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trade or business here \(\buildress{EMPLOYMENT SERVICES} \) It only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, their complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? \(\buildress{V} \) Ve \(\buildress{V} \) No "Telephone number \(\buildress{V} \) 2.223-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.223-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.223-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.223-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.223-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) STARON COY Telephone number \(\buildress{V} \) 2.23-4735 1 The books are in care of \(\buildress{V} \) 3.34 2 The books are in care of \(\buildress{V} \) 3.34 3 The books are in care of \(\buildress{V} \) 3.34 3 The books are in care of \(\buildress{V} \) 3.34 4 The books are in care of \(\build		89. G Check organization type	pe ► X 501(c) corp	oration	ı 50	1(c) trust	401(a)	trust	Other trust
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	trade or business here	► EMPLOYMENT SER	RVICES	_	ا	lf only one,	complete Parts I-V.	If more	than one,
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823701 01-00-19 LHA For Panerwork Reduction Act Notice see instructions Form 990-T (2018)								32	Form 990-T (2018)

SUITE 1200

Firm's name ► CALIBRE CPA GROUP PLLC

Firm's address ▶ BETHESDA, MD 20814

7501 WISCONSIN AVENUE,

Preparer

Use Only

823711 01-09-19

Firm's EIN

P01081188

202-331-9880

47-0900880

Form 990-T (2018)

INTERNATIONAL ECONOMIC DEVELOPMENT 52-0887806 Form 990-T (2018) COUNCIL Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year 6 Inventory at end of year 6 Purchases 2 7 Cost of goods sold. Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I, 4a Additional section 263A costs No Yes (attach schedule) 4a 8 Do the rules of section 263A (with respect to b Other costs (attach schedule) 4b property produced or acquired for resale) apply to 5 Total. Add lines 1 through 4b the organization? 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) Bent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2) (3)(4) 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. 0.

Schedule E - Unrelated Deb	t-Financed Income (see	e instructions)			
		2. Gross income from	Deductions directly connected with or allocable to debt-financed property		
1. Description of debt-fina	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)					
(2)					
(3)					
(4)					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjusted basis of or allocable to debt-financed property (attach schedule) 	6. Column 4 divided 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)		%			
(2)		%			
(3)		%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).	
Totals		▶	0.	٥.	
Total dividends-received deductions inc	luded in column 8	,	•	0.	

Form 990-T (2018)

Form 990-T (2018) COUNCIL

Interest	olumn 10
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Enter here and on page 1, Part I, page 1, Part I,	
Enter here and on Enter here and on page 1, Part I, page 1, Part I,	
	er here and
	n page 1, t il, line 26
Totals ► 125,250. 15,332. Schedule J - Advertising Income (see instructions)	0.
Part III Income From Periodicals Reported on a Consolidated Basis	
1. Name of periodical advertising advertising costs of col 3) If a gain, compute income costs column specified advertising costs of column specified advertising column specified advert	
(1)	ss readership lumn 6 minus , but not more column 4)
(2)	lumn 6 minus , but not more
(3)	lumn 6 minus , but not more
(4)	lumn 6 minus , but not more
Totals (carry to Part II, line (5))	lumn 6 minus , but not more

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Pähill	Income F	rom Periodical	s Reported on	a Separate	Basis (For each perio	odical listed in Part II	, fill in
	columne 2 tl	brough 7 on a line-bi	uline bacie \				

1. Name of periodica	d	2. Gross advertising income	3. Direct advertising costs	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		-		
(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)	▶ĺ	0.1	0.				0

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

Form 990-T (2018)

. .INTERNATIONAL ECONOMIC DEVELOPMENT COUNC

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CASH ONLY	N/A	15	0.
TOTAL TO FORM 990-T, PAGE 1, I	JINE 20	15	0.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	150		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	150 10,624		
EXCESS 10	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	0 0 0		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		<u>-</u>	150
TOTAL CON	TRIBUTION DEDUCTION		-	150

FORM 990-T SCHEDULE I PRODUCT	- EXPENSES DIRECTLY CONNI ON OF UNRELATED BUSINESS		STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES FRINGE BENEFITS OVERHEAD ADMINISTRATIVE		6,223. 3,473. 1,378. 4,258.	15, 222
TOTAL OF FORM 990-T, SCHE	- SUBTOTAL - 1		15,332.