se instructions		9 Total	of specified pays made	nents	10 Part of column the controllingross	nn 9 thai ng organ income	ıızatıon's		ductions directly connected i income in column 10
(4)											
(1)											
(2)		•									
(3)											
_(4)							Add colum Enter here and line 8, c		1, Part I,		ld 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	Section	501(c)(7	'), (9), or (17) Org	janization				
1 Descri	ription of incon	ne		•	2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							-				
(2)											
(3)											
(4)											
			-		Enter here and Part I, line 9, co				•		Enter here and on page 1, Part I, line 9, column (B)
Totals				•	•	0.					0.
Schedule I - Exploited I		Activity	Income	, Other	Than Adv		g Income				
Description of exploited activity	2 Gr unrelated to income trade or b	business from	3 Exp directly co with pro of unre business STMT	onnected duction elated	4 Net incom from unrefated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity to is not unrelat business inco	hat ed	6 Exp attributi colur STMT	able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) DC											
(2) DEVELOPMENT				0.0.1		100				200	1 105
(3) REPORT	5,	,000.		811.	4,	189.			55	<u>, 393</u>	4,189.
(4)	Enter here page 1, line 10, c	Part I, col (A)	Enter here page 1, line 10, o	Parti, col (B)				·	,		Enter here and on page 1, Part II, line 26
Totals		,000.		<u>811.</u>	L	•			-		4,189.
Schedule J - Advertisir Part I Income From F					solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	ion	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					2013 3 11	. Jugn /					man solumn sy
(2)					7						
(3)	<u> </u>				┪						
(4)					1						
Totals (carry to Part II, line (5))	•	().	0							0.
											Form 990-T (2018)

Form 990-T (2018) WASHINGTON DC ECONOMIC PARTNERSHIP 31-17957 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)

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	•	0.	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
Totals, Part II (lines 1-5)	▶	0.	0.			•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION FEES		1,510.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	1,510.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/08	47,907.	0.	47,907.	47,907.
09/30/09	19,697.	0.	19,697.	19,697.
09/30/10	2,300.	0.	2,300.	2,300.
09/30/11	1,203.	0.	1,203.	1,203.
09/30/12	1,614.	0.	1,614.	1,614.
09/30/13	1,387.	0.	1,387.	1,387.
09/30/14	1,317.	0.	1,317.	1,317.
09/30/15	1,350.	0.	1,350.	1,350.
09/30/16	1,608.	0.	1,608.	1,608.
09/30/17	1,650.	0.	1,650.	1,650.
NOL CARRYO	VER AVAILABLE THIS	YEAR	80,033.	80,033.

FORM 990-T SCHEDULE I - EXPENSES DI PRODUCTION OF UNRELAT	STATEMENT 4		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DC DEVELOPMENT REPORT - SUBTOTAL	- 1	811.	811.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		811.

FORM 990-T SCHEDULE I - EXPENSES N WITH PRODUCTION OF UNRE			STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DC DEVELOPMENT REPORT - SUBTOTAL	- 1	55,393.	55,393.
TOTAL OF FORM 990-T, SCHEDULE I, COLUM	N 6		55,393.